



2012

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’s 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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st james's hospital

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General Support Services

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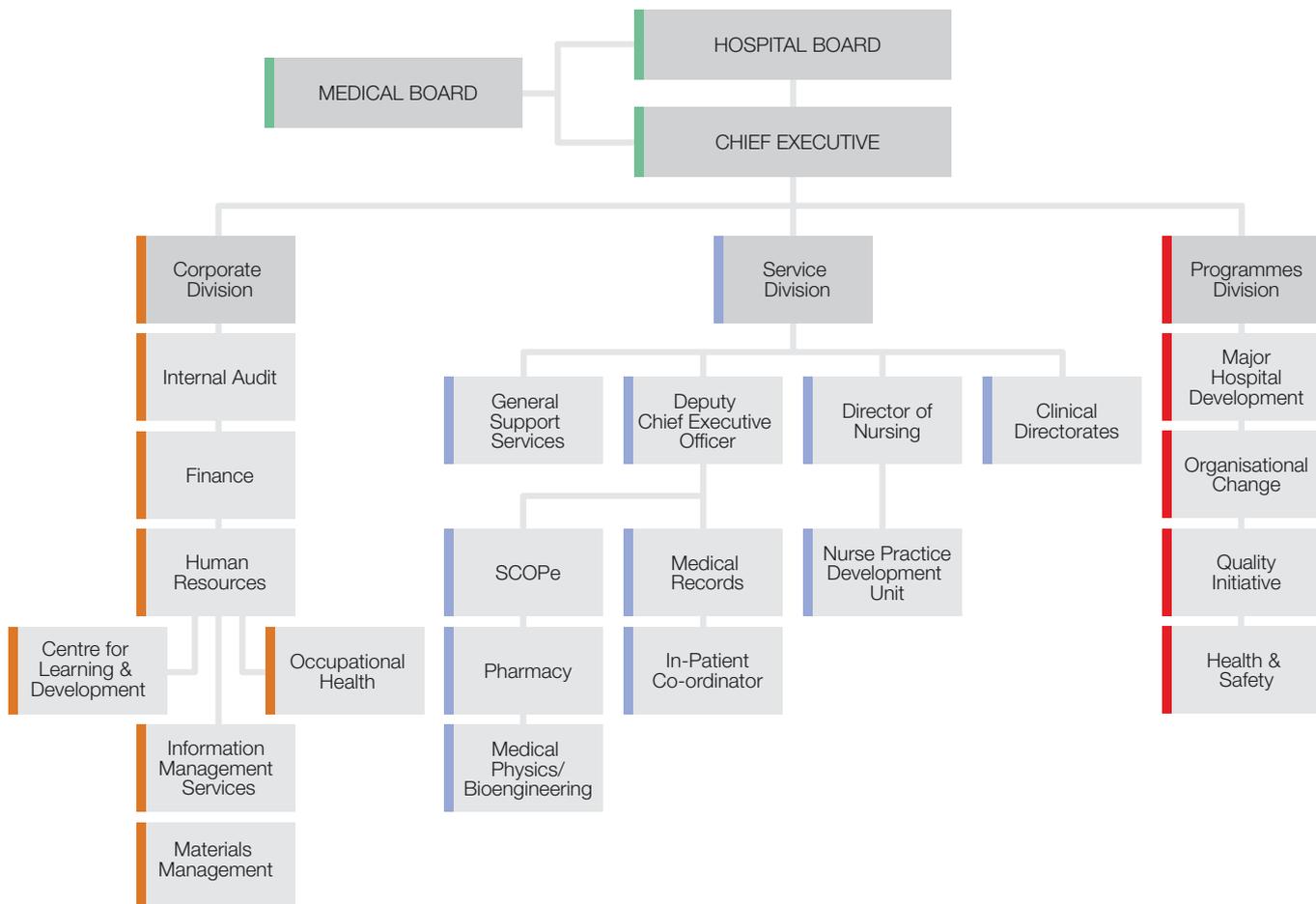
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OSPIDÉAL NAOMH SÉAMAS
ST. JAMES'S HOSPITAL



Corporate Structure



Hospital Board 2012

Prof. D. Shanley

Chairman of the Hospital Board

Ms. J. Carmichael

Dublin City Council

Mr. J. Kelly

Staff Representative

Mr. S. Farrell

Staff Representative

Prof. C. Bergin

Clinical Director, SAMS Directorate

Prof. C. Normand

Trinity College

Prof. F. O'Kelly

Trinity College

Dr. A. M. O'Dwyer

Consultant, Psychological Medicine, St. James's Hospital

Mr. M. Gleeson

Foundation Appointee, (Commenced Dec 2012)

Ms. K. O'Neill

Ministerial Appointee

Ms. C. Naughton

Ministerial Appointee

Prof. J. Scott

Trinity College

Mr. P. O'Reilly

Foundation Appointee, St. James's Hospital

Executive Management Group 2012

Mr. I. Carter

Chief Executive Jan - Sept

Mr. B. Fitzgerald

Chief Executive Sept - Dec

Prof. L. Barnes

Clinical Director, SAMS Directorate

Mr. P. Plunkett

Clinical Director, Emergency Directorate

Mr. B. Fitzgerald

Director of Finance, Finance Department, Jan - Sept 2012

Ms. Y. Mooney

Acting Director of Finance, Finance Department, Sept - Dec 2012

Dr. A. O'Mahony

Clinical Director, OMEGA Directorate

Dr. N. Nikolov

Clinical Director, Department of Anaesthetics

Dr. C. Cunningham

MedEL Directorate

Mr. P. Gallagher

Director of Nursing

Ms. A. Fitzgerald

Deputy CEO/Operations Manager

Dr. N. Sheehy

Clinical Director, Diagnostic Imaging Department

Dr. F. O'Connell

Clinical Director, CResT Directorate

Dr. B. O'Connell

Clinical Director, LABMed Directorate

Mr. K. Hardy

Head of Human Resources, Human Resources Department

Mr. V. Callan

Acting Manager, General Support Services

Ms. G. Rothwell

Acting Manager, General Support Services

Mr. N. McElwee

Technical Services Manager, Planning Department

Mr. T. Boyle

Clinical Director, GEMs Directorate

Mr. F. Lynam

Acting IMS Manager

Prof. N. O'Hare

Director of Infomatics

St. James's Hospital Consultants

Dr. Rachael Kidney	Consultant Clinical Pharmacology	Dr. Peter Beddy	Consultant Radiologist
Dr. Ann Marie O'Dwyer	Consultant General Adult Psychiatrist	Dr. Geraldine McMahon	Consultant in Emergency Medicine
Dr. John M Cooney	Consultant General Adult Psychiatrist	Prof. Patrick Plunkett	Consultant in Emergency Medicine
Dr. Elaine Greene	Consultant General Adult Psychiatrist	Dr. Una Geary	Consultant in Emergency Medicine
Dr. SherylN Yeap	Consultant General Adult Psychiatrist	Dr. Una M Kennedy	Consultant in Emergency Medicine
Mr. Prakash Madhavan	Consultant General Surgeon Vascular	Dr. Niamh Collins	Consultant in Emergency Medicine
Dr. Dermot Moore	Consultant General Surgeon Vascular	Dr. Michael Golding	Consultant in Emergency Medicine
Mr. Sean O'Neill	Consultant General Surgeon Vascular	Dr. Nasir Mahmud	Consultant Gastroenterologist/ Senior Lecturer
Dr. Niall Mulvihill	Consultant Cardiologist	Dr. Abdul Zaheer	Consultant Gastroenterologist
Dr. Ross Murphy	Consultant Cardiologist	Dr. Susan McKiernan	Consultant Gastroenterologist
Dr. Jerome - Brendan Foley	Consultant Cardiologist	Dr. Suzanne Norris	Consultant Gastroenterologist
Dr. Peter Crean	Consultant Cardiologist	Dr. Finbar MacCarthy	Consultant Gastroenterologist
Dr. Caroline Daly	Consultant Cardiologist	Dr. Dermot O'Toole	Consultant Gastroenterologist/ Senior Lecturer
Mr. Vincent Young	Consultant Cardio - thoracic Surgeon	Dr. Bernard Silke	Consultant General Physician
Mr. Michael Tolan	Consultant Cardio - thoracic Surgeon	Dr. Deirdre O'Riordan	Consultant General Physician
Ms. Eilis McGovern	Consultant Cardio - thoracic Surgeon	Mr. Terence Boyle	Consultant General Surgeon
Mr. Seyed Javadpour	Consultant Cardio - thoracic Surgeon	Prof. John Reynolds	Consultant General Surgeon
Mr. Ronan Ryan	Consultant Cardio - thoracic Surgeon	Mr. James O'Riordan	Consultant General Surgeon
Dr. Finbarr O'Connell	Consultant Respiratory & General Phys	Prof. Thomas Rogers	Professor of Microbiology
Dr. Joseph Keane	Consultant Respiratory & General Phys	Mr. Brian Mehigan	Consultant General Surgeon
Dr. Ruairi Fahy	Consultant Respiratory & General Phys	Ms. Paul McCormick	Consultant General Surgeon
Dr. Anne Marie McLaughlin	Consultant Respiratory & General Phys	Dr. George Mellotte	Cons Nephrologist & General Physician
Dr. Rory A O'Donnell	Consultant Respiratory & General Phys	Prof. Thomas Hugh Lynch	Consultant Urologist
Dr. Graham Wilson	Consultant Radiologist	Mr. Imtiaz Ahmad	Consultant Urologist
Dr. Michael Guiney	Consultant Radiologist	Mr. Denis O'Sullivan	Consultant Urologist
Dr. Niall McEniff	Consultant Radiologist	Dr. Barry White	Consultant Haematologist
Dr. Sylvia O'Keefe	Consultant Radiologist	Dr. Paul - Vincent Browne	Consultant Haematologist
Dr. Ronan McDermott	Consultant Radiologist	Dr. Niamh O'Connell	Consultant Haematologist
Dr. Grainne Govender	Consultant Radiologist	Dr. Catherine Flynn	Consultant Haematologist
Dr. Susannah Harte	Consultant Radiologist	Dr. Patrick Hayden	Consultant Haematologist
Dr. Mary Keogan	Consultant Radiologist	Dr. Eibhlin Conneally	Consultant Haematologist
Dr. Mark J Ryan	Consultant Radiologist	Dr. Elizabeth Vandenberg	Consultant Haematologist
Dr. James Meaney	Consultant Radiologist	Dr. James Stewart O'Donnell	Consultant Haematologist
Dr. Niall Sheehy	Consultant Radiologist	Dr. Kevin Ryan	Consultant Haematologist
Dr. Ciaran Johnston	Consultant Radiologist	Dr. Estelle Ramona Verburgh	Consultant Haematologist
		Dr. Michael John Kennedy	Consultant Medical Oncologist
		Dr. Deirdre O'Mahony	Consultant Medical Oncologist
		Dr. David Gallagher	Consultant Medical Oncologist
		Prof. Kenneth O'Byrne	Consultant Medical Oncologist
		Dr. Dearbhaile O'Donnell	Consultant Medical Oncologist
		Dr. Noirin Noonan	Occupational Health Physician
		Dr. Vivion Crowley	Consultant Chemcial Pathologist

Dr. Stephen Finn	Consultant Histopathologist/ Senior Lecturer	Dr. Rebecca Fanning	Consultant Anaesthetist
Dr. Mairead Griffin	Consultant Histopathologist	Dr. Jenny Porter	Consultant Anaesthetist
Dr. Eoin Gaffney	Consultant Histopathologist	Dr. Daniel Collins	Consultant Anaesthetist
Dr. Mairin McMenamin	Consultant Histopathologist	Dr. Dalia Essam Eissa	Consultant Anaesthetist
Dr. Siobhan Nicholson	Consultant Histopathologist	Dr. Joseph Fitzgerald	Consultant Anaesthetist
Dr. Niamh Banville	Consultant Histopathologist	Dr. Carmel Wall	Consultant Anaesthetist
Dr. Barbara Dunne	Consultant Histopathologist	Dr. Christoph Kemps	Consultant Anaesthetist
Dr. Cian Muldoon	Consultant Histopathologist	Dr. Enda O'Connor	Consultant Anaesthetist
Dr. Donal Sean O'Briain	Consultant Histopathologist	Prof. M G Barry	Consultant Clinical Pharmacologist/Senior Lecturer, Medical Director, NMIC
Dr. Niamh Leonard	Consultant Histopathologist	Prof. Brian Lawlor	Consultant General Adult Psychiatrist
Prof. Conleith Feighery	Associate Professor/ Consultant Immunology	Prof. Louise Barnes	Consultant Dermatologist
Dr. Breida Boyle	Consultant Microbiologist	Dr. Rosemarie Watson	Consultant Dermatologist
Dr. Brian O'Connell	Consultant Microbiologist	Dr. Patrick Ormond	Consultant Dermatologist
Dr. Brendan Crowley	Consultant Microbiologist	Dr. Sandra Kirke	Consultant Dermatologist
Prof. Rose Anne Kenny	Professor of Gerontology	Prof. Conrad Timon	Consultant Otolaryngologist
Dr. Joseph Harbison	Consultant in Geriatric Medicine	Mr. Brendan Conlon	Consultant Otolaryngologist
Dr. Conal Cunningham	Consultant in Geriatric Medicine	Mr. John Kinsella	Consultant Otolaryngologist
Dr. David Robinson	Consultant in Geriatric Medicine	Prof. Michael Cullen	Consultant in Endocrinology
Prof. James Bernard Walsh	Consultant in Geriatric Medicine	Dr. Marie Louise Healy	Consultant in Endocrinology
Dr. Miriam Casey	Consultant in Geriatric Medicine	Dr. Fuad Alsaraj	Consultant in Endocrinology
Dr. M.k.b. Ekanayake	Consultant Oral Surgeon	Prof. Fiona Mulcahy	Consultant in Genito - Urinary Medicine
Mr. Pdraig O'Ceallaigh	Consultant Oral Surgeon	Dr. Fiona Lyons	Consultant in Genito - Urinary Medicine
Prof. Leo Stassen	Professor Oral Maxillo Facial Surgery	Prof. Colm Bergin	Consultant Infectious Diseases
Mr. Gerard Kearns	Consultant Oral Surgeon	Dr. Arthur Jackson	Consultant Infectious Diseases
Mr. Eamonn McKiernan	Consultant Orthodontist	Dr. David Patrick Gallagher	Consultant Infectious Diseases
Ms. Aisling O'Mahony	Consultant Prosthodontist	Ms. Mary B Anglim	Consultant Obstetrician & Gynaecologist
Mr. Thomas McCarthy	Consultant Orthopaedic Surgeon	Dr. Aoife O'Neill	Consultant Obstetrician & Gynaecologist
Mr. John McKenna	Consultant Orthopaedic Surgeon	Dr. Susan Clarke	Consultant Infectious Diseases
Mr. Kieran O'Shea	Consultant Orthopaedic Surgeon	Dr. Janice Redmond	Consultant Neurologist
Mr. Niall Hogan	Consultant Orthopaedic Surgeon	Dr. Colin Doherty	Consultant Neurologist
Ms. Patricia Eadie	Consultant Plastic Surgeon	Dr. Yvonne Langan	Consultant Neurologist
Mr. Eamon Beausang	Consultant Plastic Surgeon	Dr. Siobhan Hutchinson	Consultant Neurologist
Mr. David O'Donovan	Consultant Plastic Surgeon	Dr. Finbar O'Shea	Consultant Rheumatologist & General Phys
Mr. Odhran Shelley	Consultant Plastic Surgeon	Prof. Gaye Cunnane	Consultant Rheumatologist & General Phys
Dr. Mark Abrahams	Consultant Anaesthetist	Dr. Michele Doran	Consultant Rheumatologist & General Phys
Dr. Ellen O'Sullivan	Consultant Anaesthetist	Dr. Ceara Ann Walsh	Consultant Rheumatologist & General Phys
Dr. Nikolay Nikolov	Consultant Anaesthetist	Ms. Elizabeth Connolly	Consultant Surgeon/Senior Lecturer
Dr. Thomas Schnittger	Consultant Anaesthetist	Dr. Martina Hennessy	Consultant Physician/Senior Lecturer
Dr. Noreen Dowd	Consultant Anaesthetist	Mr. Narayanasamy Ravi	Consultant Surgeon/Senior Lecturer
Dr. Thomas Ryan	Consultant Anaesthetist		
Dr. Patrick Scanlon	Consultant Anaesthetist		
Dr. Niall Hughes	Consultant Anaesthetist		
Dr. Jeanne Moriarty	Consultant Anaesthetist		
Dr. Peter Vaughan	Consultant Anaesthetist		
Dr. Fionnuala Lyons	Consultant Anaesthetist		
Dr. Connail McCrory	Consultant Anaesthetist		
Dr. Carl Fagan	Consultant Anaesthetist		
Dr. Catherine O'Malley	Consultant Anaesthetist		
Dr. Aly A.A. Karim Aly	Consultant Anaesthetist		

Prof. Frank Giles	Professor of Haematology
Prof. John O'Leary	Professor of Pathology
Prof. Dermot Kelleher	Professor of Medicine
Mr. David Orr	Consultant Plastic Surgeon
Prof. Hollywood Donal	Consultant in Radiation Oncology
Dr. Concepta Merry	Consultant Infectious Diseases
Dr. Rupert Barry	Consultant Dermatologist
Dr. Aidan Corvin	Consultant General Adult Psychiatrist
Dr. Paul Scully	Consultant General Adult Psychiatrist
Mr. Ted McDermott	Consultant Urologist
Mr. Ron Grainger	Consultant Urologist
Mr. Dhafir Alazawi	Consultant General Surgeon
Mr. Tom D'Arcy	Consultant Obstetrician & Gynaecologist
Ms. Noreen Gleeson	Consultant Obstetrician & Gynaecologist
Mr. Hugh O'Connor	Consultant Obstetrician & Gynaecologist
Mr. Brendan Conlon	Consultant Otolaryngologist
Mr. McShane Donal	Consultant Otolaryngologist
Dr. Darragh Shields	Consultant in Emergency Medicine
Dr. Ciaran Browne	Consultant in Emergency Medicine
Dr. Deirdre McCoy	Consultant Anaesthetist
Dr. Michael Carey	Consultant Anaesthetist
Dr. Esther O'Regan	Consultant Histopathologist
Dr. Francesca Brett	Consultant Neuropathologist
Dr. Nemer Osman	Consultant Medical Oncologist
Dr. Ezzat El Hassadi	Consultant Haematologist
Dr. Norma O'Leary	Consultant in Palliative Care
Dr. Lucy Balding	Consultant in Palliative Care
Dr. Michael Gill	Consultant General Adult Psychiatrist
Mr. Ljaz Cheema	Consultant Urologist
Ms. Catherine Bossut	Consultant Orthopaedic Surgeon
Mr. Kumara Ekanayake	Consultant Oral Surgeon
Ms. Niamh Waseem	Consultant Gynaecologist
Dr. Niamh Collins	Consultant in Emergency Medicine
Dr. Barbara Wynne	Consultant Dermatologist
Dr. Mary Toner	Consultant Histopathologist
Dr. Eleanor McNamara	Consultant Microbiologist
Dr. Rebecca Fanning	Consultant Anaesthetist
Dr. Terry Tan	Consultant Anaesthetist

Legal and Banking 2012

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

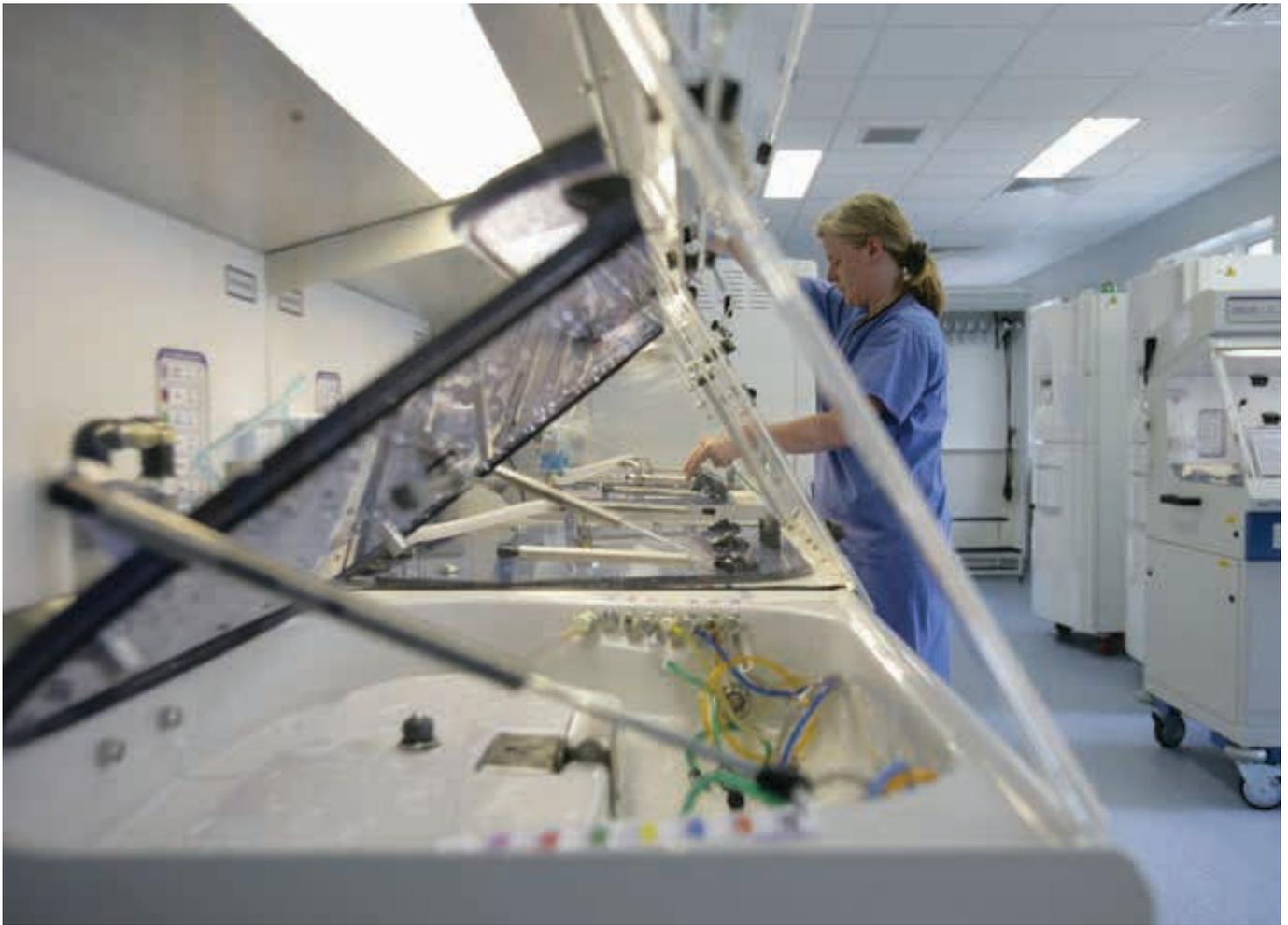


Prof. Diarmuid Shanley
Chairman
Hospital Board



2012 was a very significant year in the strategic development of St. James's Hospital. The Government decision to locate the National Children's Hospital on the campus was momentous and clearly taken in the best interests of sick children. This will bring together three children's hospitals on a site offering synergies with 27 existing tertiary disciplines of the highest international standards. A single campus will provide patient care from infancy to old age. The need for state - of - the - art maternity facilities on site is obvious.

The campus already accommodates the National Blood Transfusion Service Board as well as the St. Luke's Radiation Oncology Centre and the Trinity/SJH Welcome Clinical Research Centre. Planning permission for the iconic Centre for the Aging is confidently expected. To the many dedicated colleagues whose work has made these developments possible, on behalf of the Board I offer congratulations and appreciation.



There are plans to group St. James's with sister hospitals in Dublin west and the midlands. This will not constitute assimilation of other hospitals, rather the amalgamation of clinical, physical and intellectual resources under appropriate governance and executive functions that will serve the needs of patients and the community. It is clear that this site together with partner hospitals and Trinity College, Dublin, has the potential to become one of the world's leading exponents of integrated health care, education, public health and translational biomedical research.

There will be enormous scope for clinical innovation, job creation, economic and business opportunities with the integration of diverse specialities and expertise. There can be significant collaboration towards unifying governance, fiscal management, administration, human resource planning, information technology and more competitive procurement arrangements to mention some examples of the benefits of reorganisation. Trinity Health Ireland is seen as the facilitator of the new partnership which must overcome vested interests and old turf wars. What an exciting challenge and opportunity

this offers to the future leadership. Nevertheless, such significant developments must not cloud the ongoing needs of St. James's Hospital including single room accommodation for our patients as well as the opportunity to reduce waiting times and continue to replace outdated facilities with proven and cost-effective new technologies. Many Directorates continue to struggle with inadequate staffing levels and outmoded amenities. The campus as a whole lends itself to fundamental planning review and rationalisation in this new era despite fiscal constraints.

While major strategic initiatives were evolving in 2012, excellence in patient care continued to be the primary focus of St. James's Hospital. It has 1,020 beds and in 2012 provided treatment for 25,406 inpatients, 95,047 day care patients and 223,650 outpatients. Once again, there was an increase in patient services despite the sixth successive reduction in our financial allocation. The essential role played by all our staff in the care of patients including security, catering, administrative, maintenance, finance, executive colleagues with clinical and consultant staff is to their credit. Much appreciation is due to all of them for the palpable spirit of collegiality they generate. Each day and night they do everything in their power to provide the highest standards of care to promote the comfort, health and dignity of our patients despite resource challenges and outdated accommodation. Details of the services offered are carried in the sections that follow and illustrate the depth and complexity of St. James's Hospital and its clinical directorates. We owe so much to those who retired and especially remember colleagues who passed away. So many selfless contributors, now retired, are remembered for their role and the progress made. The impact of their contributions continues to weave the fabric that constitutes the ethos of our hospital.

The quality and quantity of research emanating from St. James's Hospital Staff is the hallmark of its international standing and the reader is referred to the detail of the publications from the Directorates in this annual report. Those findings provide the foundation for an evidence-based approach to cost-effective care. The pivotal role of our Centre for Pharmacoeconomics is just one example of a discipline's contribution to Irish health services. At times disciplines such as Physiotherapy, Occupational Therapy, Speech Therapy, Social Services and Radiotherapy can be forgotten in their core influence on the hospital. Their contribution to the quality of life both in its practice and research is immense. In an analogous sense our Nursing Profession contributes to the soul of a caring hospital, are active researchers and constitute the face of St. James's to our sick and recovering patients. It is important that all should have an influence on the strategic evolution of our institution.

This year Mr. Ian Carter, our CEO, was seconded to the Health Service Executive at the request of the Minister for Health. He had an exceptional reputation in leading the hospital as CEO for six years and well deserved praise for his success was expressed in the ceremony to mark his leaving. St. James's is extremely fortunate in having a person of the calibre of Mr. Brian Fitzgerald to take on the role of CEO. His record as Director of Finance was widely recognised and in the final third of 2012 he introduced many strategic and welcome innovations, building on the strong performances of his predecessors. We are indeed fortunate to have such a leader; ably supported by a very talented and dedicated executive team. St. James's is in good hands. The Executive Team copes with the consequences of our national financial difficulties which, inevitably impact on all staff. Their performance is worthy of recognition through increased annual allocations rather than repeated reductions.

The sad loss of our greatly esteemed Professor John Scott, a long time Board member, brought to mind other exciting periods of growth of the hospital with the merger of four inner city hospitals together with his contemporary visionaries. The vision of such luminaries laid the foundations for today's hospital and their emphasis on the importance of research in the biomedical and psychosocial sciences have paid enormous dividends. Great credit is due to Professor Dermot Kelleher for his leadership and congratulations on his appointment as Principal of the Faculty of Medicine in London's Imperial College.

I wish to express deep gratitude and appreciation to the members of our voluntary board for their wise guidance and counsel. This year the board was diminished with Mr. Pat O'Reilly, who chaired our Audit Committee, Mrs. Carmel Naughton, Ms. Maureen Lynott and Ms. Kitty O'Neill coming to the end of their term of office. Mr. Jack Kelly, the longest serving member of the Board is credited as a major contributor to the strong industrial relations between staff and management. Professor John Kennedy was an inspirational Chair of the Medical Board and wise counsel. We will miss their considerable input. Our gratitude is due to Ms. Therese O'Connor, Board secretary Ms. Muireann O'Brian and the return of Ms. Margaret Kelliher to the fold is very welcome. Professor Charles Normand, Vice Chairman, and our experienced and steadfast Board members ensure a supportive and objective oversight and due diligence and I am deeply indebted for their efforts.

The Board is very proud and appreciative of all its staff members. The exceptional success of the hospital is down to their continued loyalty, team spirit, dedication, ethical values and professionalism and their *raison d'être* - the primacy and paramount importance of their patients.

Report from the Chief Executive



Mr. Brian Fitzgerald
Chief Executive

Introduction

At the outset, taking on the role of the Interim Chief Executive is an exciting and challenging prospect for me. I am confident in the knowledge of the great support and commitment that has been afforded me by the Corporate Management Team, Clinicians and staff across all disciplines at the hospital since I took up the post in September and I thank them for their commitment and dedication to patients.

I wish to acknowledge the work undertaken by Mr. Ian Carter during his tenure as CEO and Deputy CEO/Operations Manager and, on behalf of the hospital, wish him well in his secondment to the HSE.

The hospital welcomes the decision by Government to locate the National Children's Hospital on the campus. We do not over - estimate the scale of the project, and will do all that is required and work with all the parties, Health Service Executive, Department of Health and the 3 Paediatric Hospitals to bring this project to fruition.

This year has proved to be a very challenging year both from an operational performance perspective, financial and quality service aspects.

Operational Performance

St. James's has developed a model of care over many years based on provision of well established tertiary and supra - regional services. While the hospital has attracted a large number of cancer surgical services in recent years, we have maintained a steadfast focus on the provision of a wide range of medical and surgical services to our local catchment population and provision of elderly care which has a long history on our campus. It is worth noting that approximately 20% of our catchment area are over 65 years and in addition some of the most socially deprived sub - populations in Ireland. The hospital provides a wide range of medical support for this cohort of patients.

Against this backdrop, the hospital's operational performance under the headings of clinical, fiscal and quality, safety and risk management is outlined below. The performance out turn results for 2012 are highly commendable when compared to the commitments agreed in our Service Level Agreement with the Health Service Executive.

Clinical Performance

The clinical operational performance are set out below under the main headings contained in the Service Level Agreement with the HSE.

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

	Actual 2012	Planned 2012	Planned/ Actual 2012 % variance
Inpatient	25,406	22,006	15%
Day Care	94,868	61,552	54%
Outpatient	223,596	166,751	34%

Emergency Department

Patient volume waiting for admission < 10 @ 08.00 (Local Target) SJH performance average 5 patients.

Patient Experience Times:

- average time in ED for all patients in 2012: 06:43 hours.
- average time for admitted patients in 2012: 11:29 hours.
- average time for discharged patients in 2012: 04:59 hours.

• Inpatient

All patients waiting for elective admission < 9 months @ 31.12.12 (National Target).
– SJH performance 100% compliant.

All patients waiting for elective admission < 6 months @ 31.12.12 (Local Target).
– SJH performance 86% compliant.

• Day Care

All patients waiting for elective attendance < 9 months @ 31.12.12 (National Target).
– SJH performance 100% compliant.

All patients waiting for elective attendance < 6 months @ 31.12.12 (Local Target).
– SJH performance 79% compliant.

• Endoscopy

All patients waiting for Endoscopy appointment < 3 months @ 31.12.12 (National Target).
– SJH performance 100% compliant.

• Cardiology (Cath Lab)

All patients waiting for Cath Lab appointment < 6 months @ 31.12.12 (Local Target).
– SJH performance 81% compliant.

• Outpatient

All patients waiting for appointment < 6 months booking - 31.12.12 (National Target).
– SJH performance 97% compliant.

All patients waiting for appointment < 4 months booking - 31.12.12 (Local Target).
– SJH performance 93% compliant.

The hospital has continued to focus on providing services on a day case basis rather than admitting patients to overnight stay e.g. 92% of Medical Oncology/Haematology treatments were undertaken as day cases.

Within Surgery, 74% of 25 Surgical Basket of Procedures that were reviewed was undertaken on a day attendance basis.

Key Challenges

Whilst I have outlined highly satisfactory performance outcomes above, a number of challenges presented:

• Emergency Department Presentations

The acuity/complexity of patients presenting in ED has increased with 31% of new attendances triaged category 1/2. The demographic profile of the local population which reflects an above average ageing and deprivation characteristics further impacted on the ability of ED to respond.

• Surgical Admissions

Given the range of tertiary and cancer surgery services at the hospital and the increased demand for these services, there is a need to focus on solutions to enable the hospital deal with the increased demand going forward. We have been experiencing a number of challenges with regard to patient surgical access and pressure on acute beds. This is a key strategic priority for the hospital in 2013.

• Delayed Discharges/Young Chronic Sick

We have seen a diminishing availability of Long Term Care placements, community support and access for patients requiring rehabilitation, and this has led to increasing number of delayed discharges. We plan to work closely with the HSE with a view to finding solutions to these perennial problems.



Fiscal

The Hospital demonstrated a robust fiscal performance, returning an in year deficit of €1.075m on a HSE allocation of €308.774m. The performance is commendable in the context of an €8.3m reduction to the hospital allocation. Achievement of this position was made possible only through vigorous cost growth containment and effective local service management by the Clinical Directors, Corporate Managers, Department Heads and all their teams.

Hospital net expenditure decreased by 1.8% year on year and the key inpatient activity/financial measure of the economic bed day dropped from €936 in 2011 to €929 in 2012 – representing a 0.7% reduction.

Quality Safety and Risk Management

St. James's progressed a number of QSRM initiatives in 2012:

- Pharmacovigilance.
- Infection Control.
- Early Warning Scoring.
- Medical device vigilance – electrical safety education.
- Introduction of safety engineered sharps devices.

Capital Developments

The following capital developments are underway/or planned in the hospital:

- The Wellcome Trust Clinical Facility is due to be handed over in May, 2013.
- Planning permission is anticipated for the Mercers Institute for Successful ageing in the first quarter of 2013.
- Given the decision to locate the Children's Hospital on the site, work has commenced with regard to developing a decanting programme to enable site clearance. This will continue into 2013 and well beyond.

Strategic Initiatives

As 2012 comes to an end, we look forward to 2013, we must bear in mind Government policy published and the key policy issues which affect St. James's are:

- Establishment of Hospital Groups.
- Money follows the Patient.
- Decanting/enabling works at the Hospital 7 end of site to facilitate the New Children's Hospital.

St. James's is planning to embrace these policy issues and position itself for the future.

Notwithstanding matters outlined above, we are reviewing our model of care at the hospital with a particular focus on patient populations as follows:

- Sharp focus on Elderly Population.
- Ring fencing services particularly surgical cancers and further development in the pre - operative assessment and same day admission articulating the need for on - going investment of our National specialties.
- In order to respond to the increasing need for real time and accurate information, we have established an Informatics Directorate with a specific focus on ICT support, project management, and integration of equipment/systems with a view to adopting a one stop shop approach.
- A business case for the progression of the Electronic Patient Record is being developed and implemented.



- The hospital established a Leadership and Quality Education Programme in conjunction with the Royal College of Physicians. It is intended that 400 staff will participate in this programme over the next two/three years.
- An Innovation and Quality Steering Group has been established which will provide an oversight strategic information role for projects that are identified to improve quality, access and cost reductions for patients. It is worth noting that twelve projects are being progressed. Considerable interest has been expressed from the Commercial Sector in terms of working in partnership with the Hospital via the Steering Group.
- A review of the current Clinical Directorate structure which has served the hospital very well over the last twenty years is being undertaken. It is envisaged that a revised structure will be implemented by end 2013.

Conclusion

2012 has been a challenging year and at the same time a significant year of change for the hospital. Once again, we welcome the decision of Government to locate the National Children's Hospital on the campus. We look forward to working with the Health Service Executive and Department of Health in this regard.

I would like to thank the staff and volunteers of St. James's for their dedication to patients and their families. I thank them for their continued loyalty, and commitment in maintaining St. James's at the forefront of acute services, education and research both at home and Internationally. I look forward to their continued support into 2013.

Finally, I wish to thank the Chairman and Board of St. James's for giving me the opportunity to take up the position of CEO and I look forward to working with them in 2013.

Performance Highlights

Projected Activity Levels for 2012

Period January - December 2012	2012 Activity		2012 Projected Activity			
	In-Patient Discharges	Day Cases ³	In-Patient Discharges	Day Cases	% In-Patients Variance	% Day Cases Variance
Cardiology	3119	3820	1971	2425	58%	58%
Dermatology	21	5420	34	3257	- 38%	66%
Emergency Department	57	0	900	0	- 94%	0%
Endocrinology DDC	0	5619	0	6913	0	-19%
ENT	540	377	690	280	- 22%	35%
General Surgery	2873	6675	2220	4998	29%	34%
GUIDE	385	4571	276	1650	39%	177%
Gynaecology	851	505	681	238	25%	112%
Haematology	1028	12713	676	6971	52%	82%
Maxillo Facial	1113	361	885	121	26%	198%
Medicine	6255	22413	5798	12282	8%	82%
Medicine for the Elderly	1033 ¹	7302 ²	1023	6500	1%	12%
Oncology	1399	14584	729	10383	92%	40%
Orthopaedics	1123	348	1320	211	-15%	65%
Plastic Surgery	1680	2445	1899	2854	-12%	-14%
Psychiatry	1257	0	470	0	167%	0%
Rheumatology	623	5301	492	1500	27%	253%
Cardiac Surgery	436	0	512	0	- 15%	0%
Thoracic Surgery	526	58	348	0	51%	0%
Urology	651	2168	501	879	30%	147%
Vascular Surgery	436	188	581	60	- 25%	213%
Total	25406	94868	22006	61522	15%	54%
	Out-Patient Activity				Variance	
	Actual ⁴		Projected		%	%
	New	Return	New	Return	New	Return
Attendances	57375	166221	50356	116395	14%	43%

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

Note 2: Medicine Daycases includes Respiratory/Gastroenterology/Hepatology/Neurology/Nephrology/ Immunology/Neurophysiology/Pain Therapy.

Note 3: Daycases exclude NTPF patients treated.

Note 4: Outpatient Activity excludes Ntpf patients treated for Gastroenterology and Surgery.

St. James's Hospital Inpatient Waiting List as on 31st December 2012

SUMMARY	30	60	90	120	150	182	210	240	270	365	>365	TOTAL
Waiting List as on 31/12/2011	163	183	175	163	30	45	4	0	0	0	0	763
Waiting List as on 31/12/2012	131	141	163	169	72	92	57	23	48	0	0	896
Variance	- 20%	- 23%	- 7%	4%	>100%	>100%	>100%	>100%	>100%	0%	0%	17%

SPECIALITY	Current Status as on 31/12/2012											
	30	60	90	120	150	182	210	240	270	365	> 365	TOTAL
E.N.T.	17	18	26	41	20	25	11	3	1	0	0	162
GYNAECOLOGY	18	10	22	9	4	7	2	0	1	0	0	73
MAXILLO FACIAL	3	13	16	10	5	13	3	2	6	0	0	71
ORTHOPAEDICS	7	12	9	14	3	3	3	3	0	0	0	54
PLASTICS	25	17	32	25	13	18	11	2	6	0	0	149
SURGERY	21	20	16	14	5	3	3	1	0	0	0	83
THORACIC SURG	5	16	11	22	11	12	10	8	21	0	0	116
UROLOGY	23	24	21	30	11	10	14	4	13	0	0	150
VASCULAR	12	11	10	4	0	1	0	0	0	0	0	38
Grand Total	131	141	163	169	72	92	57	23	48	0	0	896

St. James's Hospital Day Surgery Unit Waiting List as on 31st December 2012

SUMMARY	30	60	90	120	150	182	210	240	270	365	>365	TOTAL
Waiting List as on 31/12/2011	572	656	763	650	89	93	0	0	0	0	0	2823
Waiting List as on 31/12/2012	464	621	537	325	335	283	361	176	128	0	0	3230
Variance	- 19%	- 5%	- 30%	- 50%	>100%	>100%	>100%	>100%	>100%	0%	0%	14%

SPECIALITY	Current Status as on 31/12/2012											
	30	60	90	120	150	182	210	240	270	365	> 365	TOTAL
CARDIOLOGY	3	2	9	0	1	0	0	0	0	0	0	15
DERMATOLOGY	45	38	11	10	17	4	6	4	4	0	0	139
E.N.T.	18	20	20	23	17	7	19	9	4	0	0	137
GYNAECOLOGY	10	10	7	7	4	4	3	9	0	0	0	54
MAXILLO FACIAL	49	66	30	27	37	51	50	23	14	0	0	347
ORTHOPAEDICS	32	41	32	15	14	10	31	9	3	0	0	187
PAIN MANAGEMENT	54	120	95	61	63	45	55	41	19	0	0	553
PLASTICS	105	142	129	71	80	55	64	50	19	0	0	715
SURGERY	90	81	65	43	46	32	46	12	9	0	0	424
UROLOGY	16	53	87	35	24	29	30	11	17	0	0	302
VASCULAR	42	48	52	33	32	46	57	8	39	0	0	357
Grand Total	464	621	537	325	335	283	361	176	128	0	0	3230

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

St. James's Hospital Endoscopy Unit Waiting List as on 31st December 2012

SUMMARY	30	60	90	120	150	182	210	240	365	>365	TOTAL
Waiting List as on 31/12/2011	386	316	141	30	0	0	0	0	0	0	873
Waiting List as on 31/12/2012	415	343	233	0	0	0	0	0	0	0	991
Variance	8%	9%	65%	- 100%	0%	0%	0%	0%	0%	0%	14%

SPECIALITY	Current Status as on 31/12/2012										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
*GASTRO - ENTEROLOGY	284	255	209	0	0	0	0	0	0	0	748
*SURGERY	88	82	24	0	0	0	0	0	0	0	194
UROLOGY	43	6	0	0	0	0	0	0	0	0	49
Total	415	343	233	0	0	0	0	0	0	0	991

COLONOSCOPY	Current Status as on 31/12/2012										
	30	60	90	120	150	182	210	240	365	> 365	TOTAL
GASTRO - ENTEROLOGY	158	144	118	0	0	0	0	0	0	0	420
SURGERY	78	71	22	0	0	0	0	0	0	0	171
Colonoscopy Grand Total	236	215	140	0	0	0	0	0	0	0	591

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

St. James's Hospital Cardiac Cath Lab Daycare Public Waiting List as on 31st December 2012

SUMMARY	30	60	90	120	150	182	210	240	270	365	>365	TOTAL
Waiting List as on 31/12/2011	36	58	46	20	0	0	0	0	0	0	0	160
Waiting List as on 31/12/2012	82	30	23	29	9	10	14	24	6	0	0	227
Variance	>100%	- 48%	- 50%	45%	>100%	>100%	>100%	>100%	>100%	0%	0%	42%

SPECIALITY	Current Status as on 31/12/2012											
	30	60	90	120	150	182	210	240	270	365	> 365	TOTAL
CARDIOLOGY	82	30	23	29	9	10	14	24	6	0	0	227
Grand Total	82	30	23	29	9	10	14	24	6	0	0	227



St. James's Hospital Outpatient Waiting List as on 31st December 2012

SUMMARY	30	60	90	120	150	182	210	240	365	545	730	>730	TOTAL
Waiting List as on 31/12/2011	2362	1550	846	396	0	0	0	0	0	0	0	0	5154
Waiting List as on 31/12/2012	2443	2273	1284	746	155	126	81	67	51	0	0	0	7226
Variance	3%	47%	52%	88%	>100%	>100%	>100%	>100%	>100%	0%	0%	0%	40%





Corporate Division Reports

Finance Department

Income and Expenditure Account for the reporting period 1st January 2012 to 31st December 2012

	2012 €'000	2011 €'000
Opening Deficit/(Surplus)	- 29,891	- 28,311
Pay Expenditure	251,687	251,880
Non Pay Expenditure	140,885	142,114
	392,572	393,994
Gross Expenditure including deficit	362,681	365,683
Income	- 68,772	- 64,447
Net Expenditure for the year	293,909	301,236
Public Sector Pension Levy (Introduced in March 2009)	13,953	14,032
Determination for the year	308,774	317,095
Closing Deficit/(Surplus)	- 28,818	- 29,891

Balance Sheet as at 31st December

Ms. Yvonne Mooney
Acting Director of Finance

	2012 €'000	2011 €'000
Fixed Assets		
Tangible Assets	194,517	200,264
Current Assets		
Debtors	92,550	94,909
Stocks	8,598	7,172
Bank and Cash balances	808	411
	101,956	102,492
Creditors - less than one year		
Creditors	- 67,641	- 64,023
Bank Overdraft		
	- 67,641	- 64,023
Net Current Assets	34,315	38,469
Total Assets	228,832	238,733
Creditors - more than one year	0	0
Net Total Assets	228,832	238,733
Capital and Reserves		
Non Capital Income & Expenditure Account Surplus/(Deficit)	28,818	29,891
Capital Income & Expenditure Account Deficit	5,497	8,578
Capitalisation Account	194,517	200,264
	228,832	238,733

The Financial Statements for the reporting period 1st January 2012 to 31st December 2012 resulted in a deficit of €1.073m. Hospital gross expenditure was €392.572m, while income and exchequer funding amounted to €391.499m. In addition to the 2012 deficit the hospital had an opening surplus of €29.891m carried forward from 2011 and prior years. Therefore the cumulative carried forward surplus at 31st December 2012 was €28,818m.

Expenditure and Income Overview

Net expenditure decreased by €7.327m (2.4%) when compared with the previous year, of which pay and pensions expenditure decreased by €0.193m (0.1%), non - pay expenditure decreased by €1.229m (0.9%) and Income increased by €4.325m (6.7%).

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

Expenditure Description	
Payroll Related	
Staffing, Overtime and Related Reductions	(€3.694m)
Pensions, Lump Sums and Gratuities	€1.739m
Increments & ER PRSI	€1.762m
Sub Total Payroll	(€0.193m)

Expenditure Description	
Non Pay Related	
Drugs and Medicines	€1.330m
Blood/Blood Products	(€1.828m)
Medical and Surgical Consumables	€1.602m
Laboratory Consumables/Equipment	€1.000m
Medical Equipment and Equipment Maintenance	(€2.758m)
Radiology	€0.423m
Professional, Insurance, Audit & Legal Services	€0.087m
Office Expenses	€0.064m
Bad Debts	(€1.840m)
Maintenance Equipment and Materials	€0.411m
Heat Power Light	€0.393m
Computer Equipment/Supplies	€0.019m
Education & Training	(€0.011m)
Other Misc Issues	(€0.121m)
Sub Total Non - pay Related	(€1.229m)

Expenditure Description	
Income Related	
Patient Accommodation Income including Government Levies	€4.850m)
Superannuation (reduction in headcount)	(€0.089m)
Pathology/Pharmacy/Retail Units/Car Parking/Other	€0.614m
Sub Total Income Related	(€4.325m)

Commentary

The hospital again exceeded service delivery targets for the year, while absorbing a funding reduction of €8.321m. This reduction was offset by negotiated price decreases in non pay expenditure categories, and Income generation in relation to long term care. There was a reduction noted in pay due to the government moratorium however these savings were offset against increased costs of pay increments, pensions and pension lump sums. Overall, the hospital finished the year with a minor deficit of €1.073m.

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 embedded within all services throughout the hospital, while at the same time deliberately planning to deliver a financial result which could benefit the hospital in the event of future reductions to core funding. The strategy continues to be successful and the hospital carries forward a financial surplus of €28.818m, 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 seventh year of operation and further moves to transfer resources from hospitals to community services were 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 2011.



Capital/Infrastructure Expenditure

Expenditure on major capital projects amounted to €8.982m in 2012 compared with €1.549m in 2011. The increase in expenditure in relates to significant works carried out on the construction of the new Haemophilia and Hepatology Inpatient & Clinical Research Facility. The new facility which was co - funded by the Wellcome Trust, HRB, Trinity College, HSE and the Institute of Cardiovascular Health Sciences was opened in May 2013.

A reduction in minor Capital funding reflects the severe decrease in the availability of capital funding to address infrastructure replacement.

Procurement Unit

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 2012, 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 2012, total value procured via the Procurement Unit equated to €124M. Of the total amount, €107m is currently on contract with proposed new initiatives gaining further contractual coverage going forward in 2012 – 2013. This is an additional €7.0M to the total value of €100.0m 2011.

Contracts Overview 2012	
Goods/Services under formal contract in 2012	€107,000,000 ¹
Total Number of contracts in place	196
Total Number of purchase placed in 2012	26,835

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

The unit received several significant new project requests in 2012 that have commenced and are work in progress with expected delivery dates in 2013. Firstly, the unit was requested to manage the integration of SAP HR in Our Lady's Children's Hospital, Crumlin (OLCHC). This project is similar but on a larger scale to the successful implementation completed in Our Lady's Hospice in 2011. The objective of the project is to provide OLCHC with a fully integrated HR and Payroll system. The planning and approval stage was completed in 2012 and the expected go live date is July 2013.

The unit was also requested to examine the possibility of linking CORE with SAP HR. As part of the pilot clock - in project for NCHD's in 2012 there is a requirement to link both systems. It is anticipated that this will be progressed and delivered in 2013.

Another new project was initiated by the Centre of Learning and Development who requested a link between their on - line learning systems and SAP HR. Currently, no such integration link exists between the two systems and this results in additional manual entries and errors. It is also anticipated that this will be progressed and delivered in 2013.

The second phase of the HR Document Imaging system, which related to current employee records, was completed in 2012. It involved an integration link between the Document Imaging System and SAP HR so that employee files could be retrieved easily and directly from SAP.

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 compliment queries. All system upgrades, budget changes, legislative changes and policy changes were successfully tested and implemented on the system. All internal and external report requests and deadlines were delivered on time.

Equality and Diversity

Dignity at Work and Cultural Diversity presentations on equal treatment in the workplace and equal access to hospital services were delivered to front - line supervisors and other employees.

A Dignity at Work e-learning module was included in the new corporate orientation programme and made available to all employees via the SJH Learning Hub. A Disability Awareness e-learning module was also made available via the SJH Learning Hub. The content for a Cultural Diversity Awareness e-learning module was provided to CLD for formatting and will be posted to the SJH Learning Hub during 2013.

Under Part 5 of the Disability Act 2005 the hospital reported to the Department of Health monitoring committee a rate of 3.38% of employees with a disability. This is higher than the 3% target set for public bodies in the legislation. The report also highlighted the measures the hospital takes to promote and support the employment of people with disabilities.

Employee Relations

Modules on Absence Management and on handling conflict were delivered to front - line supervisors as part of the Leadership & Management programme provided by CLD.

Conditions remained challenging for the hospital in the context of the economy, the continued recruitment moratorium and decreasing budgets but despite this, industrial relations remained constructive and productive. The hospital continued to work in partnership with the trade unions to achieve savings and efficiencies, the most significant being the implementation of the Extended Day for Radiography with associated efficiencies achieved by Medical Laboratory Aides.

In relation to absence management, with the continued efforts of staff, managers, the Occupational Health Department, and the HR Directorate working in partnership with the trade unions, the Hospital remained under an average of 3.5%.

Occupational Health

The Occupational Health Department (OHD) offers a comprehensive service to approximately all 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 full time 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 2012

- The total attendance at the Department/Clinics was 3,670 a decrease of 23% compared with last year's increase of 20%.
- 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 and numerous extra clinics and "Walkabout" clinic increased the number of vaccines for the total 'Flu season 2012 - 2013 to 1062 an increase of 22%.
- There was a slight decrease (3%) decrease in the activity of the Department related to recruitment including pre - employment questionnaires and induction medicals.
- A change in the way TB is screened for meant a large drop in the number of mantoux tests that needed to be performed. Almost 4,000 phone calls were made or received by the Department.
- The needle stick numbers did not decrease (identical figures) and the significant rises seen in the previous years did not continue. There were very few high risk injuries.

- Contact tracing necessitated by exposures remained very low.
- Annual TB screening of At - Risk areas in the Hospital was reviewed last year in order to increase the return of TB questionnaires and attendance at Occupational Health for appropriate mantoux/TB screening. The co - operation of managers was sought (and received) with regard to same. The return of completed questionnaires was up by 19%, whilst the number of staff required to attend for screening increased by 10% from 2011. Five wards were/ departments were added to the high risk areas requiring annual screening in 2012.
- Vision Screening was rolled out per Department instead of the previous arrangement of offering screening to staff hospital wide over a one week period. Screening was therefore up by 15% from the 2011 figures.
- Fit testing of masks was brought to the Pandemic Committee; there is a requirement for a sub - group to be established comprising of members of the Infection Control Committee, Nursing Professional Development Unit and Nursing Representatives and finally Health & Safety to ensure an adequate, swift response to the inevitable next epidemic.
- We continued a number of audits linked to Medical Professional Competence, including how we handle needlestick injuries, adverse incidents. We started the audit of back pain referrals to the Department also.
- We continued with our ergonomic assessment which staff members find particularly helpful in addressing musculoskeletal issues.
- The Occupational Medicine Consultant and CNS's continued to be involved in both internal and external education via the ISOM, the Faculty of Occupational Medicine at RCPI, the OHNA and the DATHS Occupational Health Meetings. Dr. Noonan addressed the ISOM International Meeting in Vienna in September 2012 on the issue of the widespread deficiency of Vitamin D in both Ireland and worldwide and the ramifications on all aspects of health. The lecture was very well received and she was asked to present it at the St. James's GP Friday meeting which she duly did.

Finally we worked closely with several committees involved in preventing adverse incidents/outcomes like the Risk Management Committee, The Needle stick Prevention Taskforce, The Infection Control Steering Committee the Radiation Protection Committee and the TB Team.

Centre for Learning and Development (CLD)

CLD has vast experience in providing cost effective education and clinical competency based programmes, from short in - service training to more advanced accredited courses at levels 5 to 9 on the National Qualifications Framework, in partnership with awarding bodies such as FETAC and Trinity College Dublin.

Patient and service focused training needs, quality and innovation are reflected in the ongoing development and delivery of blended (traditional teaching methods balanced with e-learning) learning opportunities in partnership with all our stakeholders to ensure continuous staff development and a versatile 'Fit for Purpose' workforce.

Deliverables and Key Developments in 2012

A wide prospectus of learning and development opportunities was facilitated and evaluated through CLD in 2012, to include mandatory training, general staff development and clinical competency based programmes – see Table 1 below.

Table 1

Programmes	Number of Programmes	Number of Attendees
Mandatory Training – Induction, Manual Handling, NVCI, BLS, ACLS	482	3,214
Staff Development – IT Training, Management/Leadership, Objective Setting & Review etc	54	642
Clinical (patient care) and Competency Development Programmes	64	784
MSc/Post Graduate Diplomas in Specialist Nursing (in partnership with School of Nursing, TCD)	5	34
FETAC Programmes	2	24



Top: At the launch of the St. James's Hospital e-learning strategy on 23rd May 2012: Ken Hardy, Director of HR, Fergus Thompson, Centre of Learning and Development. Bottom: Dr. Maureen Murphy, Aurion Learning.

On line Learning Resources

The evolving roles of SJH personnel, ongoing programme evaluations and current challenges in optimising classroom attendance, in addition to developments in learning technology, have demonstrated the need for CLD to think more creatively and adopt innovation in the provision of learning opportunities and teaching methods.

The e-learning platform and SJH Learning Hub were further developed in 2012 as part of our vision in adapting a number of our programmes to the learner's needs.

SJH e-learning Strategy was launched in May 2012 which sets out the implementation plan to fully embed e-learning across St. James's Hospital in a sustainable way over the next 3 years, ensuring the strategy is properly aligned, assimilated and swiftly embedded in the overall Learning & Development and Hospital Strategy.

The benefit of e-learning in terms of easier staff access, flexibility and overall application of learning to practice has already been realised - see Table 2 below for an outline of statistics and staff activity during 2012.

Table 2 - e-learning Resources: 2012 Activity (01/01/12 - 31/12/12)

St. James's Hospital e-learning Portal - SJH Learning Hub (www.hseland.ie)		1950+ registered users at SJH
e-learning Programmes:		
Safer Manual Handling (Theory Module)		680 Completions
SJH Medication Administration Safety (Theory)		311 completions
Mechanical Ventilation		32 completions (Critical Care Areas)
Disability Awareness		46 completions
Peripheral IV Cannulation (Theory)		63 completions
Venepuncture (Theory)		77 completions
In the Line of Fire (Fire Safety)		1902 completions
Violence & Aggression at Work		761 completions
Rapid e-learning programmes – Programmes created by Subject Matter Experts based at SJH.		
Courses created specifically for SJH Staff by SJH staff:		
Dignity At Work		254
Insulin Administration for Nursing Staff		103
Insulin Prescribing for Junior Medical staff		62
The Tissue Establishment Quality Management System		46 (Labmed Directorate)
Arterial Blood Gas Analysis		53 (Critical Care Areas)
New Descriptors for Modified Fluids and Food		30
Laser Safety 'Core of Knowledge'		12 (launched 1 Dec 2012)
Stroke Care		10 (launched 1 Dec 2012)
SJH Learning Hub (online) Collaborative Learning Areas		
Corporate Orientation Programme		Endoscopy Online Resources
Leadership Programme		IV Study Day Programme
Theatre Recovery Room Programme		Pain Management
ED Online Resources		Stroke Care Foundation Programme
CResT Online Resources		Tracheostomy Care Programme
ICU/HDU Online Resources		
e-learning programmes in Development		
Chest Drain Management		In development (Launch Jan 2013)
Immunology in the Medical Laboratory		In development (Launch Feb 2013)
Infection Prevention and Control		In development (Launch March 2013)

Awards

The CLD won an 'Outstanding Achievement Award through the Irish Institute of Training and Development in 2012 for the most Innovative Use of Technology in learning.

This prestigious award was in recognition of the centre's leadership and vision in developing and launching the SJH Learning Hub, where staff have access to dedicated online learning and development resources 24/7 which has transformed the provision of learning and development at St. James's Hospital.

Local and National Initiatives

The Head of L & D and key CLD staff continue to engage with colleagues at organisational level in developing policy, service/practice initiatives and related education/training programmes that support the hospital's performance targets and strategic corporate objectives.

CLD personnel also play a pivotal role in developing curricula and education programmes at regional and national levels through established links with our third level providers, FETAC HSEland and the Office for the Nursing Service Directorate. These initiatives have a direct effect on continuing staff education/competency development and will continue to be central to successfully rolling out e-learning resources and the National Clinical Care Programmes in the continuous improvement of patient care and service delivery.

Funding for Further Education

In 2012 CLD (through its central training budget) continued to support stand alone/individual staff development and training opportunities. This ensured staff could access education and training external to SJH as appropriate and in line with roles and responsibilities. Access to funding is based on a fair and consistent approach with priority given to education, training and development programmes that are strongly work related and bring clear benefits to enhancing the quality of the service and patient care. Decisions in relation to education funding are also agreed through the Learning and Development Steering Committee which is representative of the HR Director, Head of L & D and Operational Managers.

Medical Workforce

Consultant & NCHD Recruitment

Consultant recruitment activity continued unabated with 14 permanent or temporary appointments commencing duty during 2012. A further 7 offers of permanent appointment were made to successful candidates towards the latter half of the year with commencement dates anticipated early in 2013.

A significant number of additional posts were ratified for progression to the HSE by the Consultant Appointments Committee including a number of key academic and service development positions.

Revisions to the pay and conditions attaching to new Consultant appointments were notified to employers late in 2012 which included a 30% pay reduction for new entrants. The precise implications of these changes for the future recruitment and retention of Consultant staff will not be realised until 2013.

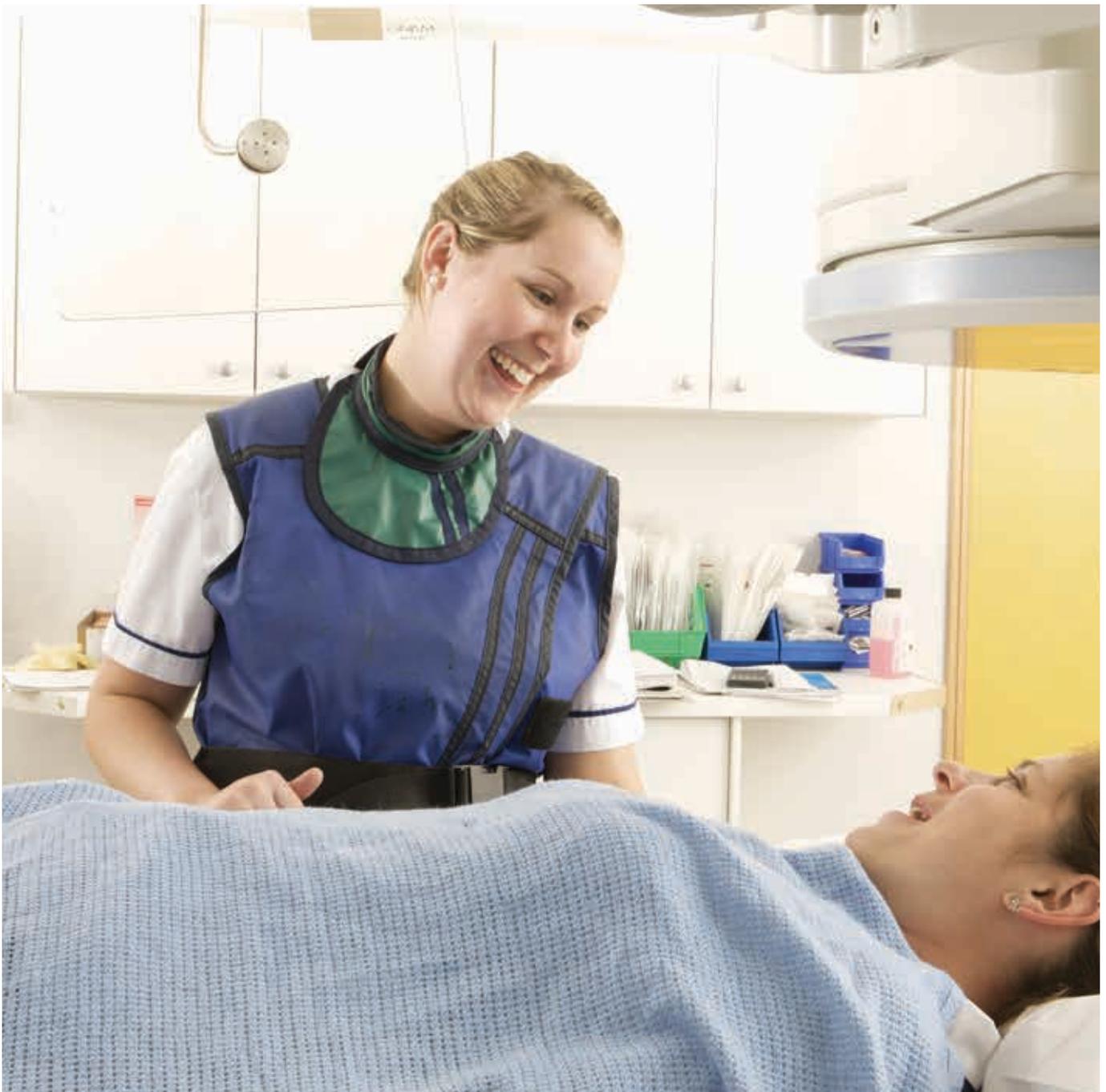
NCHD recruitment presented increased challenges to employers in the context of a range of economic and employment - related factors which led to a notable increase in emigration patterns and consequential reduction in the volume of applications for both training and non - training positions. In spite of these challenges, St. James's managed to successfully recruit its full complement of NCHDs for the annual intake in July.

Electronic Time & Attendance Pilot

A project group was established to design and develop an electronic time and attendance solution, (e - Core), to replace a historic and outdated paper - based process for recording NCHD attendance hours. The T&A system was piloted on a trial basis in the GEMS Directorate from November 2012 for a period of approximately 8 - 9 weeks to determine it's suitability for a potential roll - out on a hospital wide basis. The principle objectives of the project were: -

- Time savings in administration.
- Business process improvements.
- Enhanced reporting capability on NCHD working hours.
- Employee self service options.
- To evaluate the appropriateness of the system solution and it's configurations.

The system will be the subject of an evaluation in the first quarter of 2013 in consultation with all relevant stakeholders. The Medical Workforce Unit staff would like to acknowledge, in particular, the GEMS Directorate and the NCHD committee for their contribution to this key project.



NCHD/Hospital Management Collaborative Group

The NCHD/Hospital Management Collaborative Group continued its efforts in setting the agenda for improvements to the general work and training experience of NCHD medical staff within the hospital. Significant progress was made in the following areas: -

- Post Graduate Education Activities.
- Information Cascading.
- 1st Dose Drugs Administration by Nursing Staff.

- Implementation of a New Bleep Policy for NCHD medical staff.
- Remedial Works to the Current Doctors Residence.
- Establishing the design specification requirements for the replacement residence planned for 2013.

The Medical Workforce Unit staff would like to acknowledge the contribution and commitment of those concerned for their input to the Group.



Orientation

The format of the hospitals orientation programme for NCHDs underwent significant modification with the incorporation of an e-learning module within the St. James's Hospital Learning Hub.

The e-learning module which went live from July, 2012, was designed to complement the lecture format of the traditional briefing sessions. It allows NCHDs to complete mandatory training requirements and access a broad range of practical information about the hospital prior to commencing employment at a time convenient to them. The e-learning orientation module will be the subject of further modification and improvement in 2013.

Training Inspections

St. James's underwent a number of external inspections by the Training Bodies for both Basic & Higher Specialist Training Programmes during the year. The purpose of the inspection process is to determine St. James's suitability for delivering the sub - specialty training requirements of NCHDs against a broad range of criteria ranging from general working conditions to standards of post - graduate education, research and audit opportunities. The hospital was commended on its training facilities and commitment to post graduate teaching resulting in continued accreditation of its training posts for an additional maximum period of 5 years.

European Working Time Directive

Some additional alterations were applied to NCHD sub specialty rosters with a view to moving towards greater compliance with EWTN requirements and meeting national standards.

Operational Human Resources

As a result of a number of national directives and changes that occurred during 2012, revised procedures and processes were implemented throughout the hospital including:

- Standardisation of annual leave.
- New provisions for self - certified sick leave.
- Accrual of annual leave for part - time staff for hours worked in excess of contracted hours.
- Public Holiday Entitlement during Sick Leave (all officers and general support staff who work a Monday to Friday attendance pattern).

As a result HR Business Teams configured the required changes and developed new controls and monitoring processes within HR.

Internal Audit



Mr. Cathal Blake
Head of Department

Following on from the O'Higgins Report which resulted in the changes in the Audit and Risk Committees Scope and Terms of Reference, KPMG were commissioned to carry out a review of the Systems of Internal Control based on an Integrated Assurance Matrix. They presented a report to the Audit and Risk Committee that identified areas that need review and attention. An ongoing programme has been initiated by Executive Management to address these issues and the Audit and Risk Committee will have an oversight role of the progress being made.

Based on the change initiated in 2011 and the report from KPMG, further progress continued in 2012 under the guidance of the Audit and Risk Committee and the Chairperson of that Committee. The result was a better presentation of Internal Audit reports and the revision and updating of the Internal Audit Charter. The latter is recognised as good governance and the revised Charter underpins the role, scope and independence of the Internal Audit Department as well as the right of access to documentation and information necessary to perform its function.

The following audits were carried out by the SJH Internal Audit Department in 2012:

- 2011 End of Year Stocktake.
- Garda Clearance.
- Exposure Prone Procedures.
- LabMed Payroll.
- Catering Purchasing.
- Travel and Subsistence.
- Nursing/Attendant Payroll.
- Hospital Metrics.
- Protected Disclosures.
- Technical Services Department Stores.
- Diagnostic Imaging Department Income.
- Absence Management.
- Follow up Audits.

The need to continue with the commissioning of outside firms to carry out specific audit work was accepted by the Audit and Risk Committee. The purpose being to supplement the work being carried out by the hospital's own Internal Audit Department. Areas of possible outsourcing were identified and work on this will progress into 2013.

Mr. Pat O'Reilly retired as the Chairperson of the Audit and Risk Committee in November 2012 and is succeeded by Ms. Julia Carmichael. The Board Chairman thanked Mr. O'Reilly for his tireless work and contribution to the Board and the Audit and Risk Committee and wished Ms. Carmichael every success in her new role.

Informatics Directorate



Prof. Neil O'Hare
Director of Informatics

During the year, the CEO commenced the development of an Informatics Directorate. The hospital has a large number of information systems where significant quantities of data are captured and stored. These systems are managed by a range of functions and personnel including the IMS and MPBE departments; system specific application controllers; and the data registry staff. One of the overarching aims of the Directorate is bring together many of these aspects to ensure the provision of more integrated and efficient IT systems and optimum data management. Such systems are responsible for stock control, patient registration, diagnostic tests, or direct capture of clinical data from the patient at the bedside.

Innovation and Quality Steering Group

In 2012 the CEO initiated the Innovation and Quality Steering Group. The aim of this group is to identify, support and facilitate innovative and quality improvement projects throughout the hospital. The group has representation from across the hospital, but also from a number of key industrial and academic groups including the Digital Hub, Microsoft and the Centre for Health Informatics (TCD). This group is chaired by Prof. Neil O'Hare, Director of Informatics, and while early in its inception has already supported and funded a number of projects in areas such as rapid Patient Registration kiosks, roll - out of a hospital wide Wi - Fi network, modelling of service demand and delivery of Radiology services, and a range of projects to reduce the use of paper in various departments. It is hoped to broaden the exposure, scope and impact of this group throughout 2013.



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 2012. 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. The main enhancement was an enterprise wide ability to capture, track and monitor all OPD referrals from the point of receipt.

EPR/PACS - Cerner Millennium

- Additional clinical service referrals and orders implemented, these now number over 100. Referrals allow one clinical service to electronically order another service i.e. consultant referral, diagnostic, allied health etc. These are one of the main cornerstones of the EPR. Some new additions include:
 - Anticoagulation.
 - Robert Mayne Day Hospital (RMDH).
 - Public Health Nurse (PHN).
 - Event Monitor.
 - Vascular Doppler's.
 - Cancer Clinic Trials/Histology Mutation.
- Clinical documentation capture and tracking is being continuously expanded some examples include:
 - DVT Care pathway.
 - Public Health Referral Form.
 - Fully integrated ED discharge summary.
 - Palliative Care.
 - MDT's for Lung (Respiratory), Skin; Breast Care; Gynaecology.

Laboratory - Telepath

- Development of direct integration between Lab and Healthlink (GP Messaging).
- Direct link between Lab and NVRL (External Serology) allowing results appear on EPR implemented.
- Electronic ordering from external institutions extended to include Midland group of hospitals.
- Histology OCM developed and currently being introduced to surgical areas within the hospital.

Digital Dictation & Speech Recognition - G2

- The system is continuously been rolled out, four new specialties live.
- The system is 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

- Pilot for NCHD paperless capture.
- Time and Attendance module extended to the SAMs 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.

Anticoagulant Clinic

- Successful pilot and sign off of self test patient texting system whereby patients' text in their result and receive dose instructions by text to replace phoning the clinic and receiving dosage instructions verbally. 200 patients active on this service.

ICT Infrastructure 2012**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. Layer 3 networking infrastructure was completed in 2012. This provides extended security on our network.

Server Management

Continued investment in the ICT server infrastructure included the installation of new Back - Up hardware to address the growing storage and a new email hardware infrastructure to support the Exchange 2010 upgrade. System upgrades included Active Directory; Therefore; Terminal4 & McAfee Anti Virus.

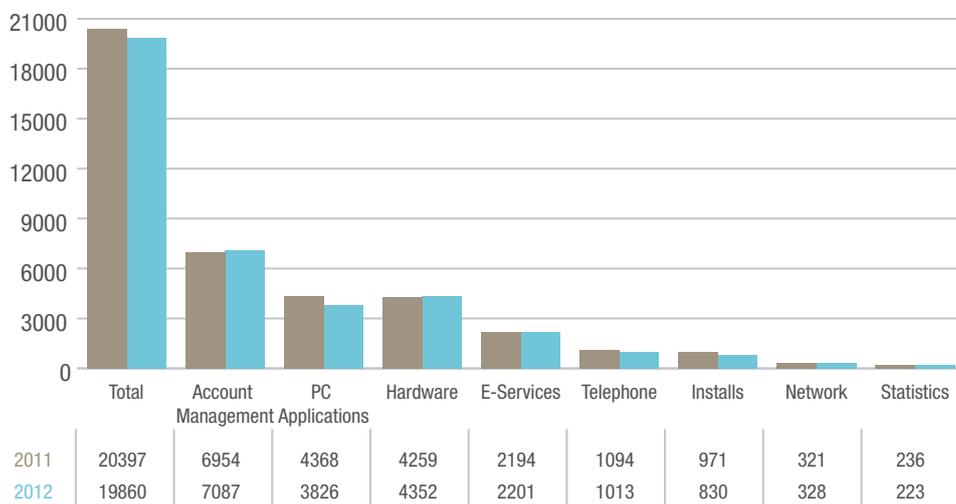
MFPs

A joint project with Facilities Management commenced in 2012. This involves the replacement of photocopiers with MFPs – multi functional devices. These devices offer printing, scanning and copying to the users. The project will continue to run during 2013.

Helpdesk

There were 19,860 calls logged in 2012 in comparison to 20,397 in 2011. A breakdown of these calls can be seen in the graph below:

Helpdesk Calls /2012



Response time to IMS Helpdesk Calls 2012

	2011	2012	2011	2012
	Out of Target	Out of Target	In Target	In Target
Critical	1	3	4	2
High	8	34	31	33
Low	91	85	1324	1036
Normal	1642	1816	14828	13965
2 - Weeks	151	186	2317	2700
Total	1893	2124	18504	17736

Email

In 2012 unsolicited email was managed very successfully by our Ironport security infrastructure. Over 18 million emails were received with just 1.9m of these being valid. 1.4m emails were sent from St. James's.

Security

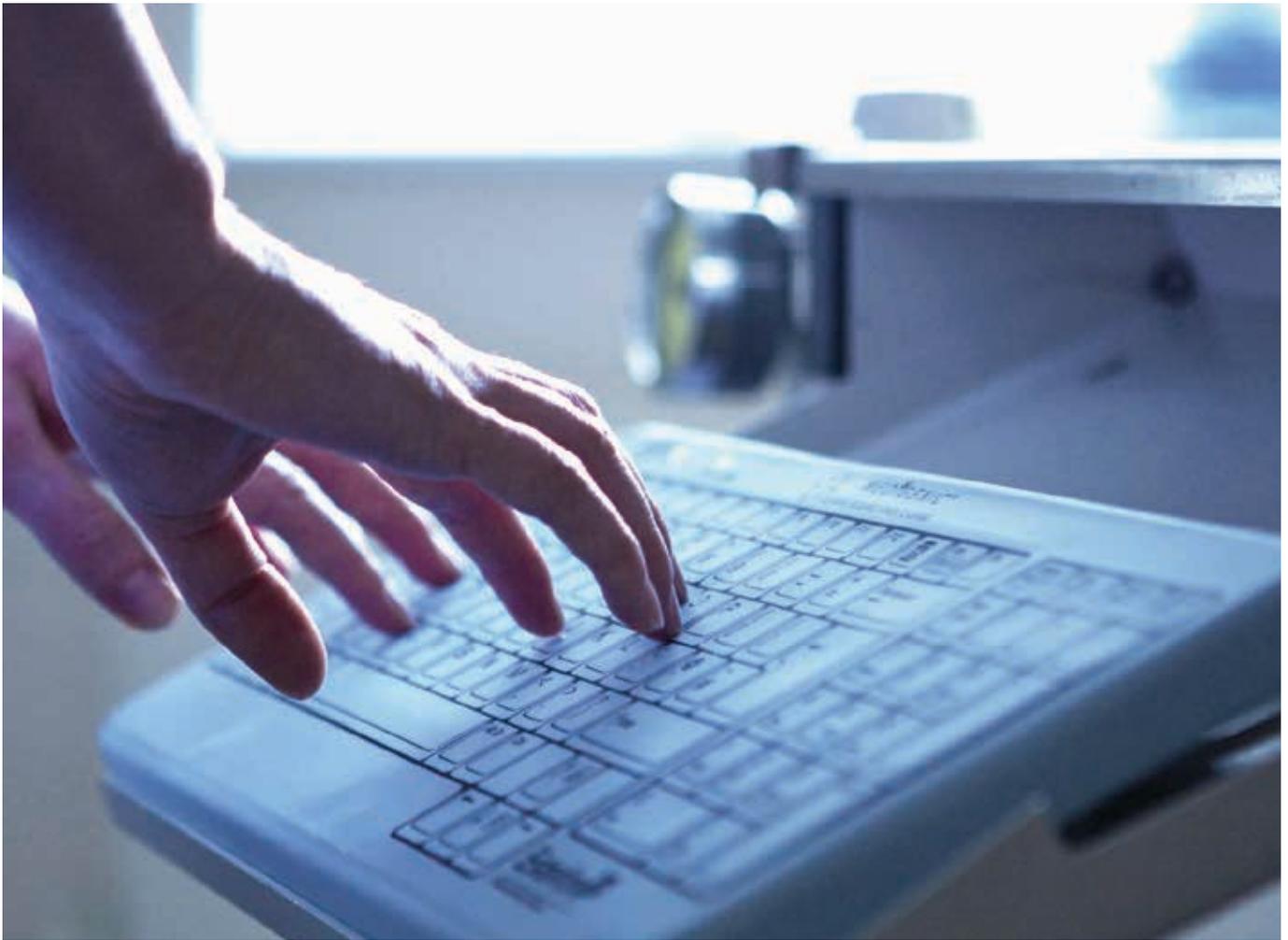
Information security policies were updated and internal standard operating procedures were documented. The Hospital had no loss of service due to security threats. This success can be attributed to robust security mechanisms proactively managed by staff.

Web

The Hospital's Website (www.stjames.ie) 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 2012:

- 386,518 individual visitors to the site – an average of 1058 per day with 62% of those being new visitors.
- Total number of pages viewed 1,318,393 – an average of 3,612 per day.
- The Top 5 Pages viewed throughout the year were as follows:
 - Contact us.
 - Careers – Career Opportunities.
 - Getting here.
 - Maps & Directions.
 - Visiting Hours.

The Hospital's intranet continues to be a key source of up - to - date information & communication portal for staff, 7,311,082 page views - an average of 20,030 per day. The interactive element of the site also continues to grow with over 130,000 online submissions completed during the year a 42% increase on 2011.



Management Information Services (MIS)

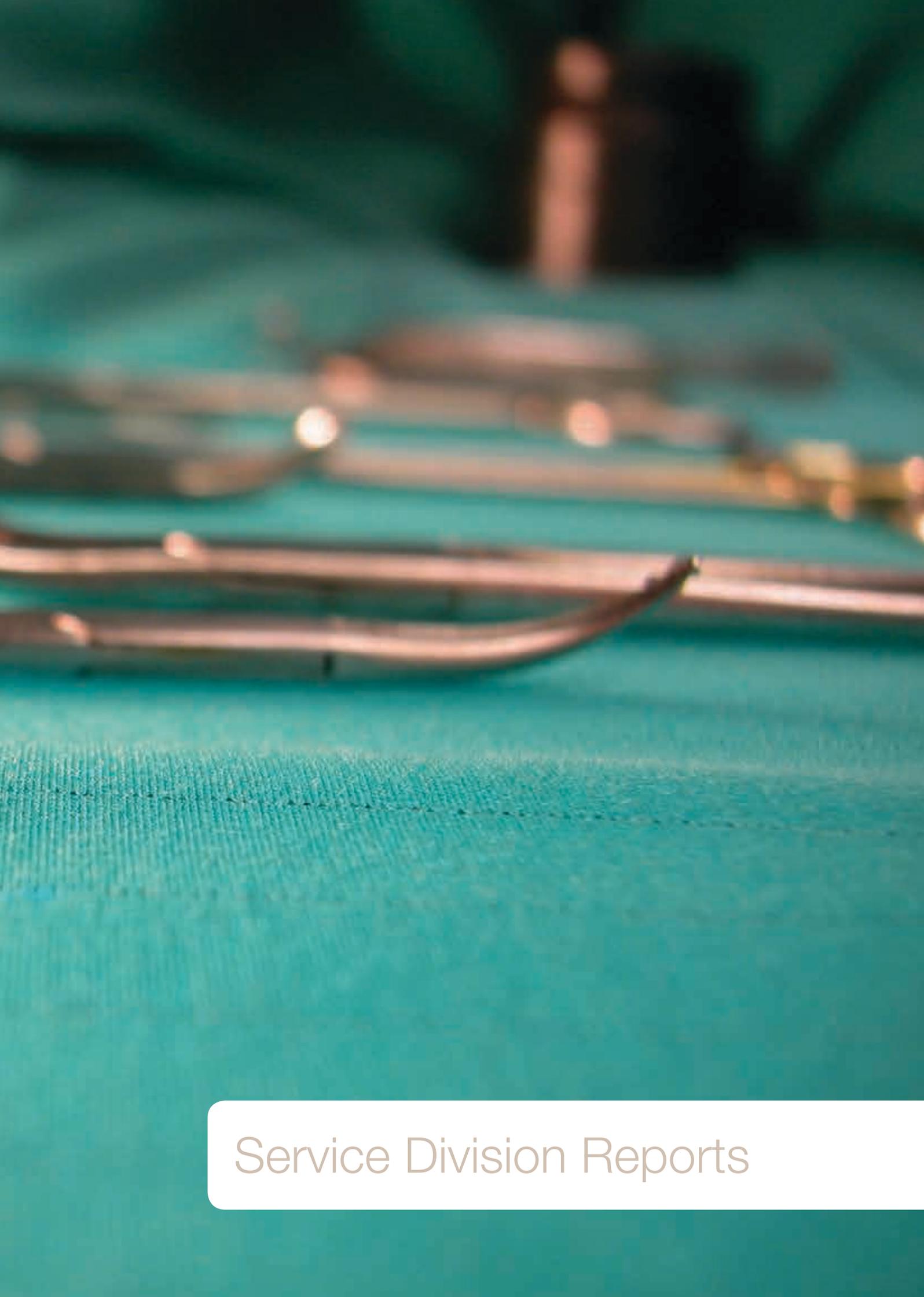
Data – Warehouse Reporting - Throughout 2012 the management information service provided key support to many operational and strategic initiatives, including: Waiting lists; ED utilisation; OPD capacity planning; HSE - BIU, Patient Level Costing, HSE - Healthstat; Casemix.

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.

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 2012. 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. Barry 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 2012 there were 4867 procedures carried out in the catheterisation laboratory which is an increase of 3% year on year from 2011. The Cardiac Department carried out approximately 25,429 non invasive tests in 2012.

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 cardiac catheter laboratory without the need for general anaesthetic. Since this procedure started in 2009 there have been a total 68 Transcatheter valve replacements, with excellent results overall.

The Smoking Cessation service and the Cardiac Rehabilitation programme were set up as part of health promotion service offered under the Cardiology speciality. The Smoking Cessation service provides support and advice to all staff and patients to stop smoking. In 2012 a total of 682 smokers received cessation support with 23% of smokers who set a quit date still remaining so at their 1 year follow up. The Cardiac Rehabilitation Programme offers secondary prevention, education and support to patients after a cardiac event. The service is nurse coordinated with a multi-disciplinary approach. There were approximately 402 patients seen in the Phase 1 programme in 2012. A further 226 patients attended the phase three programme in 2012.

In the last quarter of 2011, St. James formally set up the Heart Failure Outreach Service, under the direction of Dr. Caroline Daly. This programme aims to address the needs of patients with heart failure within a multi-disciplinary framework, including medical, nursing, physiotherapy, and nutrition and pharmacy involvement. Two specialist nurses have been appointed to assist in implementation of these aims. The programme targets patients who have been hospitalised for an acute decompensation of heart failure to optimise management in a structured manner, with enrolment in a post discharge heart failure management programme. The outpatient based service offers a structured approach to education and up titration of pharmacological therapy, a point of care for patients who experience clinical deterioration service, averting admission where possible, and regular interval specialist heart failure review for those who achieve stability. Referral and record keeping are electronic, imbedded with the hospital electronic patient record. Funds raised by the St. James's Hospital foundation have been used to purchase equipment for the unit and will fund ongoing higher education for the nursing staff, and an echo machine. In 2012 approximately 230 referrals were made to the Heart Failure Service with approximately 170 patients enrolled to the out patient programme.

The 9th 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 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' 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 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 line with the National Cancer Control Programme cancer strategy, St. James's is one of 4 Irish centres for lung cancer surgery, and is de facto the leading centre, carrying out more than half the national lung cancer resections. In 2012, 216 major Lung resections were carried out in the unit. This is 19% increase year on year from 2011. The lung cancer multidisciplinary team has established formal links with many referral regions and hospitals, including Beaumont, Tallaght, The Midland Regional Hospitals, Waterford and the Southeast Hospitals, Limerick and the Midwest, and Letterkenny.

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, and is continually developing specialist services and clinics in several other areas including interstitial lung disease, rare lung diseases and sleep.

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. During 2012 two TB Study Days were facilitated by the TB team, with 200 participants in attendance. A TB roadside screening bus travelled from the UK to provide 4 days of screening for the homeless and prison population in Dublin. An educational TB sputum culture video was developed by the TB Team in conjunction with IMRL and can be viewed on the ERS and ITS websites, the SJH learning Hub and intranet.

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 633 patients attending St. James's in 2012 for lung cancer care, 349 of these patients were referred from tertiary referral hospitals. 34% (215) of these patients were admitted for lung surgery.

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.

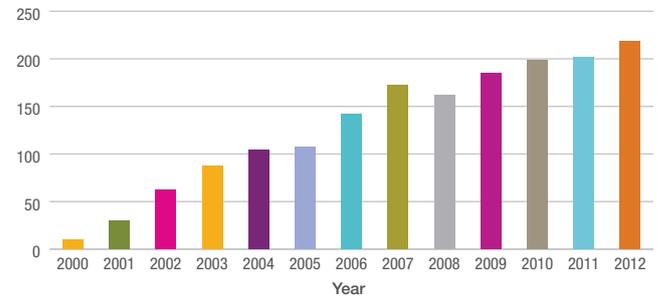
COPD represents the single most common admission diagnosis in Irish hospitals. Acute COPD care is delivered on John Houston ward, including Non - Invasive Ventilation, which prevents approximately 200 admissions to ICU per year for severe COPD. The graph below demonstrates the growth in the numbers of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

During 2012 a Respiratory Palliative Care Pathway was developed in partnership with Harold's Cross Hospice. This prompts and facilitates referral of non - malignant respiratory patients to palliative care services, which is an adjunct to the NIV and palliative supportive home care visits provided by the RAU team.

Ongoing out - patient care for COPD is delivered via the Respiratory Assessment Unit.

Non Invasive Ventilation at St. James's Hospital 2000 - 2012

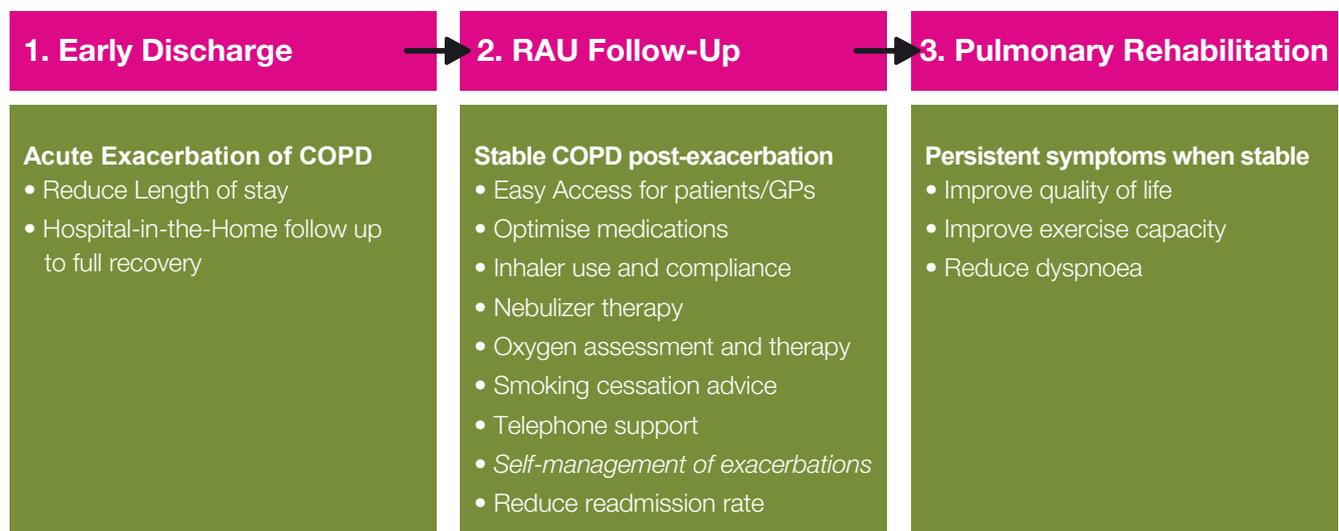
Hospital Data 2000 - 2012



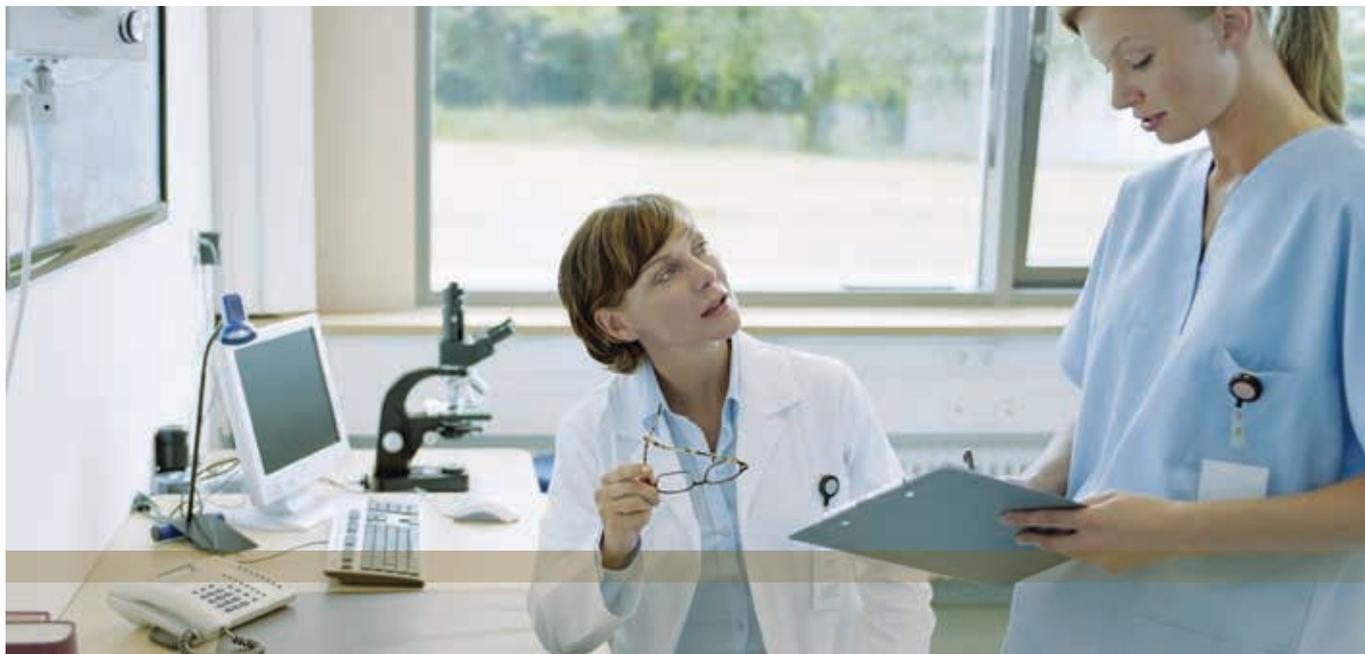
The Unit continued to provide a comprehensive service to patients with non - malignant lung diseases in 2012. The National COPD Clinical Care Programme has set out key performance indicators to be achieved by new outreach programmes established in 2011. The RAU continued to reach & excel these targets in 2012.

- Average length of stay for outreach patients accepted was 2.6 days. (If a patient only occupies a bed for a short period of time e.g. 3 hours, it is counted as one bed day).
- Average length of stay for patients not accepted was 8.5 days.
- 106 pulmonary rehabilitation classes were facilitated with 739 attendances.

Comprehensive COPD Care Outreach Programme



HOPe Directorate



Prof. Kenneth O'Byrne
Clinical Director

Dr. Eibhlin Conneally (July 2012)
Clinical Director

Ms. Shona Schneemann
Business Manager

Ms. Margaret Codd
Nurse Manager

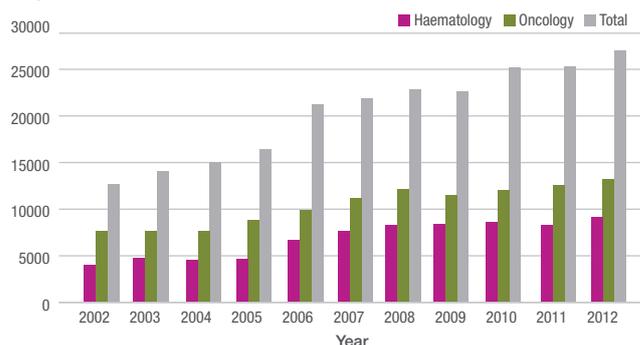
Introduction

The HOPe Directorate specialities are Haematology, Medical and Radiation Oncology, Cancer Genetics and Palliative Care. The Directorate incorporates the National Centre for Adult Bone Marrow Transplantation and the National Centre for Hereditary Coagulation Disorders and the anticoagulation clinic. 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, the Irish Cancer Society and Daffodil Centre.

Service Trends

Haematology and Oncology activity continue to increase year on year with 27297 patients attending day services in Oncology and Haematology including NCHCD.

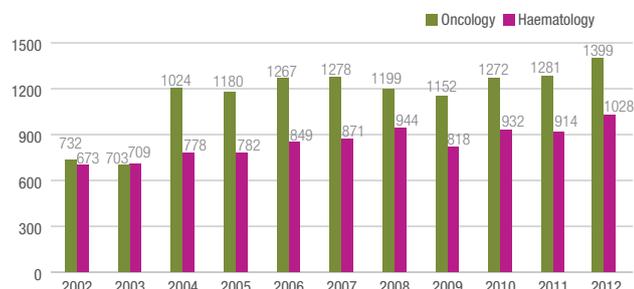
Daycare Attendances 2002 - 2012



Inpatient Activity

In patient activity has also increased for oncology and Haematology with a total of 2427 discharges in 2012.

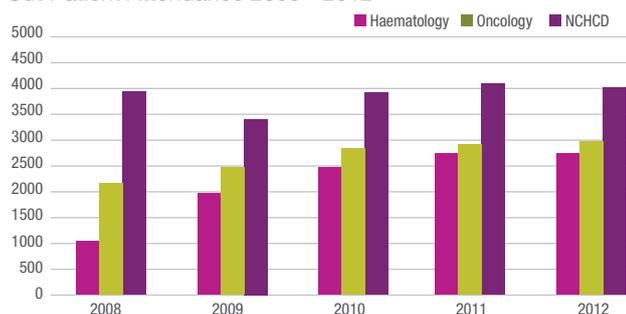
Discharges by Speciality 2002 - 2012



Out Patient Activity

Out Patient attendances have increased significantly since 2008 for Haematology, NCHCD and Oncology. Oncology continues to increase year on year.

Out Patient Attendance 2008 - 2012



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.

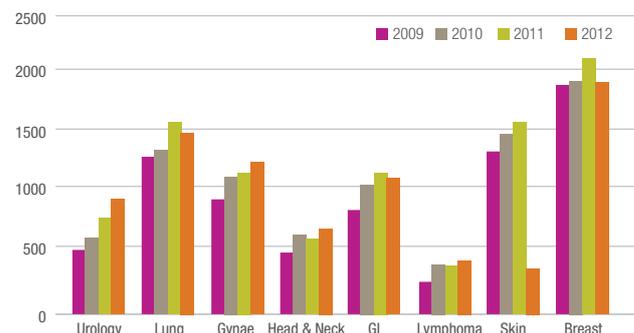
Initiatives/Developments in 2012

- Integration of concomitant chemotherapy services for patients attending St Luke's Radiation Oncology service.
- Introduction of nurse led chemotherapy education clinics.
- Introduction of nurse prescribing.
- Commenced monitoring and recording nursing KPI's.

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. Work continues on capturing referrals and outcomes in the patients' electronic records.

Total number of cases discussed at Cancer MDT meetings 2009 - 2012



The reduction in skin cases in 2012 is due to a change to consultant led referrals to MDT.

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.

Initiatives/Developments in 2012

Service revision including the development of a new patient pathway.

Radiation Oncology

Radiotherapy refers to the use of ionising radiation to treat disease. It is most commonly used in the treatment of cancer. It can be used alone, but is more frequently given in combination with other treatment modalities (e.g. surgery and/or chemotherapy). It may be given as a single treatment or daily (Monday – Friday) over several weeks.

Patients attending St. James' Hospital who require radiotherapy are seen by the Radiation Oncologist in SJH and attend St. Luke's Radiation Oncology Network (SLRON) for treatment. The priorities for the coming year include the identification of designated in - patients beds, the introduction of fractionated total body irradiation (TBI) and extra cranial stereotactic radiotherapy services.

Developments in 2012

- Rapidarc IMRT introduced.
- All 4 Linear accelerators have been commissioned.



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.

In 2012 Dr. Norma O’Leary and Dr. Lucy Balding were appointed as Palliative Care Consultants.

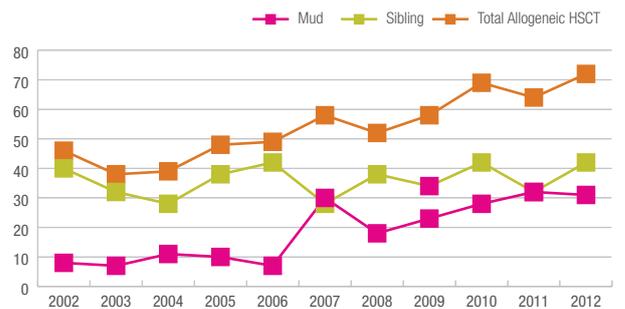
Developments in 2012

DVD ‘Introduction to Palliative Care Services’ was launched and provides information for patients on palliative care in St. James’s Hospital and the Hospice.

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.

St. James’s Hospital Haematopoietic Stem Cell Transplants 2002 - 2012



Initiatives/Developments in 2012

- Introduction of nurse led clinics for myeloma patients.
- Introduction of nurse prescribing.
- Designed and built a dedicated Web - Intellect database.

Cancer Clinical Trials Office

Programme Director	Dr. Dearbhaille 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.

In 2012, 19 new trials opened and 4 translational studies were commenced. 75 patients were recruited onto oncology/haematology clinical trials and 80 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.

Daffodil Centre

The official launch of the Daffodil Centre took place in November. The Daffodil Centre, which is run by Irish Cancer Society specialist nurse and trained volunteers, is an information service on-site in the hospital. Since it opened the Daffodil Centre has provided advice, support and information to 1,867 enquirers at the point where they need it most – the hospital. This service is open to all, no referral or appointment is necessary. Those visiting the centre include cancer patients, partners, family and friends. People concerned about cancer or who want to reduce their risk of getting cancer and healthcare professionals also visit the centre.

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 2012

- Building of new Haemophilia and Hepatology facility.
- Transfer of national CFC budget to SJH.
- Expansion of Hand Held Devices to monitor CFC usage.
- Introduction of Nurse led clinic for new patients with Haemostasis and Thrombosis.
- Development of Transition clinic in conjunction with the Paediatric Haemophilia service.
- Patient Partnership Panel.
- Implementation of integrated, out patient DVT pathway.
- Pilot of text messaging service for patients on Warfarin.
- Development of integrated anticoagulation care pathway between GP's of the South Inner City Partnership to transfer patient care to the community.
- Implementation of laboratory Thrombophilia testing guidelines.
- Introduction of laboratory assays for new oral anticoagulants.





MedEL Directorate



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 2012

2012 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 with a planning application submitted in December 2012.
- The clinical activity in the Directorate continues to grow inclusive of in-patients and ambulatory care clinics for bone health, stroke, memory, falls and syncope.
- Major research projects continue to expand and develop with new research grants being awarded.
- Professor J. Bernard Walsh was elected President of the Irish Gerontological Society.
- Dementia Services Information and Development Centre continued to expand and develop during the year.

The Mercer's Institute for Successful Ageing – Capital Project

Substantial progress was made on the MISA Capital Works Project during 2012. Following the appointment of the successful design team in January 2012, the design brief was developed into a number of design options. Upon approval of a preferred option the outline design was further developed with a planning application submitted in December 2012. It is anticipated that planning permission will be granted in February 2013.

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

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.

The construction works for the main MISA project are scheduled for completion in late 2015.

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. In 2012 more than 350 new patients were seen by the stroke service, 885 were seen in our nurse led secondary prevention clinic and 513 patients attended the Neurovascular clinic. The thrombolysis service continues to develop and expand, 42 patients underwent the procedure in 2012.

In 2012 we appointed Olivia Mahon as a second Clinical Nurse Specialist in Stroke. The annual National Stroke Study day was organised with a range of speakers from St. James's Hospital and beyond. This event has gone from strength to strength and in 2012 a second study day was scheduled to cater for the volume of applicants.

Professor Joe Harbison has remained in his role as Joint National Clinical Lead for Stroke and the results for the first year have been published. In 2011, for the first time, the number of people dying with stroke in Irish hospitals dropped below 1000 and this was reflected by a significant reduction in the numbers requiring nursing home care and an increase in the people being discharged home.

Bone Health and Osteoporosis Unit

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

The DXA service has increased further with 2655 patients scanned in 2012 which is an increase from 2507 in 2011. 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 2012, a total of 1454 were seen in these clinics, which is a 19% increase from the previous year.

Approximately 500 patients have been prescribed recombinant Parathyroid Hormone treatment to date. These patients are often complex with severe osteoporosis and multiple fractures and have been refractory to other treatments.

In early 2012 the falls and injury prevention programme was rolled out across the hospital. In May 2012 rolling education sessions were delivered by the Clinical Nurse Specialists to disseminate the hospital policy to all clinical areas. Since this intensive awareness drives the risk management office has reported a reduction in falls rates on all wards within the hospital. The CNSs continue to participate in the hospital fall prevention group.

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 2012 there were 3930 patients treated in the Unit with the main source of referrals coming from the Emergency Department and GPs in the community. The FABU aims to negate the need for hospital admission in those presenting with syncope and falls. Once diagnosed patient can link into existing hospital resources but the vast majority are dealt with solely by the clinic and discharged back to the community.

In February 2012 the National Syncope Training Day was organised by Clinical Nurse Specialist, Ciara Rice.

On going research continues within the clinics, which include neuro cardiovascular instability and its relationship to falls, blackouts and cognitive deficits.

Mercers Institute for Research on Ageing (MIRA)

Professor J. Bernard Walsh was elected President of the Irish Gerontological Society and the Society had its 60th Annual General Meeting in September. It was extremely successful with a large volume of research presented at the AGM.

Memory Clinic

There were approximately 1070 patient visits to the memory clinic in 2012, the highest number of visits since the foundation of the clinic. This number reflects an increase of 10% in the number of patients seen in the clinic compared to 2011.

The Mercer's Institute for Successful Ageing and the Dementia Services Information and Development Centre were once again delighted to host Ireland's Second National Memory Clinic Conference was held in April 2012 in the Guinness Storehouse.



DSIDC Autumn Conference. (L - R) Prof. Brian Lawlor, Dr. Robert Coen, Prof. Davis Coakley, Mr. Maurice O'Connell and Prof. Suzanne Cahill.

Promotion and Awareness

In June DSIDC assisted with the launch of Ireland's first Alzheimer Café at the Avila Carmelite Centre in Donnybrook. The Café is a collaboration between Sonas aPc, the Alzheimer Society of Ireland, DSIDC, NHI, the HSE and Third Age and was officially launched by Miriam O'Callaghan. The Alzheimer Café has been running since December.

2011 and is attracting large numbers of people with dementia, their families, carers and interested healthcare professionals.

In November the theme of the DSIDC Autumn conference was Ethics and Dementia Care. The conference provided a forum for interdisciplinary sharing and networking among healthcare professionals. A broad range of issues in relation to ethics and dementia care were explored and participants brought up to - date with the latest thinking in this important area of caring for people with dementia.

The DSIDC Awareness Campaign was held in September. Staff from the DSIDC promoted the library and resource centre from our stand in the hospital concourse and participated in an information forum for the launch of Age Action week at the Arklow Bay Hotel in Co Wicklow. In November DSIDC had an information stand at the Science Gallery where filmmaker Annette Wagner attended a showing of her movie "Squeeze me". The movie examined the current scientific and ethical debate over the use of robots in dementia care. This event was co - hosted by DSIDC and part of the Dublin City of Science 2012 where Activage brought together engineers, designers, artists and older people in the community in a public engagement process to present, challenge, inform and debate ideas on current and future technologies for the support of successful ageing.

Education

The education aspect of the work of DSIDC continued to develop in 2012. A new one - day course in 'Responsive Behaviours' was developed together with other stakeholders such as the Alzheimer's Society of Ireland and the HSE. New working partnerships were established with organisations involved in sensory impairment with a view to establishing short education programmes focused on multiple disabilities including dementia.

47 courses/sessions were delivered by DSIDC staff to 1077 participants in Dublin and nationwide. The Centre was very much involved in the development and implementation of the National Dementia Education Programme which provided dementia education for a further 1200 participants.

Governance and Staff

During 2012 Dr. John Gibbon made the decision to stand down from the Advisory Group following 12 years of service. We would like to thank Dr. Gibbon for his commitment and advice during his tenure and wish him well in the future. We would like to extend a warm welcome to Ms Catherine Keogh who joined the Advisory Group in 2012.

During 2012 Matthew Gibb, Senior Social Worker with DSIDC, continued in the post as Acting Director of the Centre.

Research

In January 2012, the DSIDC's Living with Dementia Programme (LiD) in association with NUI Galway hosted an international conference addressing the topic of dementia strategies both nationally and internationally. The conference was opened by the Minister for Health, Dr. James Reilly, who launched the new research report entitled "Creating Excellence in Dementia Care".

In 2012 LiD hosted three new public educational seminars and in June launched a new guide to dementia for the public, entitled "Future Dementia Care in Ireland; Sharing the Evidence to Mobilise Action", which Minister Kathleen Lynch presided over. In November a talk was given by LiD staff on the topic of Design for Dementia to over 150 architects at a seminar organised by the Royal Institute of Architects of Ireland and in December an invited paper was presented by LiD at the Irish Association of Palliative Care conference.

SaMS Directorate



Professor Colm Bergin
Clinical Director

Ms. Sharon Slattery
Nurse Manager

Ms. Paula Corby
Business Manager

The SaMS Directorate encompasses nine specialties, the Department of Dermatology, Endocrinology, Ear, Nose and Throat (ENT), Genitourinary Medicine and Infectious Diseases (GUIDe), Gynaecology, Neurology, Clinical Neurophysiology, Ophthalmology, and Rheumatology. In - patient areas include St. John's Ward, Victor Synge Ward and Hospital 5 Unit 3. The ambulatory day centers are the GUIDe Clinic, Health Care Centre, Diabetic Day Centre (DDC) Neurophysiology and the Rheumatology Day Centre (RDC).

Staff Developments

- Brid McCullough, Kevin O' Leary and Martina Sweeney retired following many years of dedicated service.
- Professor Colm Bergin terminated his term as Clinical Director of the SaMS Directorate in December 2012 after 7 years.

The Directorate team would like to thank everyone for their contribution and commitment to the SaMS Directorate and wishes them every success in their future endeavours.

The Quality Clinical Care Programs

Within the SaMS Directorate four specialties have clinical leads on the programs, Dermatology: Professor L. Barnes, Out Patient Antibiotic Therapy (OPAT): Dr. S. Clarke, Epilepsy: Dr. C. Doherty and Rheumatology HSE mid - Leinster: Dr. F. O' Shea.

Nursing Developments

Dermatology

In September CNS Katherine Sweeney was invited & attended Debra International Congress meeting in Canada.

Endocrinology/Diabetes

This year Jean Doyle DNS has embarked on the nurse prescriber's course and will complete this in 2013.

ENT

Tracheostomy Safety Facilitator CNS Joy Norton won the first prize for best poster at the annual conference in RCSI and subsequently presented orally in London at the World Congress Union of Risk Management and Preventive Medicine in September. The research paper "Nurses knowledge and standards of Tracheostomy care since the introduction of a Tracheostomy safety programme" was accepted for publication in the Journal of Medical Safety.

GUIDe

Congratulations to Advanced Nurse Practitioner (ANP) Sandra Delamere who received an Adjunct Lecturer post in UCD in November 2012. Sandra was also nominated as the national nursing lead for the National Sexual Health Strategy Steering Group Committee.

In February ANP Sandra Delamere Attended Pacific Rim International Conference on disability and Diversity in Hawaii - presented a joint lecture with Ms. Maeve Foreman entitled HIV – Just another Long Term Chronic Illness.

Congratulations to CNS Jacinta Grace Park who was appointed as national nursing lead on the OPAT programme.

Neurology

Congratulation to CNS Martina McKenna who successfully launched a national 'Handbook for Nurses and Midwives Caring for People with Multiple Sclerosis'.

St. Johns ward

Congratulations to Ms. Elaine Clifford who was nominated onto the National Palliative Care Development Working Group for Nurses, Midwives and Healthcare Assistants where she is involved in developing care core competencies for Health Care Assistants.

Epilepsy and DDC

Both specialties developed and completed a hospital wide review with an on line education needs analyses and are presently producing education modules.

Registered Nurse Prescribers course

Congratulations to CNS Ciara O'Loughlin, CNS Gillian Farrell and CNS Jacinta Grace Parker who successfully completed the Registered Nurse Prescribers course.

Rheumatology

Ciara O' Loughlin CNS attended the European League against Rheumatism in Berlin in June, where she submitted a poster at the Irish Society of Rheumatology conference in Belfast on 'Patients knowledge of the side effects associated with biological therapies'.

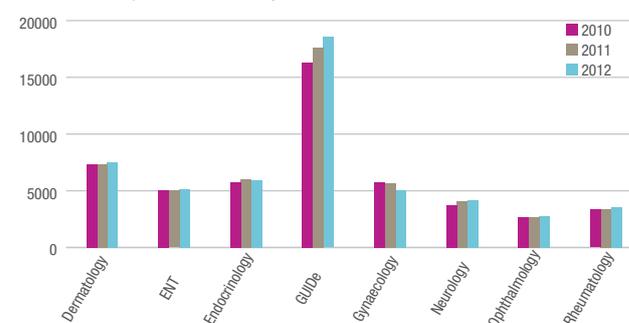
Directorate Activity

Outpatient Services

The total attendance rate for SaMs Directorate Out - patients

SaMs Directorate Activity	2010	2011	2012
DERMATOLOGY	7366	7328	7541
ENT	5023	5006	5179
ENDOCRINOLOGY	5724	6002	5938
GUIDe	16267	17598	18544
GYNAECOLOGY	5738	5698	5045
NEUROLOGY	3698	4057	4195
OPHTHALMOLOGY	2704	2704	2787
RHEUMATOLOGY	3339	3359	3560
SaMs Total	50235	51752	52789

SaMs Out - patient Activity



In - patient Services

Within the Directorate St. John's Ward, Victor Syngé and Hospital 5 Unit 3 provide in - patient care.

- St. Johns staff continued to participate in the practice development group of the Hospice Friendly Hospital initiative ensuring excellence at the end of life care to all patients' and their families. St. Johns ward also participated in the observational study for the external Keith Hurst skill mix review.
- Victor Syngé Ward participated in the pilot project of the Early Warning Scoring System.

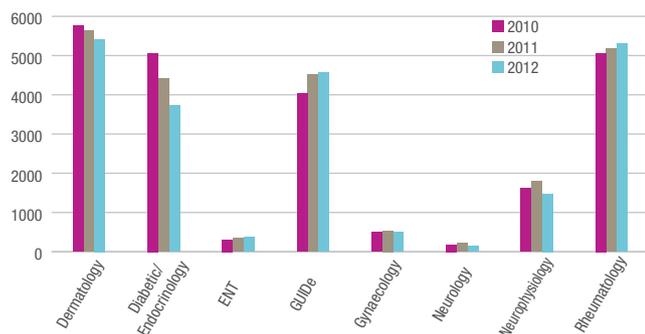
- All inpatient clinical areas activity participated in the roll out of nursing Key Performance indicators (KPI's) to all clinical areas in developing and updating nursing quality improvements that promote and sustain the highest quality of patient care.

Day Ward Services

The SaM'S Directorate provides day ward services (medical and surgical) across eight specialties within the directorate.

The day ward attendances per department were:

Speciality	2010	2011	2012
Dermatology	5761	5642	5420
Diabetic/endocrinology	5064	4421	3730
E.N.T.	308	356	377
Guide	4041	4511	4571
Gynaecology	495	535	505
Neurology	180	219	146
Neurophysiology	1614	1799	1478
Rheumatology	5063	5181	5301
Total	22526	22634	21528



Dermatology

The department of dermatology aims to provide holistic care to patients with skin disorders. In 2012 a total of 7541 patients were seen at outpatient clinics. Waiting lists were contained within the recommended 120 day maximum wait for a new patient appointment. The ratio of new patient to return patient review was 1:1.24; this ratio reflects the volume of patients with skin lesions being assessed. The steady increase of skin cancer, both non - melanoma and melanoma is reflected by the 1755 surgical episodes recorded in 2012.

Patients with inflammatory skin conditions primarily psoriasis and dermatitis require ongoing supervision of their systemic drug treatments. Databases have been set up to record the numbers of patients on systemic agents including a separate data base for patients on "Biologics". This is supervised by Prof. L. Barnes, CNS Deirdre Kennedy and Dr. C. Loftus GP clinical assistant.

Nurse delivered Ultraviolet Light Treatment accounted for over 3500 patient visits. All nursing activities are recorded on EPR

including nurse treatment/investigation orders. Iontophoresis, treatment for excessive sweating was commenced during the year through funding sourced from SJH Foundation.

This year Dr. Watson and her team developed a database of molecular diagnostics in the Irish Epidermolysis Bullosa (EB) population which was presented at the annual British Association of Dermatologists meeting in June. There are currently 53 patients with EB attending the adult service in SJH. Seven of these have the severe form of this devastating disease.

The arrival of Dr. Rupert Barry in November was welcomed. Dr. Barry is a graduate of TCD and did the majority of his dermatology training in the UK. He is a dermatologic surgeon and is already tackling the growing waiting lists of Mohs Micrographic surgery with Dr. Ormond.

Dr. Benvon Moran (SpR) enrolled in the MD programme at TCD for research being carried out in collaboration with the National Institute for Cellular Biotechnology (NICB), Dublin City University. Dr. Ormond is the principle investigator for this study - 'Identification of biomarkers for detection and monitoring of melanoma'.

Endocrinology/Diabetes

In April 2012 SaMs welcomed Dr. Niamh Phelan who took up the post of Endocrinology consultant. There has been a significant restructuring of the department over the past year. The diabetes clinics have been subdivided to incorporate two Type 1 clinics per month and six Type 2 clinics per month. The young adult and insulin pump clinic is supported by Dr. K. Moore from Naas hospital. The endocrinology clinics have also been restructured by sub - speciality with one of each of the following clinics per month; general endocrinology, general thyroid, thyroid cancer, Polycystic Ovarian Syndrome (PCS), reproductive endocrinology and late effects.

Several new initiatives have successfully been implemented in 2012 including a new group education programme Community Oriented Diabetes Education (CODE) for Type 2 diabetes and a structured carbohydrate counting programme for Type 1 diabetes (BERGER).

Dr. Marie - Louise Healy, in collaboration with the (ENT) surgical service continues to provide a comprehensive thyroid - oncology service. She has established a dedicated multidisciplinary team in order to deal with patients with thyroid cancer who team meet on a monthly basis. The Radio Iodine suite (Victor Synge Ward) operates to full capacity, with patients receiving radioiodine ablative therapy within the recommended time scale of four - to - six weeks following diagnosis. Aftercare is provided in Dr. Healy's thyroid - oncology clinic where patients are reviewed in a structured surveillance programme, in keeping with updated international guidelines.

Ear, Nose and Throat (ENT)

The ENT service 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 a Speech and Language Therapist, Clinical Nutritionist, Audiologist, CNS's, and clerical officers. A new initiative was successfully undertaken in 2012, where an evidence based tonsillectomy questionnaire was provided to patients meeting certain criteria which allow for direct access to Day Surgery and therefore not requiring a prior OPD review.

In October 2012, the SaM'S Directorate was successful in acquiring funding for a CNM 2 ENT Liaison Nurse. This role centres on coordinating the specific care needs of the patient and the provision of psychological support and education for patients with Head and Neck malignant conditions and their families. The post holder liaises with the benign ENT services in triaging patients before their appointment and assessing their requirements and performing interventions prior to a patients OPD review.

New Head and Neck Cancer Diagnosis	2012	2011	2010	2009
Head and Neck	288	262	240	213

Genito - Urinary Medicine and Infectious Diseases (GUIDe)

The department of Genito - Urinary Medicine and Infectious Diseases (GUIDe) incorporates services managing sexual health, HIV infection, general infectious disease care and a hospital - wide inpatient consult service. The services are delivered with a multi - discipline team approach, which consists of social workers, pharmacy, nursing and clinical nutrition.

The partial paper light initiative which started in 2011 with the introduction of an EPR scheduling system and electronic patient record system for the HIV and sexual health services and is proving to be most successful in 2012.

A restructuring of HIV and Hep C clinics afforded the opportunity to apply designated appointment times and to - date is working very well.

In 2012 a new nurse led STI clinic was established with set criteria in place and patient self triages. This has proven to be a very successful intervention.

Other initiatives undertaken include 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.

In August 2012 there was an expansion of the OPAT service including clinics in main OPD.

GUIDe Outpatient Activity 2012

Description	New	Return	Total
HIV service attendances	208	4,205	4,413
STI service attendances	6,574	3403	9,977
Infectious Diseases outpatient attendances	113	1134	1247
Young Persons service attendances	265	227	492
HIV - Hep C outpatient attendances	76	1,371	1,238
New Fill attendances	5	22	27
Day Ward attendances	583	1,144	1,496
Results/Nurses Clinics attendances			701
Vaccination attendances	640	2205	2845
Phlebotomy service attendances	125	280	405
Total Outpatient Activity	8,631	13,261	23,359

Gynaecology

The department of gynaecology was designated as a cancer centre for genital tract malignancies by the National Cancer Control Programme in 2012. A rationalisation of services has ensued with gynaecological referrals being streamlined based on sub - specialist facilities at each of the Trinity Hospitals (SJH, Coombe Women and Infants University Hospital (CWIUH) and Tallaght Hospital). Gynaecological services at SJH are now focused on the care of women with cancer and those requiring complex pelvic surgery. Colposcopy is provided at CWIUH and Tallaght hospital.

Designation of SJH as a Gynaecological Cancer Centre has increased the case load and complexity of casemix. Complex benign gynaecological surgeries (extreme endometriosis and inflammatory disease) and women presenting for cancer risk reduction surgery are also treated by the gynaecological oncology surgeons. 510 extirpative/reconstructive surgeries were completed in 2012. Minimal access surgery has replaced open procedures in many cases and most adnexal surgery is performed through the surgical day ward facility.

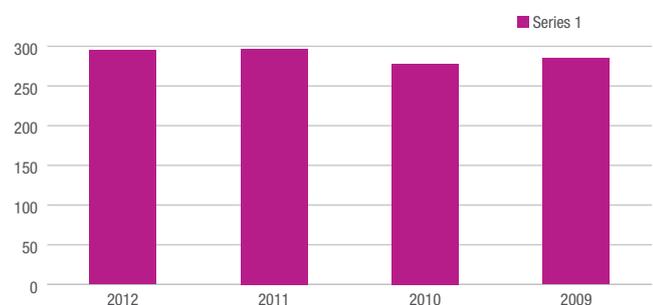
Gynaecology accreditation as a sub - specialist training centre was renewed by the Royal College of Obstetricians & Gynaecologists. Clinical research has focused on many aspects of gynaecological cancer care especially thrombosis, biomarkers and risk reduction surgery. All cancer care is delivered through a multidisciplinary forum which is served by a total of 5 consultants: Dr. N Gleeson, Dr. H O'Connor, Dr. Darcy, Dr. Astbury and Dr. S Sing.

Cancer Statistics

The Gynaecology Oncology Service in St. James’s Hospital provides a local, regional and supra - regional service for patients with gynaecological cancer. 3,000 patients attended the Gynae Oncology Clinics 2012. 295 new oncology referrals were seen in 2012. 60 of these were tertiary in nature. Patient complexity is evidenced by the multiple modalities of treatment required. In 2012, 240 patients underwent surgery, 111 were referred for chemotherapy and 103 were referred for radiotherapy. 1,258 patients were discussed at the gynaecology MDT.

New Gynaecology Diagnosis figures 2012

Gynaecology Cancer figures	2012	2011	2010	2009
	295	297	278	285



Clinical Neurophysiology

The Department of Clinical Neurophysiology offers a range of electrodiagnostic investigations in an ambulatory setting. 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, two Clinical Measurement Technicians and a clerical officer.

Neurology

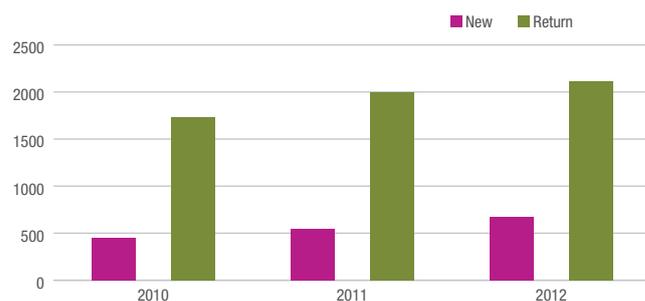
The regional epilepsy service continues to provide a widely recognised innovated service to epilepsy patients. In June 2012 the epilepsy service was further developed with the appointment of three candidate ANP’s who will work at a regional level with satellite clinics in primary care centers.

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

Ophthalmology

A total of 2787 patients were reviewed at out - patient clinics in 2012, which consisted of 671 new patients and 2116 return. The Ophthalmology team continue to provide a comprehensive effective and efficient service.

Out – Patient activity	2010	2011	2012
New	449	543	671
Return	1731	2000	2116
Total	2180	2543	2787



The collaborative approach to patient care by the Endocrinology and Ophthalmology service allows for the early detection of diabetic retinal disease and constitutes a large proportion of work for the ophthalmology service. All diabetic patients attend annually for retinal screening with a total of 1,861 patients in 2012.





Rheumatology

The Rheumatology service incorporates:

- 2 WTE Consultant Rheumatologist/General Physician positions/1 NCHD team/1 CNS/0.8 physiotherapy/0.5 occupational therapy/0.25 Orthotist/2 WTE Grade IV secretaries. The service supports multiple specialised clinics.
- a specialised arthritis out - patient based service.
- a tertiary referral connective tissue service.
- a weekly Early Arthritis Clinic.
- a procedure clinic in the Rheumatology Day Centre (RDC).
- an Ankylosing Spondylitis Clinic (RDC).
- a daily in - patient consult service.
- a specialised physiotherapy/occupational therapy service.
- a specialised consultant - supervised teaching programme in rheumatology.
- a dedicated research programme.
- 50% of the Departmental workload is related to acute Internal Medicine commitments.

The numbers of patients assessed and treated by the Rheumatology team continue to grow year on year. In 2012, 589 new patients (increase of 6% on 2011) and 2969 return patients (increase of 6% on 2011) attended the out - patient department, while 725 patients were admitted as General Medical patients under the care of the Rheumatology team. Under the auspicious of the Quality Clinical Care Pathway a new physiotherapy initiative to target patients with soft tissue or local rheumatic disease saw the appointment of Ms. Jennie Cronin in the latter half of the year. Dr. Barry O'Shea established a new Ankylosing Spondylitis Clinic in the Rheumatology Day Centre and remains an active member of the international ASAS (Assessment in Ankylosing Spondylitis) Group. Dr. Michele Doran participated in the advisory group for General Internal Medicine at SJH. Professor Gaye Cunnane has a number of roles in local and national NCHD training as Director of the Basic Specialist Training for the Trinity Scheme, Intern Tutor for SJH. 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 completed her MD thesis, examining the effects of exercise in patients with inflammatory arthritis, while Dr. Maha Azeez commenced her MD studies in the Department.

The clinical nurse specialist continues to provide a large range of education and training for patients with musculoskeletal diseases.



GEMS Directorate



Mr. Terence Boyle
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 Gastro Hepatology, Renal Medicine, Urology and General Surgery.

Acute Medical Admission Unit (AMAU)

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

The Unit continued to admit emergency medical patients 24 hours a day, seven days a week and operate a 'Consultant of the day' system where the on - call Consultant General Physician takes responsibility for patients in the Unit for a 24 hour period, with a senior nurse manger taking responsibility for the day to day Unit Activity. The Unit runs a one in nine Consultant rota with shared teams between consultants. The AMAU is overseen by Deirdre O' Riordan, Director and Dr. Bernard Silke, both whom are Consultant General Physicians.

The Unit is participating in the Acute Medicine Programme which is part of the National Clinical Programmes.

The AMAU would like to acknowledge the retirement of Dr. Bernard Silke who was instrumental in the establishment of the AMAU. We wish him well in the future.

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.

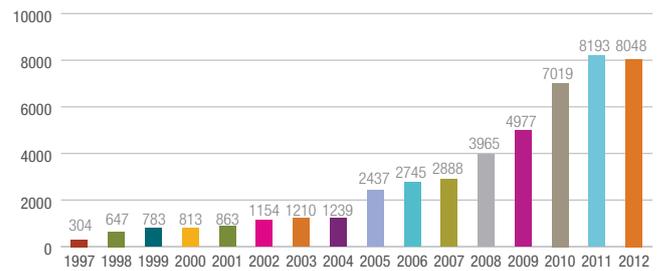
2012 seen the appointment of a third full time Consultant Breast Surgeon, Mr. Dhafir Alazawi within the Service.

The number of new symptomatic patients seen in 2012 was 4.4% more than 2011. To accommodate the additional demand for services, the number of Symptomatic Breast Care clinics held during the year was 104. The number of patients seen in the Family Risk Service was 842 and these patients were seen in addition to the symptomatic service.

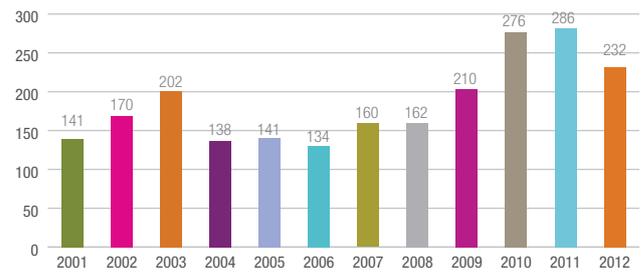
Despite the increase in clinic attendances and activity levels within the unit, Nursing has continued to develop and maintain in-service education and training for all nursing staff. Staff education ethos has been extended to include education within the community for health care professionals involved 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 opposite 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

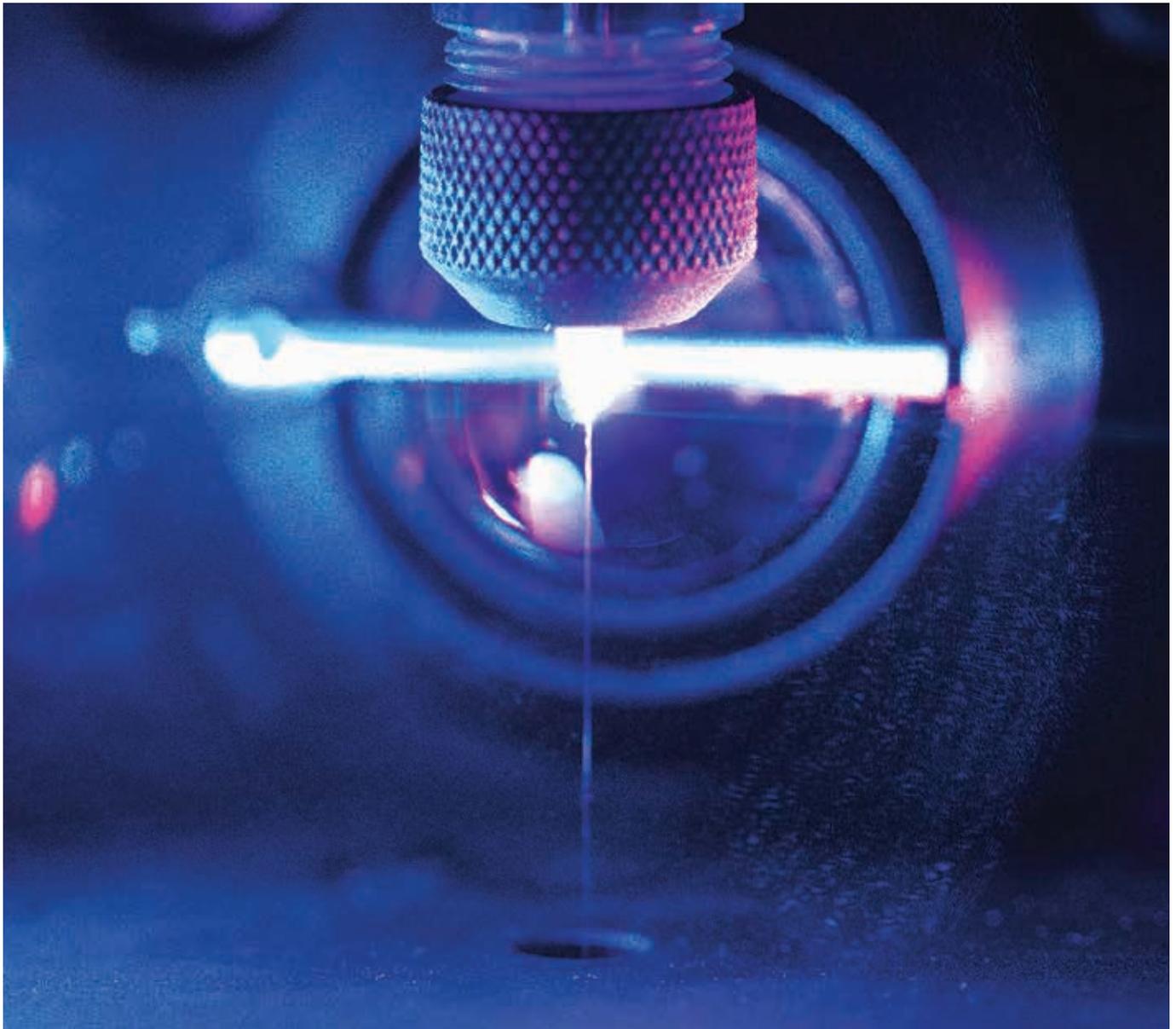


GI Function Unit

A total of 3090 procedures were carried out in the GI Function Unit in 2012. As the only referral national investigation centre, over 55 % of our referrals came from outside St. James Hospital. The extra demand placed on the unit from outside sources combined with the limited number of monitors, the Unit has reached maximum capacity, and has seen a dramatic increase in our waiting list, up to 6 months for some procedures.

A total of 841 Oesophageal Manometry; 724 24h pH's; 213 Hydrogen Breath Tests (HBT), 73 Anorectal Manoemetry, 775 removals, 44 24h pH impedance; 51 EGG's, 10 HRM and 20 24h Bile procedures were carried out. We had increased number of DNA's (15% (339)), which was probably due to long waiting list, and patients opted to go privately. The number of HBT dropped this year, as the monitor was broken for 5 months.

The GIFU was the first unit to introduce High Resolution Manometry in Ireland this year. Manometry measures pressure within the oesophageal lumen and sphincters, and provides an assessment of the neuromuscular activity that dictates function in health and disease. It is performed to investigate the cause of functional dysphagia, unexplained "non - GI" chest pain, and in the pre-operative work-up of patients referred for anti-reflux surgery.



Traditional Manometry normally used 4 pressure sensors, 5 cms apart, whereas High - resolution manometry (HRM) has 36 pressure sensors, located 1 - 2 cms apart. The patient will benefit from a more detailed analysis of their mechanism of swallow, which will allow for better treatment of their condition.

The GI Function Unit continues to be the only provider of a national referral service and is the only investigation unit that has full Accreditation as both a Service and Training Unit in Ireland.

Stoma Care 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 2 Stoma Care Nurse Specialists in full time positions:

Ms. AnneMarie Stuart, Ms. Siobhan Mc Govern and Ms. Anna Fearon.

Stoma	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number of patients requiring stoma surgery	111	104	137	134	144	162	159	166	188
Colostomies	54	53	59	68	66	70	51	63	85
Permanent	20	32	29	44	41	49	28	37	38
Temporary	34	21	30	24	25	21	23	26	47
Ileostomies	46	39	69	55	66	92	93	87	82
Permanent	22	21	25	22	22	53	24	27	23
Temporary	24	18	44	33	44	39	69	60	59
Urostomies	8	10	9	10	11	19	9	15	18
Jejunostomies	2	0	0	1	1	0	1	1	2
Patients who had ileo anal pouch constructions	2	2	2	1	2	4	2	1	1
Patients who had closure of Temporary Stomas	17	8	26	30	14	26	44	20	30
Patients requiring fistula/wound care	28	24	22	40	94	82	40	113	90
Number of Out Patients seen	332	248	380	374	330	477	509	376	528
Number of In Patients seen	281	225	372	376	284	243	616	350	431
Patients sited pre - operatively but did not have Stoma formation during Surgery	62	47	44	64	49	54	81	49	65

Dialysis Activity

In 2012, a total of 435 Dialysis treatments were carried out.

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.

Pre - Dialysis Education

The Renal Nursing Staff continue to provide the highest quality pre - dialysis education to pre - dialysis Renal patients. Predialysis education is vital for patients in order to make an informed choice regarding Renal Replacement Therapy i.e. Haemodialysis or peritoneal dialysis. It allows patients better understanding of their disease and promotes improved compliance with treatment. It affords the Renal Team an opportunity to organise pre - emptive access for dialysis, therefore reducing the inpatient length of stay when dialysis is commenced.

There were 192 patients on the Predialysis programme (stage 3 - 5 Renal failure) and in 2012.

Renal Transplant Work - UP

In 2012 – 7 patients were worked up for Renal Transplant, one patient received a pre emptive transplant in January.

Haemodialysis - 22 patients commenced long term dialysis in SJH and were transferred to Chronic Dialysis Units. 7 of these Patients were electively commenced on Haemodialysis in the Chronic Unit with pre emptive arteriovenous fistulas and required no hospital admission.

Prof. George Mellotte was invited as key note speaker at the BMJ Irish National GP conference, Dublin Sept 2012, National Home Therapies Dialysis meeting October 2012.

14 March 2013 will see the launch of Trinity Health Kidney Centre: A linked academic and clinical centre for Nephrology in south Dublin under the auspices of Trinity Health (Ireland). This academic unit will focus on inflammatory renal disease and will incorporate linked basic science and translational research programmes. Key components will be a renal bio - resource and registry based on the Tallaght campus, and molecular, cellular and animal research activity on the St. James's campus (Institute of Molecular Medicine) and Trinity Biosciences Institute (TBSI).

Education and Training

In 2013 the Colorectal Department hope to commence An Enhanced Recovery Programme for their patients. As part of the Colorectal Department we have been involved in this initial work. As part of Enhanced Recovery early discharge is paramount. Our input with patients requiring stoma education pre and post operatively will ensure that discharge is not delayed.

SELF

A Foundation Course in Stoma Care has been run twice in 2011 with 20 nurses completing this category 1 approved certification by An Bord Altranais. The final certificates have been issued in 2012. This course is offered to nurses throughout the hospital who wish to further develop their skills in stoma care.

We volunteered to participate in Bowel Awareness week in April and provided information at The Bowel Cancer Awareness Stand in The Main Concourse of the hospital.

- Attendance to The World Council of Enterostomal Therapists Conference (WCET) in Edinburgh 7th – 9th October 2012.
- Stoma Care presented a talk to The Endoscopy Course on 17th October 2012.

STAFF

We offer formal and informal educational updates to a variety of staff throughout the year, Including Graduate student nurses, post Graduate UCD students - Colorectal Oncology, Medical and Dietetic students.

We also participate with the Irish Society of Stoma and Colorectal Nurses Association (ISSCNA) to collect data on national figures.

We keep up to date with research through World Council Entrostomal Therapists (WCET), and Association of Coloproctology Great Britain and Ireland (ACPGBI) by attending conferences and we subscribe to The Gastroenterology Nursing journal.

Future Developments/Conclusion

In conclusion we expect our service to expand and develop to meet the needs of increasing numbers of colorectal patients. As falling numbers of Community based Stoma Care nurses exist our workload will only increase. We will strive to meet the needs of the patient group we care for and do so in a professional and skilled manner.

- It is our plan that we will complete our Standard Operational Policy and our Stoma Siting Policy in 2013.
- We are working with the MDT in writing a patient information leaflet for The Enhanced Recovery Programme.

- We hope to work closely with members of the multidisciplinary team in the development of a guideline for the management of a patient with a high output stoma.
- We plan to carry out a patient satisfaction survey in the upcoming year.

Hepatology

HEPATOLOGY UNIT

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 and out - patients. The services and clinics provided have been developed to meet the specific needs of the patients who use them.

Staff Developments

Prof. Norris appointed Clinical Lead in Hepatology
 Dr. Susan McKiernan appointed Clinical Lead in Endoscopy.

Clinic Activity 2012

Description	New Attendances	Return Attendances	Total Attendances
HCV Service	150	989	1139
HBV Service	83	766	849
General Liver/ Gasterenterology Service	605	2794	3369
UBT Service	73	180	255
Haemochromatosis Service	140	661	801
Fibroscan Service *		243	243
PRN (Prison) Clinic*	49	431	480
Total	1100	6064	7164

* Nurse delivered Services



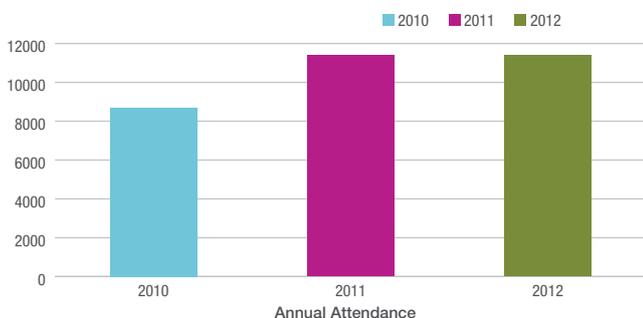


Nurse Services

Description	New Attendances	Return Attendances	Total Attendances
Treatment Services HCV and HBV		2459	2459
Liver Biopsy Education and Bloods		223	223
Nurse Counsellor and Education		537	537
Bloods Clinic – Pre OPD and monitoring		1454	1454
Total		4695	4695

Hepatology Activity

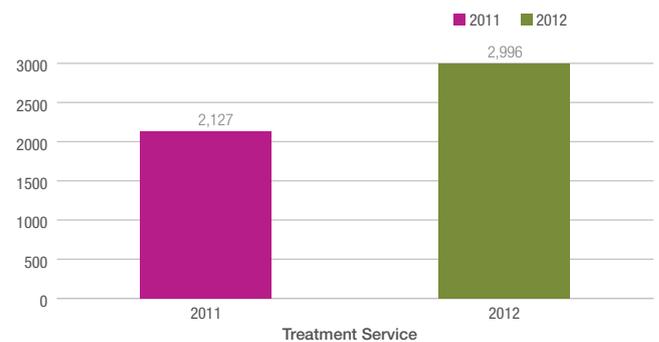
Year	2010	2011	2012
Total Attendances	8,687	11,383	11,837



There were over 11,000 attendances to the Hepatology clinics for 2012. 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.

New Clinical HCV Programme

In 2012 a new clinical treatment programme for HCV genotype 1 became available, Direct Acting Anti - viral (protease inhibitor) therapy. 24 patients were commenced on same, while a further 50 patients received dual anti - HCV therapy (genotypes 2/3). The introduction of DAA therapy has had an impact on the activity in the Treatment Clinic with higher frequency of visits due to the extra monitoring required for patients engaged in this new treatment programme.



SPECIALITY	2011	2012
Treatment Clinic Attendances	1808	2459
Nurse Counsellor and Education Attendances	319	537
TOTAL	2127	2996

The In - Reach service to Wheatfield and Mountjoy Prisons continues and provides for patients with hepatitis B & hepatitis C and minimises number of OPD visits from prison to the Hepatology Unit. This unique service enables treatment to be delivered to patients in custody. 19 patients were commenced on treatment in 2012, 17 HCV therapy and 2 HBV therapy.

Through the Nurse liaison link with St. Vincent's, 14 patients were assessed for suitability for liver transplant in 2012. A further 14 patients with HCC were treated in - house with T.A.C.E., and a further 10 patients with HCC received immunotherapy.

Research

As a teaching hospital the unit participated in a number of international multi-centre clinical trials in 2012:

- Hepatitis C Clinical Trial – VX 95110.
- Prophesys Hepatitis C – Observational Trial.
- DUAL – Phase 3 Study for null or partial responders to Peg interferon alpha and Ribavirin.

Oesophageal and Gastric Programme

The National Cancer Control Programme announced in July 2012 that St. James's Hospital is designated as both the National Centre for Oesophageal and Gastric Cancer and the National Centre for Management of Early Upper Gastrointestinal Mucosal Neoplasia (i.e. early tumours arising in Barrett's Oesophagus). Professor John Reynolds has been appointed as the National Lead for oesophageal and gastric cancers.

Cancer Activity Data

Over 200 new patients continue to be referred annually (Table 1).

Oesophageal/Gastric Cancers SJH 2008 - 2012

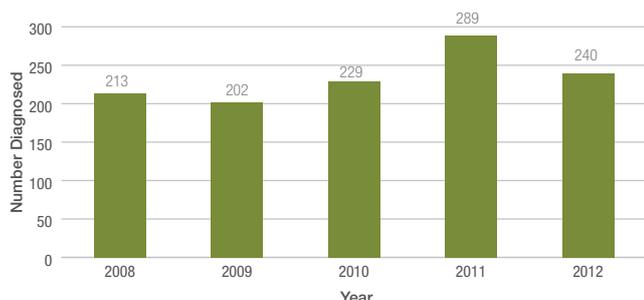


Table 1

The key summary points in ongoing prospective audit are as follows:

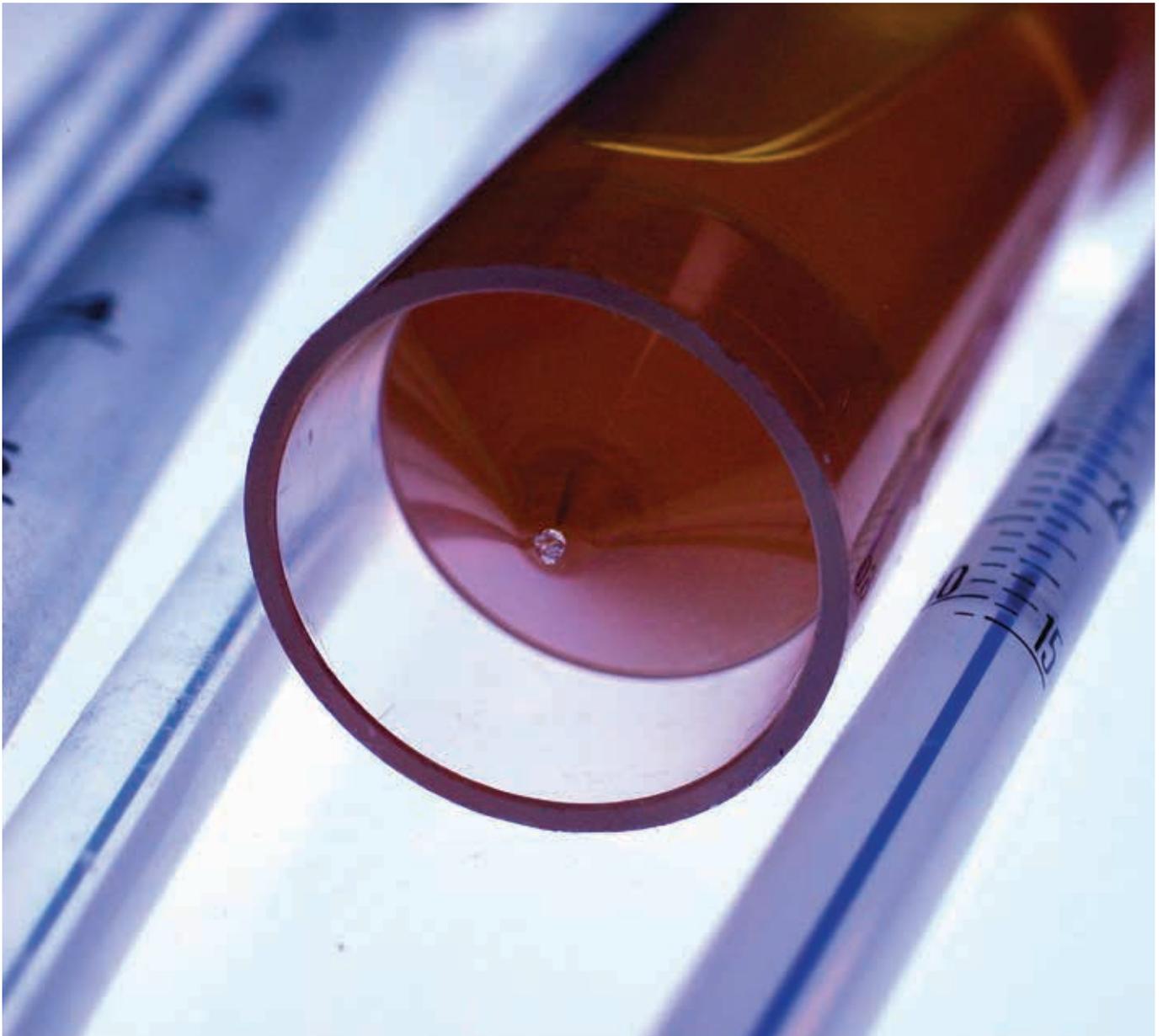
- 80% of all referrals are tertiary, testimony to its national role up to now and its current designated National Centre.
- Rapid Access clinics take place on Wednesdays and Thursdays, with major surgery performed on Mondays and Fridays.
- In 2012, 82 complex major upper gastrointestinal resections were performed, 50 for oesophagectomy, and 32 for total gastrectomy.

- Endoscopic surgery, particularly endoscopic mucosal resection (EMR) has increased in frequency, with 30 additional patients undergoing this procedure for early cancer.
- The surgical service is delivered by Professor John Reynolds and Mr. Narayamasamy Ravi, gastroenterology (including endoscopic ultrasound and EMR) by Professor Dermot O'Toole and Dr. Finbar Mc Carthy, radiation therapy by Professor Donal Hollywood and Dr. Moya Cunningham, and medical oncology by Professor Ken O'Byrne. Ms. Jennifer Moore is the Cancer Nurse Specialist.
- A major advance at the end of 2012 was the launch of the neo - AEGIS trial, led by St. James's Hospital, which is an international randomised trial comparing preoperative chemotherapy compared with preoperative chemotherapy and radiation therapy in patients with adenocarcinoma of the oesophagus and oesophago - gastric junction, coordinated by Clinical Trials Nurse Ms. Geraldine Lee.
- In 2012, there were 25 clinical and research papers published from the oesophageal and gastric cancer programme.

BARRETT'S OESOPHAGUS

Further progress was made on the implementation of the National Registry for Barrett's Oesophagus in 2012 with St. James's Hospital taking the lead role. This registry is funded by the Oesophageal Cancer Fund (OCF). The software is supplied by Dendrite Clinical Systems in the U.K. Hospitals participating in the registry include Mercy Hospital Cork, Beaumont, St. Vincent's and Mater Hospitals. Mercy Hospital, St. Vincent's and Mater Hospitals input data directly onto the National Server which is located in the IMS Department at St. James's Hospital. St. James's and Beaumont Hospitals upload data from their local database onto the National Server.

St. Vincent's and Mater Hospital went "live" in 2012. Reports for the progression and outcomes of the disease were developed and are used in the management of patients. A Barrett's email address was set up and linked to the registry. An email is generated three months before the patient is due a follow up endoscopy. This ensures that no patient is lost to follow up. A facility to download endoscopy images from the Adams System in Endoscopy to the St. James's Registry has also been implemented. There are 1,093 patients (up to December 2012) with confirmed Barrett's Oesophagus on Histology on the St. James's Hospital registry with detailed follow up information.



Following the success of the National Barrett's Registry, funding was approved for a National Oesophago - gastric Cancer Registry in 2012. This will be rolled out in 2013 and the National Barrett's Registry will serve as the prototype for this registry.

The Barrett's Clinic is held on a fortnightly basis on Tuesday morning. 61 new patients and 272 return patients attended the clinic in 2012. This is an increase of 45% on 2011 attendances.

In March 2009, the first radiofrequency ablation (HALO) was performed. This procedure is for patients with low grade dysplasia, high grade dysplasia and intramucosal carcinoma and is performed by Mr. Narayanasamy Ravi and Prof. Dermot O'Toole. This treatment is performed as a simple day procedure and avoids the alternative to radical surgery with consequent reduction in morbidity and considerable cost saving benefit to the hospital. 173 sessions of HALO treatments were performed on 68 patients from March 2009 to December 2012, and 75% were tertiary referrals. St. James's Hospital are participating in the UK National HALO Patient Registry which was established to investigate the use of HALO radiofrequency ablation for patients with Barrett's Oesophagus and early precancerous changes. Eighteen hospitals are involved in this registry with St. James's Hospital being the third largest contributing centre to date.

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.

We are a truly multi - disciplinary department, with contributions from medical, nursing, physiotherapy, occupational therapy, medical social work and liaison psychiatry.

Challenges

2012 was another challenging year for the Emergency Department at St. James's Hospital. The demand to meet key performance indicators together with the difficulty in replacing staff vacancies and continue to run the services within decreasing budget demonstrate the enormous effort put in by all staff.

National Program - Emergency Medicine Program

The Health Service Executive, Quality & Clinical Care Directorate outlined its strategic vision for health care in Ireland in June 2012. It published 'The Path Forward' with a list of quality improvements for ED's in Ireland. We are delighted that Dr. Una Geary is National Programme Lead for the Emergency Medicine Programme. St. James's ED Clinical Operational Group lead is Dr. Una Kennedy. This local group is tasked with working through the quality improvements outlined by the Emergency Medicine Program.

Staffing

Dr. Darragh Shields was appointed Consultant in Emergency Medicine, which brings the total of Consultants to five. Ms. Deirdre McGuone was appointed Clinical Nurse Specialist to join the Chest Pain Assessment nursing team in the Department.

Advanced Nurse Practitioner Clinical Activity

The Advanced Nurse Practitioners continue to provide a seven day/week service to a cohort of patients presenting to the emergency department with non - life, non - limb threatening injuries and conditions. Almost 13% of total new patient attendances were treated by the ANP's in 2012. The acuity and complexity of the patient case load continues to increase and therefore ongoing competency development and new skills acquisition form part of the professional development activities of the ANP's.

Education Activity

The academic and clinical education partnership arrangement between the Emergency Directorate and the School of Nursing and Midwifery, Trinity College Dublin continues to flourish. In September 2012, six ANP candidates from emergency departments in Wexford, Kilkenny, Sligo, Dublin, Ennis and Clonmel commenced the newly developed Post - Graduate Diploma/Masters in Advanced Nursing Practice (Emergency). The theoretical ED - specific element of this new programme continues to be delivered predominantly by the ANPs, with additional contributions from Consultants in Emergency Medicine. A further cohort of clinicians, physicists and radiographers from the Diagnostics Directorate deliver the specific education module related to nurse prescribing of ionising radiation.

ANPs provide clinical support, guidance and supervision of the clinical practice of a wide range of nursing, medical and therapy professionals. They continue to participate in regular in - service education and training for undergraduate and post - graduate nursing students and for NCHDs.

Clinical Audit

The ANP's continue to audit their practice in relation to national standards such as the ED time standard of six hours total patient experience time. The outcome of a specific clinical audit which evaluated the practice of requesting x - rays undertaken by the ANP's in 2011 has culminated in the development of the first St. James's Hospital policy for Nurse Prescribing Ionising Radiation. The development of this policy was facilitated by a collaborative group drawn together by the Director of Nursing from ED and Diagnostics. Dr. Darragh Shields, EM Consultant and Valerie Small ANP represented ED on the group. Following a series of meetings the local implementation group agreed to the validation of the six named ANP's in ED as nurse prescribers of ionising radiation and the policy underpinning the practice of the named nurse prescribers was forwarded to the hospital accreditation team for registration.

An additional outcome of the initial x - ray audit was the development of three key performance indicators on documentation, pain management and justification of x - ray requests. ANP Gabrielle Dunne has led a department - wide initiative to improve the performance of our MDT in relation to pain management. She has developed an education package, delivered to all medical and nursing staff, and is involved in the ongoing audit of this quality improvement initiative, in collaboration with Dr. Geraldine McMahon. The KPI's will be measured every six months and results from this will form part of the quality measures related to ANP specific performance.

Two ANPs successfully presented a poster presentation and two oral presentations at the International Conference on Emergency Medicine (ICEM) which was held in Dublin in June 2012, this was a wonderful opportunity to showcase advances in emergency nursing in Ireland to an international audience drawn from over 72 countries. The ANPs have contributed to a number of journal articles and two nursing textbooks, which are expected to be published in 2013.

Professional Development Activity and Representation

- Mr. Sean Farrell was appointed to the Board of St. James's Hospital.
- Ms. Valerie Small and Prof. Patrick Plunkett were both appointed to the Pre - Hospital Emergency Care Council.
- Ms. Small is the ANP advisor to the National Emergency Medicine Programme and a member of the Working Group. She has a remit in relation to strategic planning for the development of ANP services from a national perspective. In July 2012 she undertook a project to review current ANP services and has developed a strategic plan to guide and assist services over the coming years to develop and build their ANP capacity. Valerie is also a member of the National Advisory Group for the Implementation of Nurse Prescribing Ionising Radiation.

- Mr. Derek Brown is a member of the board for the HETAC-approved Nurse Prescribing Education Programme; He is also an expert advisor to the Committee for Advanced Practice, which is a committee of An Bord Altranais.
- Prof. Plunkett was awarded Honorary Fellowship of the European Society for Emergency Medicine, for his outstanding contribution to development of the specialty in Europe. He was also appointed to the Professional Standards Committee of the College of Emergency Medicine, and served as President of the Section of the History of Medicine at the Royal Academy of Medicine in Ireland.

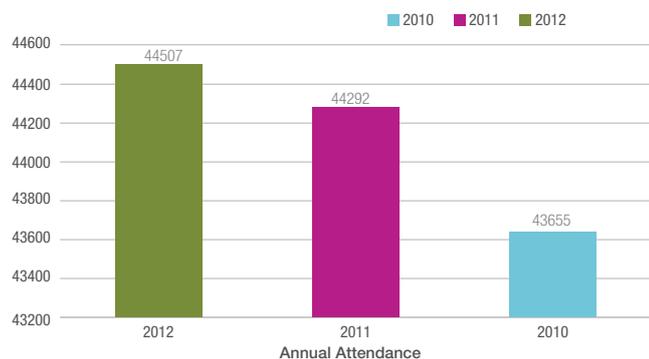
ED Activity

Year/Month	No Attendances
No Attendances	46,190
No Discharges	44,494
No Rips	109
No Admissions	11,634
No New	44,507
No Return	1,683

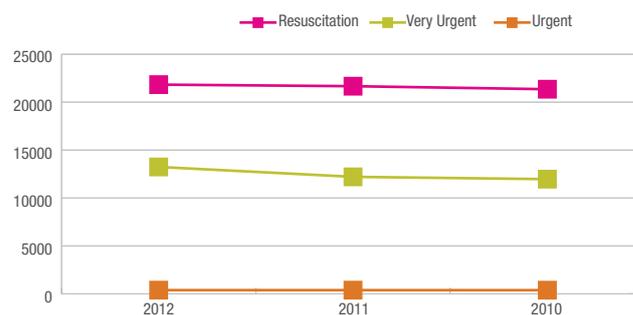
ED Activity by Triage Category

Triage Category	No New Total
1: Resuscitation	384
2: Very Urgent	13,232
3: Urgent	21,819
4: Standard	8,193
5: Non Emergency	499
6: Non Emergency (Dnw)	312

New Attendances per year 2010 - 2012



Attendances per Triage Category 2010 - 2012



Infrastructural Improvements

Suite 1 & Suite 2

There are approximately 150 deaths in the Emergency Department each year, in addition to the critical admissions to the Intensive care setting. Whilst it is rare to have more than one deceased patient at the one time it is not uncommon. Over the years the department has expanded and attempts have been made to improve the facilities for relatives in the department.

In 2012 we were fortunate to be in receipt of funding from the Hospice friendly Hospital Group to support the upgrading of our facilities.

One of our main issues was the lack of privacy for these families when viewing their beloved's remains in the Emergency Department.

Relatives were generally accommodated in a relatives room and had to walk along the main corridor to the viewing room. This is a main thoroughfare for the department and is noisy and has constant traffic flowing up and down the corridor. The furnishings of the room were less than comfortable or aesthetically pleasing on the eye. We now have two purpose build private rooms with adjoining viewing rooms to accommodate our bereaved and distressed families. It has created a great sense of pride for the staff and it is comforting for them to know they have a suitable environment to enhance the supportive and caring attitude that the staff try to offer to families at what can be a most traumatic time in their lives.

Reception Area

St. James's Hospital Foundation part funded the installation of communication equipment to enable clear communication between staff and patients through glass security screen. The new induction loop systems provides assistant for users of hearing aids.



Nurse Education 2012

The Emergency Department continues to provide comprehensive education and training to Nursing and Health Care assistant staff throughout 2012. In addition to the mandatory training provided by the hospital the department provided in service training on a wide range of clinical presentations and management.

We continue to facilitate in house training and development with 8 staff nurses successfully completing the advanced cardiac life support course, plus three nurses completing the advanced trauma nursing course. The resuscitation skills training course is ongoing. Remaining a category 1 An Bord Altranais & Cnamhseachais course.

The Resuscitation Skills Training Programme is a component of the projected career pathway of nurses employed within the Emergency Department.

Two staff nurses from the Emergency Department completed this specialist course in Emergency Department Nursing, with a further five nursing members completing their masters in Nursing.

Links with colleagues in The Adelaide & Meath Hospital and Blanchardstown Hospital were continued this year with collaboration over the two sites for the Post Graduate Diploma. St. James's Educational and Clinical facilitators provided specialist lectures at both campuses.

Post Graduate Diploma Specialist strand, Intensive Care and Paediatrics students were facilitated within the Emergency Department in 2012.

Along with facilitating pre - graduate nursing students, in 2012 we also mentored and facilitated EMT trainees from St. John Ambulance, Order of Malta and Dublin Fire Brigade.

We continue to forge our links with the NAS of Ireland with nurses being afforded the chance to accompany an advanced paramedic on the rapid response vehicle. This helps the nurse to develop a greater understanding of pre hospital care.

Clinical Placement

Clinical placements continued through out the year with a number of Elective placement for international and Irish Medical Students.

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 - Supra regional rapid access trauma service and a supra regional maxillofacial and cleft orthodontic service.
- Cleft Orthodontic/Prosthodontic Services - tertiary referrals for Orthodontic and Prosthodontic services.
- Orthopaedic regional trauma and elective service.

Developments in 2012

- Electronic trauma referral form for referral to the plastic and maxillofacial departments for the rapid assess clinic.
- Electronic referral for elective orthopaedic surgery from St. James to Tallaght Hospital.
- Mr. Kieran O'Shea, Consultant Orthopaedic Surgeon resigned from St. James's.

New Appointments

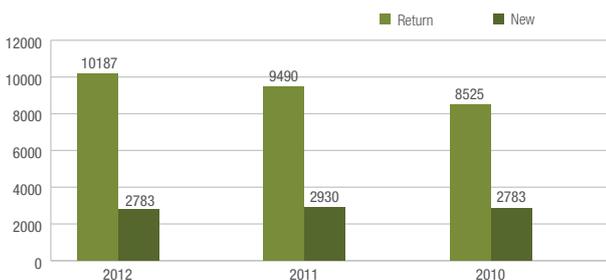
- Ms. Patricia Eadie finished her term as Clinical Director in December 2011 and Dr. Aisling O'Mahony commenced her first term as Clinical Director in January 2012.
- Ms. Shona Schneemann moved from Omega to the Hope directorate in Oct 2011 and Ms. Martina Kelly commenced as Business Manager in January 2012.
- Ms. Deirdre Walsh moved to Orian directorate and Cristin Leavy commenced in January 2012 as the administration manager.
- Ms. Yvonne O'Sullivan was appointed as a Dental Hygienist in 2012.
- Ms. Jennie Cronin appointed as the Musculoskeletal Clinical Specialist Physiotherapist with the Orthopaedic team in August 2012.

Maxillofacial Surgery

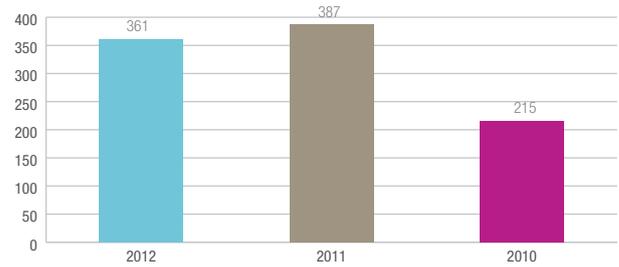
The National Maxillofacial unit is a tertiary referral centre dealing with:

- 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.

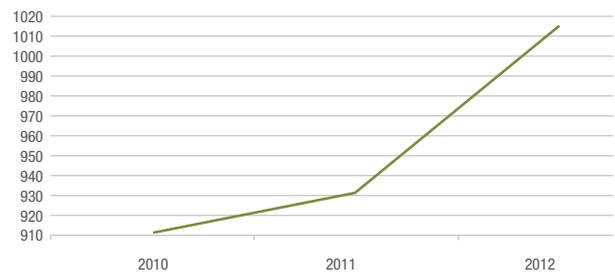
Maxillofacial Out Patients



Maxillofacial Surgery – Day Surgery



Maxillofacial Surgery – Main Theatre



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 Coordinator, Nursing staff, Clinical Nutritionist and Speech and Language therapist provide treatment and care for patients.

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 Coordinator maintains the cleft database and coordinates the patient's individual care pathway.

Prosthodontic Unit

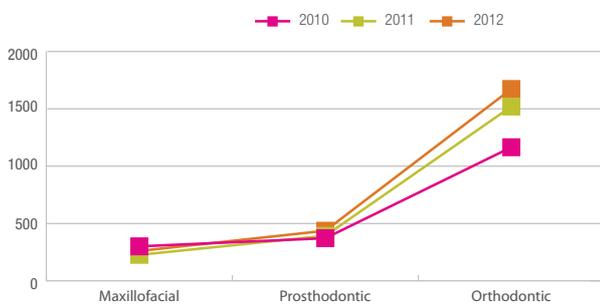
The Prosthodontic Unit acts as a tertiary referral centre primarily for the Prosthodontic management of patients with cleft lip and palate needs and includes a limited service for the prosthetic intraoral rehabilitation of head and neck cancer patients from Our Lady's Children's Hospital, Crumlin.

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 2012



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.

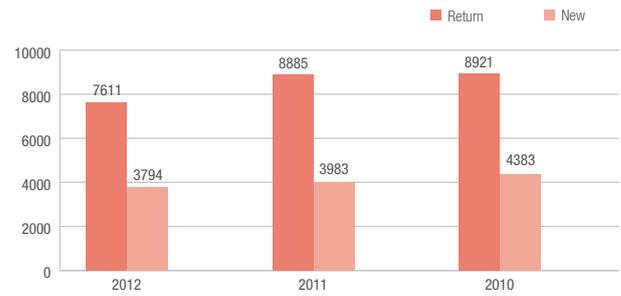
Orthopaedic Surgery

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

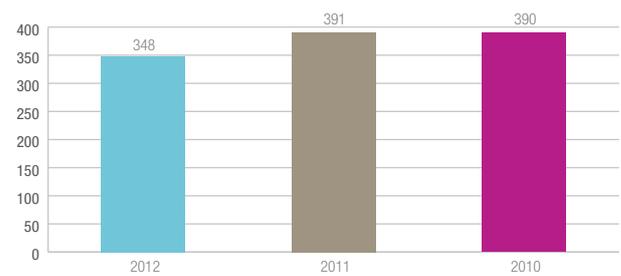
- Orthopaedic service for Haemophiliacs.
- Complex foot and ankle surgery.

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

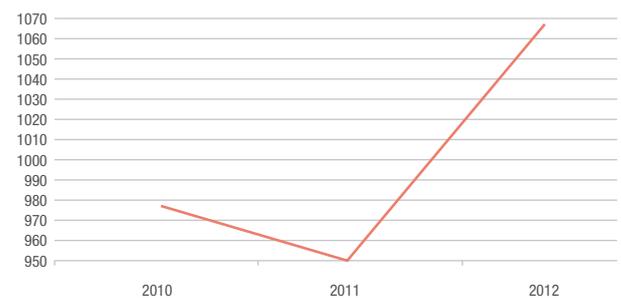
Orthopaedic Out Patients



Orthopaedic Surgery – Day Surgery



Orthopaedic Surgery Main Theatre



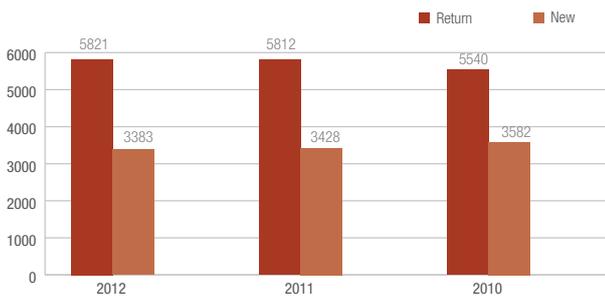
Plastic and Reconstructive Surgery

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

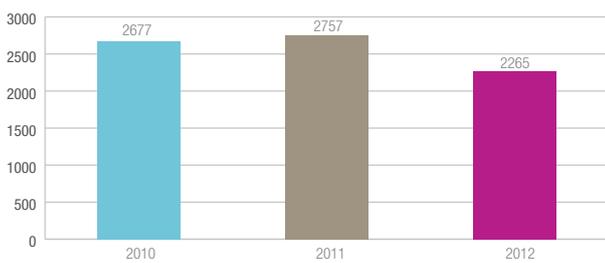
- Hand Surgery.
- Facial Surgery.
- Burns.
- Skin Cancer.
- Head and Neck reconstruction.
- Breast surgery and reconstruction.
- Ear Surgery.
- Cleft lip & palate.

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.

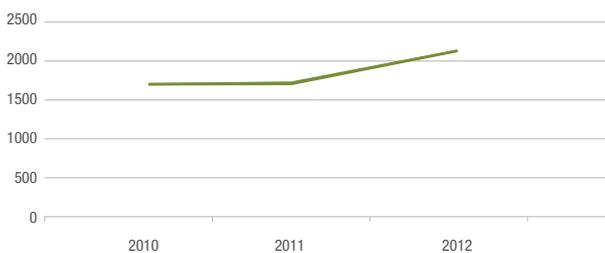
Plastic Out Patients



Plastic Surgery – Day Surgery



Plastic Surgery Main Theatre



Minor Operations

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

- Biopsies.
- Wound debridement.
- Suturing.
- Minor hand 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. Prakash Madhavan
Department Head/Vascular Surgeon

Dr. Mary Paula Colgan
Senior Lecturer

Dr. Sean O' Neill
Vascular Surgeon

Ms. Zenia Martin
Consultant Vascular Surgeon

Introduction

The department of vascular surgery plays a pivotal role 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 joined the department as the fourth Vascular Surgeon in February of 2012 having completed an endovascular fellowship in the Cleveland Clinic. The department has also continued to attract visiting surgeons from the UK who have spent six months receiving endovascular training.

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 offer endovascular treatment or hybrid repairs for patients with acute aortic syndromes or thoraco - abdominal pathology. 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.

Regrettably the funding for our aneurysm screening programme has 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 in 2013.

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).

The unit has a very active clinical research program and also collaborates closely with physicians from other cardiovascular specialties and the Department of Biomedical Engineering

at Trinity College. Postgraduate students from the Masters in Biomedical Engineering have been involved in the design of several prototype medical devices for use in the field of vascular surgery as part of this collaboration.

The unit has been working in collaboration with the Department of Cardiology and Dr. Ross Murphy researching inflammatory markers in carotid plaques. The department will be involved in a large multi - centre study in collaboration with Prof. Peter Kelly in the Mater Hospital looking at carotid plaque morphology.

We are about to embark on an evaluation of a large hole closure device in conjunction with the Cardiology Department which will allow most endovascular stent graft procedures to be done percutaneously. This study is due to commence in March 2013.

Ms. Martin presented a paper at the Annual European Society of Vascular Surgery Meeting in Bologna evaluating the current status of vascular training in the Republic of Ireland.

Psychiatry



Dr. Ian Daly
Clinical Director

Mr. Oliver Claffey
Director of Mental Health 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 (Owendover) 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 433 admissions to the Jonathan Swift Clinic in 2012. 162 were new admissions and 53 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 379 new outpatient assessments and approximately 720 new Liaison referrals.

Developments in 2012

The Dublin City University partnership initiative continues to flourish within the service with the latest project being the service user "grass roots action group". The Grass Roots group was set up to provide a forum for service users, carers/family members and professionals to come together and provide feedback of the service to management and commenced in April 2012.

There were changes in personnel in 2012 saw Professor Thomas Frodl resign as Clinical Director to return to Germany. Dr. Ian Daly continues as Executive Clinical Director. Two occupational therapists and four psychologists joined the service as part of the enhancement of the community mental health teams under Vision for Change.

Social Work 2012

Over the preceding twelve months the social work department has continued to deliver its work primarily through individual work but also through a number of group work programmes for e.g. preparing for Discharge. The latter is an inpatient programme delivered in collaboration with our occupational therapy colleagues which encourages and supports clients to consider their own practical needs post discharge. The focus is on what can be achieved by the clients while in hospital. Also we have supported the care planning process and have been dedicated to embedding this in the way care is delivered bringing our clients very much into the centre of their own care. Family work continues to be a significant focus of our work. In the community a new group has been developed for one of our day hospitals. Also an evening social initiative for clients has been developed fortnightly. This has grown out of the work of the Grass Roots Acton group which is made up mainly of clients, carers and some staff. Finally there has been a significant increase in the student social work learning placements that we offer.

2012 Psychological Medicine Service

The Psychological Medicine Service provides mental health assessment and intervention for patients attending the general hospital. Clinical service is delivered across all medical & surgical specialities; in - patient and out - patient settings and the Emergency Department. Psychological Medicine provides for the assessment & initial management of patients, further psychological intervention or medical care as appropriate, or, if necessary, will link patients with further mental health care, for example in the community. Teaching of nursing & medical staff and students is a central part of the service's role. National and regional units such as the Burns Unit, Bone Marrow Transplant Unit, National Centre for Haemophilia, and Cancer - related care have specific links with the service.

The development of the intern post in mental health continues, and with the addition of the general practice placement, furthers the aim of the service of integration of mental and physical health care. The service was awarded the prize for Best Hospital Project at the Irish Health Care Awards 2012 for their work on the management of cancer - related fatigue. They were also winners of "An Duais Mhór" which is the overall prize awarded to the outstanding project across all categories.

Old Age Psychiatry 2012

Introduction

In Psychiatry for the Elderly there were 379 new outpatient assessments and 810 new Liaison assessments including 766 new hospital liaison and 40 new community liaison cases seen.

Psychiatry for the Elderly

We provide comprehensive mental health services to all people aged 65 years and over who live in the Dublin South City area. We also provide consultation liaison services for all older people admitted to the general wards of St. James's Hospital, to continuing care and rehabilitation units for older people and to nursing homes located within our catchment area.

The Martha Whiteway Day Hospital is the hub of the community services and caters for people who would benefit from a higher level of support than that provided by the outpatient departments.

In 2012, Professor Lawlor was seconded part time from SJH to TCD to take up the position of Clinical Director of Neuroenhancement for Independent Lives (NEIL), a programme of research dedicated to developing strategies to delay or prevent dementia. Dr. Jeannette Golden backfilled his community sessions and he continues his outpatient, Memory clinic and liaison to nursing home work at SJH.

Research and Teaching

The NILVAD project, an investigator driven clinical trial with Nilvadipine in Alzheimer's disease continued in its set up phase with a plan to start randomising patients during the first quarter of 2013.

Another project working on developing biomarkers for Alzheimer's disease and setting up a reference laboratory for cerebrospinal fluid biomarkers for Alzheimer's disease has commenced. It is envisaged by 2013, that a reference laboratory will be available to provide results on a clinical basis for people who are symptomatic and who have early cognitive decline. The analysis of cerebrospinal fluid for biomarkers will aid in the clinical diagnosis of Alzheimer's disease in early and in difficult cases. Dr. Eileen Sweeney is completing the final year of her project examining the relationship between anxiety and MCI in older adults under the supervision of Dr. Elaine Greene & Professor Lawlor.

The team continue to be actively involved in teaching at both undergraduate and postgraduate level. Our undergraduate curriculum was revised and expanded in 2012 by Dr. Zareena Abidin (SR) and we look forward to feedback from the TCD medical students to inform further revisions.

Audit remains high on our agenda and Psych EI led two major service wide audits examining admission documentation and the practice of ECT in the past year.

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 Prevention and Control).
- 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), external hospitals and agencies throughout the country. The laboratory also acts as a national referral laboratory 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 2012:

- 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). It has retained its accreditation status in 2012.

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). It has retained its license in 2012.

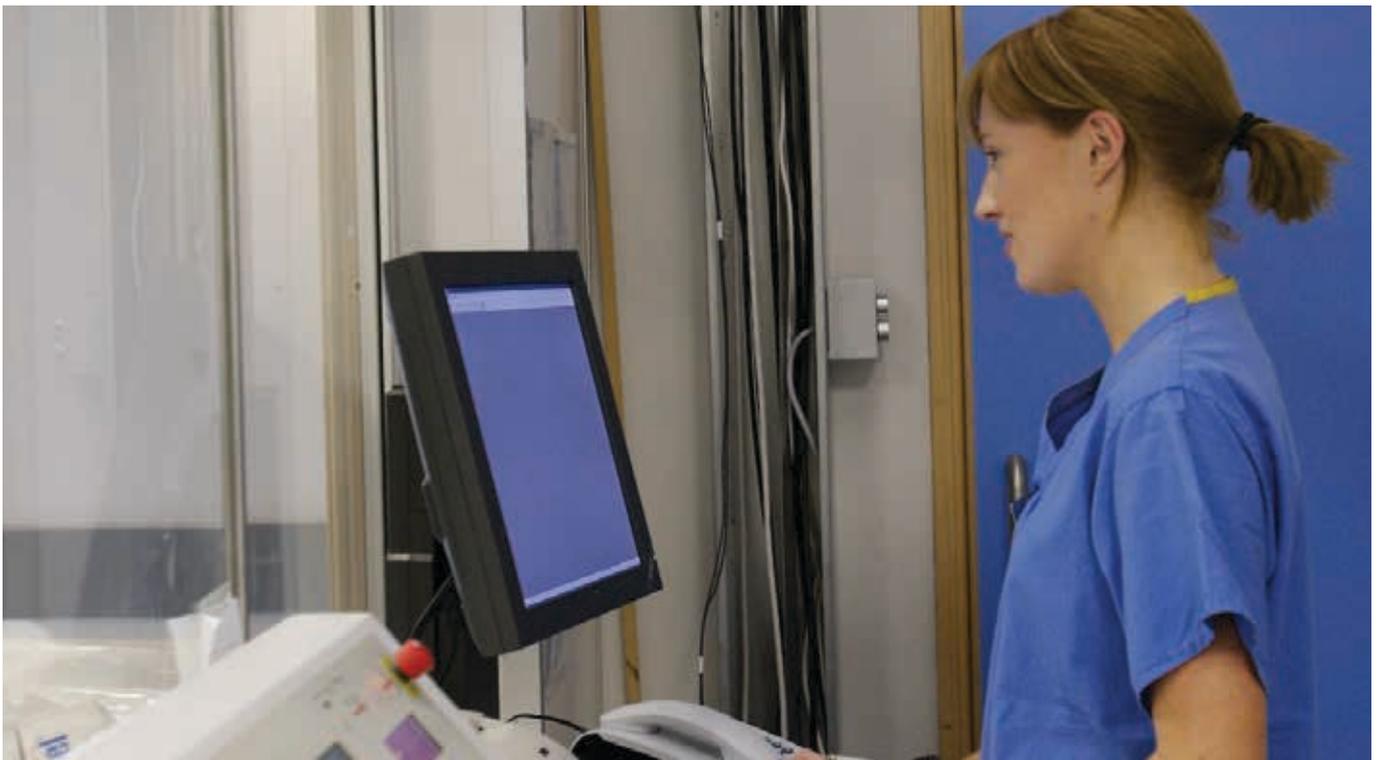
Developments/Projects

Projects

The internal consolidation and integration of laboratory services continued within the department in 2012 in line with the Laboratory's strategic plan and laboratory modernisation's principles. In 2012 we had the transfer of the test CRP from immunology to the core laboratory facility under the management of the biochemistry department, with a 24/7 availability. The preparation for the transfer of the aminoglycosides from microbiology to the core facility with the immediate availability of these tests on a 24/7 basis also, began in December 2012 and will be completed in February 2013.

There were a number of significant projects started in 2012 designed to modernise and enhance the provision of laboratory services and these included:

- The merging of three clinical databases into one to significantly improve efficiency - to be completed in first quarter of 2013.
- Enhancing the interface between the laboratory information system and Healthlink - completed resulting in the availability of GP reports on Healthlink on a real time basis.
- Single specimen Type: - Reduction in the number of blood collection tubes required to be taken from patients.
- Interface between the NVRL and the laboratory information system to facilitate data transfer electronically.



- The development and implementation of the Order Communications module on Cerner for electronic ordering of Histopathology examinations. This was a patient safety initiative. Dermatology went live in December and all other departments across the hospital will be rolled out in first quarter of 2013.
- Transport of Precious Samples: a project designed to minimise the potential loss of precious samples by having a chain of custody system in place with a full audit trail - implemented in December 2012 and on going monitoring into 2013.

Major Service Development

In recent years, there has been a tremendous amount of interest and progress in the development of targeted therapies for the treatment of human cancers. This has ushered in the era of personalised medicine. We now aim to target specific weak spots in the tumour's armoury with the great benefit of treating only those patients who will respond and in a way that minimises other toxic adverse effects for that patient. We are also able to spare many patients unnecessary treatment that will not benefit them and may in fact be deleterious. This applies to many cancers including some of the most common malignancies such as breast, colorectal, gastric and aggressive skin cancers. Among these, inhibitors of the epidermal growth factor receptor (EGFR) and HER2/neu pathways now play a major role in the management of gastrointestinal cancers and breast cancers and indeed other solid malignancies.

In lung cancer we have multiple new therapies specifically targeted at EGFR and ALK. As a result of these developments the role of laboratory medicine, particularly tissue pathology services, has changed radically. We are no longer required to just diagnose and give a prognosis using age - old tried and tested techniques. Nowadays, laboratory testing is required to assess the specific vulnerabilities of the tumour by delving into the specific molecular drivers of the disease to select patients for cancer therapy. To understand the specific molecular pathways and driver mutations critical to cancer cell growth has necessitated introduction of new cutting edge technologies involving a steep learning curve for laboratories. In fact we are only seeing the tip of the iceberg with many more promising targeted treatments in the pipeline most of which will require sophisticated laboratory testing.

The laboratory medicine department has been at the forefront of these developments and provides the largest repertoire of such biomarkers. It is one of three selected laboratories by the NCCP for provision of such biomarkers nationally. These developments have also opened up significant opportunities for the histopathology laboratory and CMD to provide leadership and horizon scanning capacity in molecular diagnostics primarily through interaction with the LUNGSCAPE biomarker clinical trials led by the European Thoracic Oncology Platform.

Workload

The workload generated within the hospital increased by 3% over 2011 levels. Work from GPs was up by 6% and work referred from AMiNCH was up by 22% on 2011 levels. The total number of test requests received was 7.274 million.



The percentage of tests carried out by the laboratory by source is St. James's Hospital 65%; GPs is 29% and external hospitals at 6%. It is important to point out that comparing gross activity in the absence of an appropriate workload unit measurement system does not reflect resource consumption as it does not take account of workload complexity. The 2012 - workload figures, based on laboratory test requests, are outlined in Table 1.

LabMed Directorate Requests 2012

Department	2012 Accum. Total	2011 Accum. Total	% Incr/ Decr 12/11
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	385,095	377,244	2.5
Histo - blocks	89,985	87,229	3.2
Cytology	5,975	5,652	5.7
Immunology	256,783	316,227	- 18.9%
Cmd	5,973	5,243	+13.9%
Totals per hospital	7,274,011	7,046,795	3

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, other hospitals in Dublin and throughout Ireland and also to 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 the IBTS. 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 the clinical cytometry and haemoglobinopathy laboratory, use of infinicyte analysis software for flow cytometry developed by the Euroflow scientific consortium was introduced in 2012. The laboratory was also chosen as a Beta testing centre for lyophilised antibody reagents developed by the consortium. The department continued involvement in inter - laboratory collaborations on development of testing for Paroxysmal Nocturnal Haemoglobinuria (PNH) and minimal residual disease in Chronic Lymphocytic Leukaemia (CLL).

Cell counting and morphology laboratory

This laboratory section handles high - volume, rapid - turnaround tests and has operated an extended working day 8am to 8pm since 2011. Workload increased by 4% in FBC requests and 3.1% in all tests in 2012 compared to 2011. A screening test for infectious mononucleosis, transferred from the immunology laboratory, was introduced and is available on a 24/7 basis. The download speed of electronic reports to GPs via Healthlink was improved and reports are now available to view instantly once they have been authorised.

Haematinics and transplant drug monitoring laboratory

This section tests for vitamin B12, Folate and Ferritin among other test by automated immunoassay. Workload increased by 6.8% overall with a 17.5% increase in immunosuppressive drug tests, which are essential in patients undergoing stem cell transplant.

Clinical Cytometry & Haemoglobinopathies

Overall workload in this section was increased by 0.3% on 2011. The flow cytometry service continued to expand with a 13.8% increase in immunophenotyping investigations performed and continued expansion in the test repertoire, which now includes analysis of CSF for malignancy and testing for minimal residual disease. 1,350 Bone aspirate samples were processed for morphological assessment in the unit in 2012. Haemoglobinopathy screens were decreased by 8.5%. Two novel haemoglobin variants previously undescribed, were detected in eastern European subjects and fully characterised. These have been registered in the international Globin gene server and have been given the names Hb Temple Street and Hb Lucan. These discoveries follow on from Hb Dublin which was first described by this laboratory a number of years ago.

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 2012

In Coagulation, there has been a slight reduction (4%) in overall test numbers between 2011 and 2012. There were 183,000 tests performed in 2012 (158,000 tests in routine coagulation and 25,000 tests in NCHCD). There has been an increase (20%) in mutation analyses in the haemostasis molecular biology laboratory.

Within the NCHCD, analyses were carried out for 66 different locations throughout Ireland as well as for the NCHCD and St. James's Hospital. Sample referrals from external agencies accounted for 78% of the investigations carried out for thrombophilia disorders and 26% of the investigations for bleeding disorders.

Guidelines for the laboratory testing for thrombophilia were introduced in the last quarter of 2012. These guidelines assist clinicians in determining appropriate indications for thrombophilia testing. This has improved the appropriate selection of patients for thrombophilia testing and has resulted in a significant reduction in test requests for thrombophilia testing since introduction; the full effect of the introduction of guidelines will be more evident in 2013. Tests for the measurement of novel oral anticoagulants (NOACs) Dabigatran, Argatroban and Rivaroxaban were validated and introduced in 2013.

Cryobiology Laboratory Service

The Cryobiology Laboratory Stem Cell Facility supports the National Allogeneic 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 Allogeneic 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. 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. The Laboratory provides an extended day service: 8am to 8pm. This extended day, introduced in 2011, 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.

The Cryobiology Laboratory performed a total of 963 procedures in 2012; this is a 25% increase in workload from 2010. 72 Allogeneic transplants were performed in St. James hospital in 2012. A total of 230 bone marrow and apheresis products units were harvested and processed in 2012. The total number of transplants for 2012 is 158 transplants. The transplant service at St. James Hospital has carried out 1750 transplants from opening in 1984 to December 2012.

Cancer Molecular Diagnostics

The Cancer Molecular Diagnostics (CMD) department provides a molecular testing service for the identification of acquired genetic aberrations in cancer, and, where appropriate, performs assessment of minimal residual disease aiding the management of patients with selected leukaemias, lymphomas and solid tumours. 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. In addition, and in concert with Histopathology (see below) the laboratory provides a local and national service for assessment of predictive biomarkers in relation to solid tumours (Lung, Melanoma and colorectal).

Laboratory service

A total of 5,973 test requests were received by the CMD laboratory in 2012, an overall increase of 13.9% as compared to 2011. Requests from clinical centres external to St. James's contributed to 67% of the workload, highlighting the national role of the laboratory.

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

CMD and Histopathology provide reference laboratory services to the European Thoracic Oncology Platform, specifically the LUNGSCAPE project.

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. This has been enhanced by the development of the solid tumor molecular diagnostic service with publications submitted and presentations accepted for local and global scientific meetings (United States and Canadian Academy of Pathology).

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

The laboratory has led the development of educational frameworks and inter - laboratory networking for other sister labs in the country and CMD is contributing a satellite symposium to the forthcoming 10th International Cancer Conference run by St. James's and TCD.

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 past year has seen further developments within the Core Lab. Specifically the movement of the on call out - of - hours service to this location was completed. This facilitates greater access to a wider repertoire of tests, if required. In addition, all outstanding tests from the "Back Lab" area were consolidated on the analytical platforms in the Core Lab. Moreover, CRP analysis was successfully transferred from the Immunology Department to the Biochemistry Core Lab, thus ensuring 24 hour availability of this investigation. Further inter - departmental transfer of tests is in the offing with antimicrobial drug monitoring assays due to go live from Biochemistry Core Lab in February 2013. In June 2012 a change to using

a single sample type (clotted sample) as the predominant sample analysed in the Core Lab was successfully introduced, again providing a further streamlining of the testing and workflow process. Overall these initiatives ensure that a comprehensive, efficient, centralised and consolidated service is provided from this single location. Not only will this further enhance the ability of the Biochemistry Department to facilitate inter - hospital pathology network development, but these modifications have improved both clinical and cost effectiveness within the wider corporate domain.

Maintaining the highest standards of quality remains one of the key objectives of the Biochemistry Department; In June 2012 the laboratory was inspected by the accrediting body CPA (UK) and was re - accredited until Dec 2013 without recording a single non - conformity against international standards of good laboratory practice. For 2014 and beyond the laboratory will seek accreditation with the Irish National Accreditation Board (INAB) which has now become the competent accrediting authority in this jurisdiction in accordance with European law. A continued renewal and development of the laboratory quality management system is in process.

One of the key areas of development within the Biochemistry department is in the realm of molecular diagnostics and biochemical genetics. In particular the laboratory has continued to develop mutation detection systems for specific genes and their associated clinical disorders, particularly in the areas of porphyria, molecular endocrinology and diabetes, iron metabolism and familial dyslipidaemias. Such services have the potential to become national facilities and to support national initiatives e.g. familial hypercholesterolaemia cascade screening and neuroendocrine tumour diagnosis and management. Among the assays developed in 2012 were mutation scanning of Pheochromocytoma/paraganglioma genes SDHB, SDHD and VHL, and CASR for genetic disorders of calcium homeostasis.

The Biochemistry Department is a major stakeholder in the academic department of Clinical Biochemistry, Trinity College Dublin (TCD). Participation in both education and research & development are intrinsic elements of the laboratory ethos and practice. Substantive contributions are made to both undergraduate and postgraduate courses in both medicine and related health sciences by the department staff.. In terms of research, collaboration with multiple partners both within St. James's Hospital/TCD and further afield, continues despite the extensive service workload. It was noteworthy that five separate poster communications were presented by members of staff at the ACBI national meeting in October 2012. In addition the medical staff were involved in organising a RCPI master class in the Chemical Pathology and invited to present on the RCPI St Luke's Day programme for 2012. The Head of Department was also made Honorary President of the TCD

Biological Society of the 137th sitting of this learned society. Staff members also continue to undertake postgraduate education with a recent award of MSc with distinction from University of Ulster for one staff member.

POCT is an important component of the test repertoire a service provided by the Biochemistry Department. The scope includes the following tests carried out by non laboratory staff on wards and in clinics and includes: Glucose, Ketones, Blood Gas and Electrolyte analyses, Warfarin, HbA1c, FBCs, Pregnancy tests and Urinalysis. A clear governance structure supervised through a corporate POCT steering group and a LabMed directorate committee operates within the hospital and meets on a regular scheduled basis. In 2012 specific issues relating to pregnancy testing were addressed by these bodies. In the build up towards INAB inspection in 2013 a high level of emphasis has been placed on staff training, service and QMS audit and risk management within the area of POCT throughout 2012. In addition, a procurement process designed to standardise POCT blood gas analysis throughout St. James's Hospital was initiated in 2012 with a decision due in spring 2013.

On a final note, 2012 saw a number of long - serving staff members retire, including Chief Medical Scientist Liam Field. These staff members have given superb service to the laboratory and the wider hospital during their tenures and we wish to thank them for their contributions and wish them all well in their retirement.

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 Immunology Laboratory carried out 256,783 tests in 2012. As part of efficiency and streamlining of process CRPs were incorporated into the Blood Sciences Laboratory in June 2012. Combined with changes in requesting patterns, this has resulted in a reduction in numbers of high through - put automated tests. There has been an increase of 4.3% in 'Specialist Tests' which require expertise in performance and interpretation. The department is active in assay development and the introduction of new test procedures. We are involved in an international collaboration, in conjunction with Mercers Institute for Research on Ageing, to standardize biomarker testing in Alzheimers Disease.

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 is a de facto national referral centre for the diagnosis and management of complex immunological disease. A busy in - patient consultation service is provided covering primary and secondary immunodeficiency, vasculitis and environmental and drug allergies. The Immunology Day Ward operates at full capacity delivering cutting edge diagnostic procedures and management strategies for patients of the greater Dublin area and beyond. 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 FRCPath. 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". An Immunology e-learning programme has been developed as will be published on the HSE/St. James's Hub in 2013.

At present there are seventeen postgraduate students in the Immunology Department including twelve involved in research at PhD level and five 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, gdT 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 fourteen 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 3149 patients transfused with blood components during 2012. 11,436 units of red cells were transfused, an increase of 1.5% on 2011. There were 4,925 packs of platelets transfused a decrease of 7% and 3,242 packs of plasma transfused a decrease of 0.6%. The biggest users were haematology and cardio - thoracic surgery.

The department maintained ISO 15189 and AMLBB Accreditation in 2012 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 findings in addition to serious non conformances and advises on hospital transfusion practice.

To help improve safety in the transfusion chain a 'Zero Tolerance' policy on sample labelling was introduced in July 2012.

Clinical staff reported 68 suspected transfusion reactions. Following investigation, 35 of these were confirmed as transfusion reactions, similar to that of 2011. Serious transfusion reactions and events must be reported to the National Haemovigilance Office. 15 serious reactions and 18 serious events fulfilled the criteria for reporting in 2012.

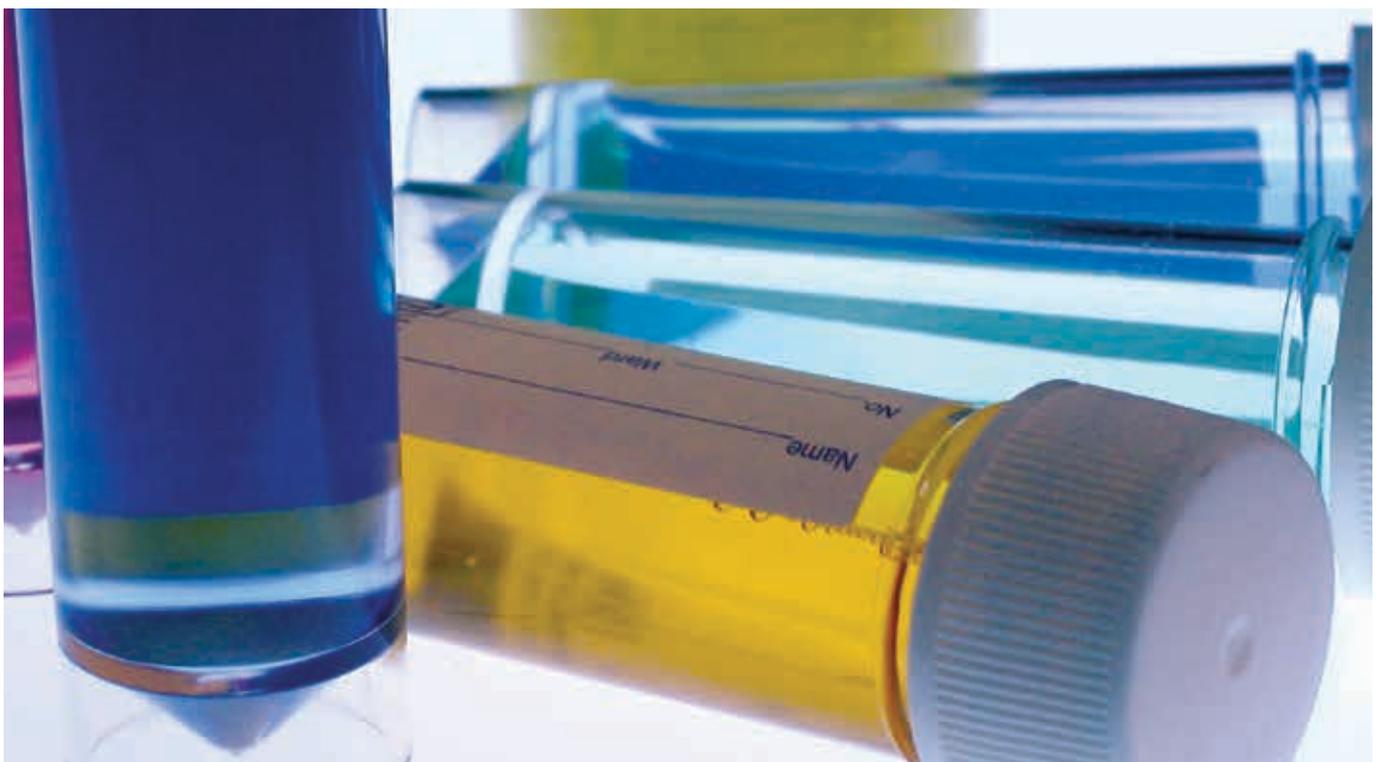
Regular audit informs training needs and the haemovigilance office continued a programme to demonstrate evidence of competence in transfusion practice for both medical and nursing staff during the year, with 92% of the nurses, 95% of the interns and 27% of Senior House Officers and Registrars having 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.

Workload has increased again in 2012. Areas of significant increase include virology, STI, surveillance and MRSA screening. STI related requests now account for over 20% of total investigations, with MRSA and other surveillance investigations accounting for a further 14%. In spite of an increase in the workload in the Microbiology Laboratory in 2012 there was an improvement in TAT for all key investigations.

The laboratory has continued its work in consolidation and maximising efficiencies through the reorganisation of work systems, staff re - profiling and the adoption of new technology. An agreement to purchase a Mass spectrometer was signed in 2012. This will provide same day bacterial and fungal identification as well as significant cost reduction. Once the instrument is operational in Q2 of 2013, it is expected to further improve TAT and workflow.



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

The translational research work carried out in the department, predominantly related to antimicrobial resistance among Gram - negative bacteria, infection caused by *Neisseria gonorrhoea* and *Chlamydia*. Other research projects include molecular and immunological aspects of adenovirus associated infections in HSCT recipients, and *C.difficile* investigations.

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

Service Developments in 2012

Molecular testing of Herpes simplex virus.

- Introduced and validated in - house Realtime PCR assays x 2 for the detection and typing of Herpes simplex virus. This assay requires the use of genital ulcerative sample extraction using the NucliSENS easyMAG extraction system and the extracts are then run on the ABI 7500 Fast system in standard mode. The detection assay targets the Glycoprotein B (gB) gene and the typing assay, the DNA polymerase gene (UL30). This assay is for routine use. Samples are received from GUIDE, GMHP and GP's.

Respiratory Viral Screen

- The Diagenode flu assays (Respiratory Viral Screen) have been replaced with Argene assays. These assays were verified and documented. These assays are performed at SJH as it is imperative that patients with a respiratory infection are isolated, in order to prevent the spread of the virus to those with underlying conditions that are most at risk. Due to the large number of suspected cases, the capacity of isolation rooms quickly becomes overwhelmed. Investigation of respiratory infection is performed urgently on patients occupying these rooms in order to confirm the suspected diagnosis. A negative result indicates that the patient may be moved to a regular ward, and therefore the isolation room is free for the next suspected case.

CMV AVR

- Introduced and validated the detection of CMV antiviral resistance determinants.

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 2010 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.

Irish Mycobacteria Reference Laboratory

Summary and key points

- Specimen workload remained constant with previous years with approximately 6,000 specimens cultured.
- There were 247 cultures referred to the laboratory for identification and/or susceptibility testing and/or typing. These figures are in - line with previous years.
- Epidemiological typing was performed on 253 M. tuberculosis complex isolates. Typing results were reported weekly to Public Health through the CIDR (computerised infectious disease reporting) system.
- Rapid direct molecular testing (GeneXpert system) on all new microscopy positive specimens was introduced in April 2012. The GeneXpert system allows for rapid detection of M. tuberculosis complex DNA and resistance mutations to rifampicin.
- In July 2012, Emma Roycroft commenced a PhD study on "Molecular characterisation and resistance mechanisms of M. tuberculosis isolates collected in the Republic of Ireland from 2009 - 2014" in the IMRL.

Introduction

The IMRL performed a specimen and culture referral service for TB culture to 17 hospitals throughout the country. This is an increase of one hospital (Cork University Hospital) from 2011.

Rapid Molecular Test on Microscopy Positive/Negative Specimens

GeneXpert system was performed on 144 specimens in total. Requests for GeneXpert on microscopy negative specimens were also processed but only following consultation with a Consultant Microbiologist.

Microscopy positive specimens represented 44% (63/144) while microscopy negative specimens represented 54% (78/144) and 2% (3/144) where microscopy was not performed.

Workload

The IMRL processed 6112 specimens in 2012. The percentage positive cultures of *Mycobacterium spp.* identified and confirmed from specimens was similar to previous years at 5.2%. Although the actual number of referred cultures was similar to previous years, additional workload was associated with epidemiological typing of all *M. tuberculosis* complex isolates. Susceptibility testing to first - line anti TB agents was performed on 194 *M. tuberculosis* complex isolates. Sixteen of these isolates required further molecular assays for confirmation of results. Four *M. tuberculosis* isolates were sent to the UK for second line drug susceptibility testing. Thirty - four non tuberculous mycobacteria (NTM) isolates were sent to the SMRL susceptibility testing and an additional seven isolates were sent for sequencing for identification.

MIRU - VNTR Typing

During 2012, MIRU - VNTR typing was performed on approximately 80% of *M. tuberculosis* complex isolates identified in the IMRL. In addition to the isolates identified and received on a routine basis, there were many requests for cluster analysis of isolates from particular patients by Departments of Public Health and instances of potential laboratory cross contamination were examined. In total, 253 isolates were typed. Weekly typing results were reported to Public Health departments through the CIDR system which is managed by the surveillance scientist in Microbiology Department.

Service Developments

- GeneXpert system was introduced and performed on all new microscopy positive specimens and on microscopy negative upon request.
- Cork University Hospital microbiology department became a service user of the IMRL for identification, susceptibility testing and typing of *M. tuberculosis* isolates along with identification of NTM.

- A new panel of Quality Controls was introduced via the HPA strain typing project.
- Chief medical scientist post filled November 2012.

Research and Developments

- The GeneXpert system was validated and introduced to the IMRL in April.
- Dr. Margaret Fitzgibbon was successful in Part I of MRC Path Examination (Medical Microbiology and Virology) in May.
- In July, Emma Roycroft commenced a PhD study on “Molecular characterisation and resistance mechanisms of *M. tuberculosis* isolates collected in the Republic of Ireland from 2009 - 2014” in the IMRL.
- IMRL training video for TB culture process available on SJH e-learning hub and European Respiratory Society e-learning hub.
- Lorraine Montgomery attended several training programmes held in London and Milan throughout the year as a “Support Expert” in the European Reference Laboratory Network for Tuberculosis (ERLN - TB).

International and National Forum

In March 2012 the IMRL was present and participated in the annual European Reference Laboratory Network for Tuberculosis (ERLN - TB) meeting held in London. The IMRL was represented at the annual European Society for Mycobacteria (ESM) meeting in Romania. Emma Roycroft presented a poster entitled “A “snapshot” of genetic lineages of *Mycobacterium tuberculosis* in Ireland” at this meeting. (Also exhibited at the Focus on Infection in the Royal College of Surgeons, Dublin).

New Laboratory Design

The IMRL continues to contribute to the hospital development and design of the new “Supra –Regional Tuberculosis centre and Reference Laboratory”.

Histopathology & Cytopathology

Overview

- The histopathology and cytopathology department provided diagnostic services to St. James’s Hospital, GPs in the greater Dublin area, the Dublin Dental Hospital and certain external hospitals with whom we have service level agreements.
- We provided 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 in 2012, by almost 2% in surgical pathology and by 5% in cytopathology compared to 2011. We successfully met all our turn around time targets in reporting 23,400 surgical specimens and 6340 cytology specimens.

- We noted a 24% increase in large cardio thoracic resections and the appointment of a second Mohs surgeon also led to an increase in dermatopathology cases.
- Subspecialised reporting is a unique feature of the St. James's Histopathology department. The department's pathologists participated in 11 weekly and 2 fortnightly hospital MDT meetings.
- The department was successfully inspected for accreditation by CPA - UK in June 2012.
- The department continues to embed the Faculty of Pathology's national quality assurance programme in its day to day activity.
- By request of LabMed directorate management, the department is looking at its strategic development in the context of long term planning for the future and the decision to build the National Paediatric Hospital on the SJH site. A small group visited a Roche laboratory at the end of 2012 as part of this process.
- The department commenced roll out of the "Order Communications" method of requesting and reporting pathology specimens with a view to creating a closed secure loop between the department and our clinical colleagues.

Staff

There were changes in departmental staffing in 2012 at consultant, medical laboratory scientist and medical laboratory aide level:

- A new lead haematopathologist took up his post.
- The retirement of another consultant pathologist was supported by temporary locum appointments during the appointment of a new lead in gynaecological pathology.
- Two new medical scientist positions, part of the national cancer control programme (NCCP), were filled, one being a much needed senior post in solid tumour molecular diagnostics.
- A number of senior medical laboratory scientist positions which were occupied by medical scientists "acting up" were filled.
- Training of senior scientists to assist in dermatopathology cut - up was initiated.
- There was re organisation and expansion at medical laboratory aide level at year end to support management of our substantial volume of referral cases and multi disciplinary team (MDT) meetings.

Service developments

- An SLA with Blackrock Clinic was signed for the processing and reporting of lung cancer resections.
- An SLA with Beaumont Hospital was signed at year end for the outsourcing of medical renal biopsy processing and reporting.
- In Genitourinary pathology, the department moved to using "megablocks" for analysis of radical prostatectomies. This means that the margins and presence or absence of extra prostatic tumour tissue, both key indicators in prostate surgery outcomes, can be more accurately and completely assessed.
- A new method of prostate mapping core biopsies introduced by urological colleagues resulted in increased biopsy core numbers.
- On lung, we reduced the number of levels examined on the initial H&E of all lung biopsies to preserve tissue for molecular studies.

Molecular

- Following validation, the department performs EGFR, KRAS and BRAF testing to satisfy the prescribing requirements of Gefitinib/Erlotinib, Cetuximab/Panitumumab and Vemurafinib respectively. This is currently funded by pharma. This funding continues until summer 2013.
- Alk (FISH) testing has also been introduced as a follow on test for EGFR negative samples to satisfy the prescribing criteria for Crizotinib. The St. James's department is the only ALK FISH testing centre in this country.
- The department is a test site of the European Thoracic Oncology Platform (ETOP) Lungscape pathology project, St. James's Hospital patients being the third largest group of patients accrued to this project. At present this involves ALK testing at immunohistochemical and FISH level but will include other biomarker studies in the future.
- Dr. Stephen Finn, lead in molecular pathology was awarded a Prostate Cancer Foundation Young Investigator Award.

LEAN Initiatives

- The Department moved from dictation of small biopsies to the use of short codes. This saved scientific, medical and secretarial time by making the process more efficient.
- The gross room area underwent a deep clean and stream line in early 2012.
- Regular sessions of MLA assistance at cut up were introduced.
- The office commenced scanning of request forms.
- Template reports/minimum data sets review was begun.

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 2012, the NMRSARL characterised 201 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 vancomycin and teicoplanin E - test™ macro - method determinations. The proportion of *S. aureus* isolates recovered from blood

cultures in Irish hospitals that participated in the EARS - Net project exhibiting meticillin resistance has decreased during the past two years from 42% in 2006 to 22.4% in Q3, 2012¹. 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 460 isolates from hospitals throughout the country which included isolates submitted for outbreak investigations, epidemiological typing and detection of toxins. The NMRSARL continues to use molecular testing for the detection of virulence markers. In 2012, the number of isolates investigated for the presence of the Pantone Valentin Leucocidin (PVL) toxin increased however then percentage of those positive remains at 20% of isolates (27/295). Molecular characterization of PVL - positive MRSA isolates confirmed that several genotypes (ST30, ST8, ST80 and ST772) were represented among these isolates.

Service Development

During 2012 continued to investigate meticillin - susceptible *S. aureus* (MSSA) isolates in outbreak situations and experienced an increase in the number of requests to investigate meticillin resistance including for the presence of *mecC*².

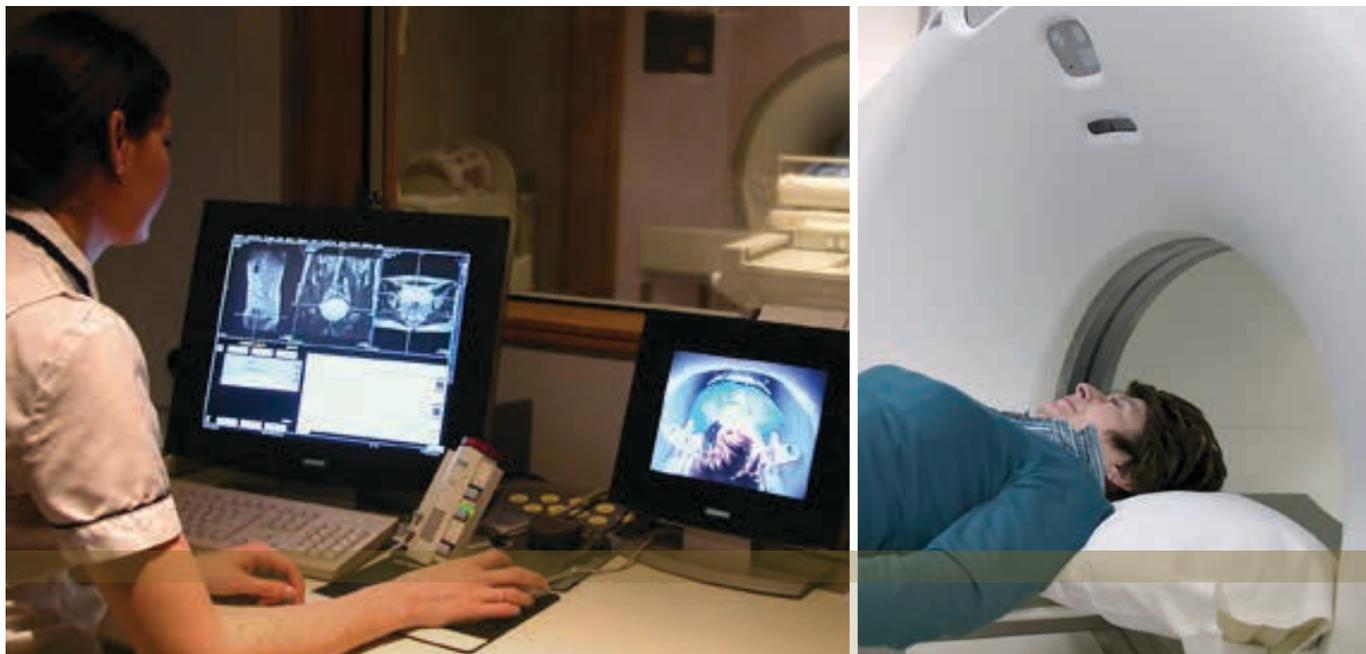
The number of isolates investigated by staphylococcal protein A (*spa*) typing increased due to changes in the way isolates are selected for this investigation. Unlike pulsed field gel electrophoresis, *spa* typing allows for easy comparison of MRSA strains in Ireland with other countries. Collaboration with the MRSA Translational Research project with Professors David Coleman (Trinity College Dublin) and Hilary Humphreys (Royal College of Surgeons in Ireland and Beaumont Hospital) continued along with participation several post graduate research projects in Dublin Institute of Technology and the Dublin Dental Hospital and the Clinical Microbiology Department, Trinity College Dublin.

Despite restrictions on staff and funding, NMRSARL intends to continue to meet the needs of its users in the future and to enhance the safety of patient care by on - going analysis of strains of MRSA in Ireland. 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.

Note 1: EARS - NET Report for Quarter 3 2012. <http://www.hpsc.ie/hpsc/A - Z/MicrobiologyAntimicrobialResistance/EuropeanAntimicrobialResistanceSurveillanceSystemEARS - NET/ReferenceandEducationalResourceMaterial/SaureusMRSA/LatestSaureusMRSAdata/File,3989.en.pdf> (Accessed 07/02/2013).

Note 2: Shore *et al.*, 2011 Antimicrob. Agents Chemother. 2011. 55: 8; 3765 - 3773

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 2012

PET/CT

There was an expansion to this service in 2012. PET/CT now offers dedicated imaging for neurodegenerative conditions such as Alzheimer's disease. This can lead to earlier detection of the causes of cognitive impairment which in turn leads to earlier intervention as part of the multidisciplinary approach offered by the memory loss service.

Dr. Ciaran Johnston, Consultant Radiologist and Helen Ryder, Clinical Specialist introduced this expansion to the service whilst maintaining our appointment structure for existing patients.



Radiography

The national extended working day for radiographers was implemented in the Directorate in 2012. The extended working day for radiographers over 8am - 8pm, Monday to Friday commenced on February 1st, 2012 in the following imaging areas:

- Computed Tomography.
- Cardiac Cath. Lab.
- Emergency Department General X-ray.
- Inpatient General X-ray, Portables and Theatre Screening.

This initiative has resulted in improved patient access to diagnostic imaging services and on - call cost savings.

It is planned to continue the implementation of the extended working day for radiographers in other imaging areas to meet service requirements.

In 2012, Lesley Feeney was appointed to the position of Clinical Specialist Radiographer in Interventional Radiology. Keith McGrath was appointed to the position of Clinical Specialist Radiographer in MR in the Centre for Advanced Medical Imaging.

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

As part of its external work, the St. James's Radiographers' Education Group also facilitated the following skills courses:

- Red dot with comments course for radiographers.
- DXA scanning course for radiographers.
- Nuclear medicine study day.
- Radiation protection for Non - Radiology Medical Practitioners and Hospital Personnel.
- IV skills training for Radiographers.

Service Delivery

A significant focus on service delivery by Diaglm administrative and clerical staff resulted in improvements in waiting times in the CT & US areas in 2012.

With an increasing demand for these specialised scans, waiting times had previously been very long for many patients. Restructuring of the CT scheduling process by Diaglm administrative and clerical staff resulted in opening up of new early morning and lunch time appointments and designated oncology appointments. Together with commitment by the CT Clinical Specialist and CT radiographers this has greatly reduced waiting times for our service users. Patients categorised as "Urgent and Routine" are now scanned on or before the dates requested by the Clinician. As a result, patients have their radiology exam completed before they return for Consultation, thus allowing for more effective management of the patients journey.

Significant improvements have also been made in patient waiting times in the ultrasound area. Staff in ultrasound, led by Ultrasound Consultant in charge Dr. Peter Beddy , alongside Clerical Admin Staff and Radiographers have achieved their goal set out in 2011 of reducing the waiting time frames for GP and outpatients .As a result, waiting times are now significantly less than HSE recommended time frames for urgent and routine appointments Clerical Admin staff took responsibility and a personal interest in reducing these waiting times by flexibility of working hours thus allowing scheduling of early morning and lunch time appointments, and by more effective triage of staff into appropriate appointment times. We are pleased to say that waiting times frame for a general ultrasound has now dramatically reduced.



Staff Efficiencies

In 2012, changes made to the Health Care Assistants roster brought about a significant increase in the amount of in - patients which were transported to the department for general x-rays via the scheduling office. The roster change resulted in an extra two HCA's available to the department every afternoon. This required a lot of negotiation between management and staff. Efficiencies in the area of transport mean reduced delays for inpatients awaiting radiology examinations which we hope reduced the in - patient stay for many patients.

Audit

2012 saw the introduction of formalised departmental audit. A framework for Audit was developed based on the recommendations of the Faculty of Radiologists Quality Improvement Document. The audit process is multidisciplinary and meetings held in 2012 have included presentations from Radiologists, Radiographers and MPBE personnel. It is planned to hold meetings on a regular basis throughout the year.

Clinical Director

2012 saw the completion of two terms (6 years) as Clinical Director by Prof. Mary Keogan who has now stepped down from this position.

Significant expansion of the department occurred during Professor Keogan's term including, expansion of the mammography area resulting in doubling of capacity, opening of the new PET/CT facility, doubling of capacity in CT, MRI and ultrasound suites, installation of new interventional suite, installation of 2 new SPECT/CT scanners in nuclear medicine and creation of a new staff lounge area.

Consultant radiologist staff numbers were increased by a total of four which along with two new consultants (replacing retired colleagues) has resulted in an increase in the sup - speciality expertise of the consultant group appropriate for the hospitals increasing role as an oncology centre.

Comparable Activity Analysis by Modalities

Imaging Modality	2011	2012	Variance
General Radiology + Max Fax	117,427	119,672	2%
G.I. (including IVP)	1,534	1,286	- 16%
Mammography	6,508	6,499	0%
Ultrasound	18,586	19,179	3%
C.T.	28,203	30,206	7%
Interventional Radiology: Therapeutic	3,245	3,310	2%
Interventional Radiology: Diagnostic	418	384	- 8%
Nuclear Medicine	5,201	5,853	13%
M.R.I	7,044	7,735	10%
PET/CT **	10,361	10,508	1%
TOTALS	198,527	204,632	3%

** This is a weighted figure, actual raw number of PET/CT's = 2,583

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.

Theatre

The hospital's facility comprises an 11 - Theatre Suite, a Burns Theatre, a stand alone Endovascular Suite and 2 laser procedure rooms.

Specialities utilising the theatre facility include Cardiothoracic, Orthopaedic, Maxillofacial, Plastics, Burns, Laser, General, Upper and Lower G.I., Vascular and Endovascular, Breast, Gynaecology, E.N.T., Urology, Colorectal. Other specialities utilising theatre facilities include gastroenterology, Interventional Radiology, Bone Marrow Harvest, Cardiology and Pain Medicine.

- The department provides a twenty four hour service for emergency surgery.
- A Postgraduate Diploma in Peri - operative Nursing studies is run annually in collaboration with Trinity University.
- The theatre provides an endoscopy service for emergency procedures and anaesthesia.
- The WHO Safe surgery checklist was fully implemented in 2012.

In 2012 there were 9,004 procedures performed in the Theatre Suite. Of these 6,866 were elective and 2,138 were emergency procedures. This represents a 1% increase on the throughput in 2011.

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.

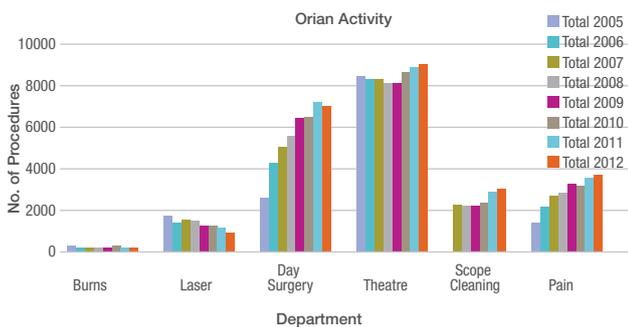
The Day Surgery centre provides services for patients undergoing day surgery procedures under general, regional or local anaesthesia for General Surgery, Plastic Surgery, Gynaecology, Urology, E.N.T., Orthopaedics, Maxillo/Facial, Vascular Surgery, Pain Management, Cardiology Dermatology and Bone Marrow 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 6,817 attendances in the Day Surgery Centre during 2012. At the end of 2012 waiting lists achieved a 9 month waiting period.

CNM 11 E Lane, CNM 1 F Lyons Anaesthetics & Recovery, CNM 1 M Ciuta Pre/Post Operative Area were appointed in 2012.

Orian Activity



ICU and HDU

The 16 Bed ICU had a bed occupancy of 98%. There were 905 admissions (AVLOS 6.39). The 4 bed HDU had 616 admissions. The department strives to roster two consultants in intensive care daily.

- The average age of patients in the ICU/HDU was 60.5 years.
- Both ICU and HDU provide medical care for critically ill patients with potentially reversible conditions requiring organ support.

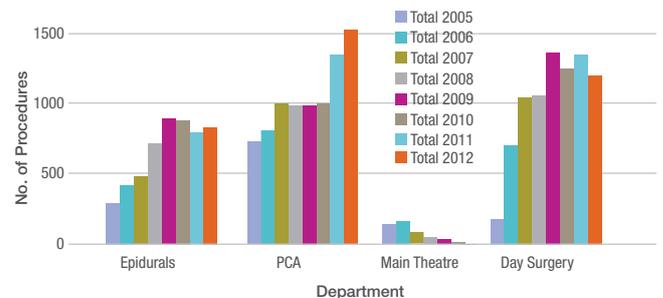
During 2012 620 patients received mechanical ventilation for an average of 7.1 days, 553 patients developed shock which lasted for an average of 5.2 days and 167 patients were dialysed for an average of 9.2 days.

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

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 1,700 in 2012.

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. During 2012 the team started to deliver the INTERSTIM sacral neuromodulation for unstable bladder.



Laser Unit

The Laser unit is an outpatient service coordinated by a CNS for Plastic Surgery and Dermatology consultants and provided 823 treatments in 2012.

The Unit houses four laser machines for the treatment of certain skin conditions and the CNS is the primary operator.

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.
- CO² Laser is used for keratotic lesions, some superficial basal cell carcinoma and Bowen's disease and is operated by consultant only.

Post Radiation Tattoo markings can be eradicated by the new QSwitched Nd Yag laser. The referrals for this machine increased as a result.

A new e-learning Course called the 'Core of Knowledge' became live this year on hseland.ie. It targets anyone working in a laser controlled area at SJH and provides the 'core of knowledge' required to work safely with medical lasers.

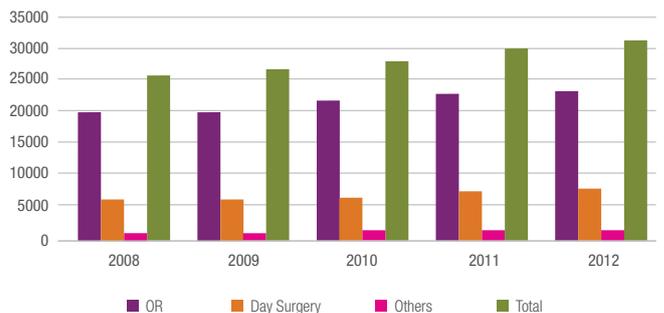
Hospital Sterile Services

The HSSU took over the decontamination of dental instruments from the Maxillo - Facial Outpatients Department in 2012. Up until then, all these instruments had been locally reprocessed within the Outpatients Department.

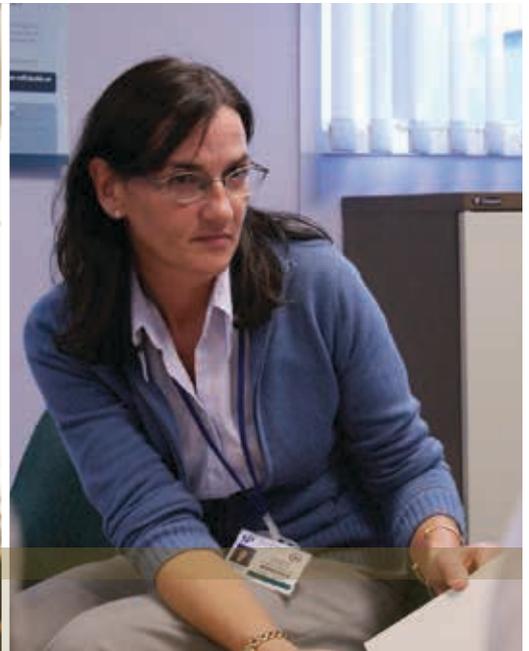
The HSSU continued to see an increase in its workload through 2012 having decontaminated 30,705 sets of surgical instruments over the 12 months. This represents a 17% increase on the workload in 2008.

The HSSU continued to develop the innovative tracking and traceability system which had been implemented the previous year. The HSSU Manager, Andrew Smith, gave presentations on this implementation to Healthcare conferences at the National Convention Centre in Dublin in April 2012 and in Lisbon in October 2012.

HSSU Workload 2008 to 2012



SCOPe



Ms. Niamh Murphy
Physiotherapy Department 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. Marie Byrne
Acting Physiotherapy Department Manager

Introduction

SCOPe Management Unit is comprised of Speech & Language Therapy, Medical Social Work, Clinical Nutrition, Occupational Therapy and Physiotherapy. Currently there are 164.25wte Allied Health Professionals (AHP), 8.98wte Clerical/Admin and 10.7wte Attendants. In 2012 SCOPe provided 20,042 New Inpatient and 121,873 Return Inpatient contacts and 12,549 New Outpatients and 32,120 Return Outpatients contacts.

New Developments/Quality Initiatives

- SCOPe had 3 retirements in February 2012 with a combined service to St. James's Hospital of over 80 years. These retirements included Philomena Flood, SCOPe Manager/Clinical Nutrition Manager, Margaret Byrne, Senior Medical Social Worker and Joan Doyle, Physiotherapy Assistant/Clerical support staff. The delay in filling these posts had a significant impact on SCOPe during 2012.
- SCOPe fed into the design team for the Centre of Excellence for Successful Ageing.
- SCOPe re - instated their PR Group in September and established a SCOPe Research and Innovation Group. These two groups are very active and have organised many team building, in - service training and health promotion events in 2012 and have more planned for 2013.

- The five department managers and the administrator within SCOPe undertook an introduction to Lean Sigma Training. In May they commenced a SCOPe Clerical Function Lean Project to ensure that the clerical function is as efficient and effective as possible.
- Speech and Language Clinical Specialist, Clinical Nutrition Clinical Specialist and Medical Social Worker were appointed in late 2012 for the Radiotherapy Unit, St. James's Hospital.
- SCOPe has worked hard to maintain and achieve their Key Performance Indicator (KPI) targets through 2012 and continues to add and monitor further KPIs.

Clinical Nutrition

Service Trends

Inpatient activity increased in 2012 with higher patient complexity noted in many areas.

New Developments/Quality Initiatives

- Clinical Nutrition was involved in the establishment of the St. James's Hospital Nutrition Steering Committee. A hospital nutrition policy was developed.
- Clinical Nutrition staff participated in accreditation and quality improvement teams. Some staff represented Clinical Nutrition and Dietetics on the national clinical programmes.
- Clinical Nutrition participated in the 2012 international survey in critical care nutrition, benchmarking practice against international guidelines, with results presented to the multidisciplinary team.
- Clinical Nutrition staff in Medical Oncology was involved in developing the IrSPEN home parenteral nutrition report.
- Screening for Malabsorption Syndrome at 4 months post oesophagectomy and gastrectomy commenced in November. A malabsorption clinic was established to support upper GI cancer surgery patients.
- Clinical Nutrition clinics in the diabetes day centre were restructured. Clinics are classified by diabetes type and patient complexity, improving access to clinics and providing focussed care to different patient types. The senior clinical nutritionist in diabetes attended BERGER training, a structured education programme for Type 1 Diabetes patients which increases patients' knowledge in carbohydrate counting and insulin dose adjustment.
- Pictorial menus were introduced as a quality initiative in Hospital 4 by Clinical Nutrition and Speech and Language Therapy as part of the Hospital 4 Catering committee. Pictorial resources for patients with upper GI cancers were also developed and piloted.

- A prospective randomised case control trial commenced in AMAU and Emergency Observation ward entitled "Impact of Probiotics on Diarrhoea". This study aims to examine the effect of a probiotic drink containing *Lactobacillus casei* Shirota on the incidence of antibiotic - associated diarrhoea.
- 48 patients were recruited in 2012 to an ongoing follow up clinical trial investigating 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.

Education/Continuous Professional Development

- Four undergraduate students of BSc (Hons) Human Nutrition & Dietetics completed the new clinical practice placement C training programme.
- The department provided a placement for a University of Ulster undergraduate student.
- Six people attended Non - Managerial Professional Supervision training.
- The department also gave a variety of presentations at IRSPEN Nutrition training days for NCHDs, SJH Grand Rounds and Surgical Grand Rounds, Nursing post - graduate courses and study days, management of coeliac disease study day, Advanced Research Skills Study Day, INDI special interest group meetings, catering staff education and patient group education.

Medical Social Work (MSW)

Service Trends

Social Work activity increased in 2012, providing a service to 9,823 individuals (4.5%↑) and completing 15,999 patient contacts (14%↑). This was achieved while carrying an average of 3 unfilled posts, and resulted in a budget saving of 4.8%. The department responded to 59 Child Protection referrals and placed 278 patients in long term care. The department received an average of 50 - 60 referrals for long term care monthly resulting in 30 patients approximately being listed monthly.

New Developments/Quality Initiatives

- The first Bereavement Support evening, took place on 21st June 2013, organised by the Palliative Care MSW and attended by 44 family members of deceased patients.
- The MSW service to St Luke's Radiation Oncology Centre was established in 2012 with the addition of one MSW to the team in May 2012.
- The MSW clerical team actively participated in the Lean Clerical Project and developed their skills in order to provide cover to physiotherapy.

- The team based performance management group reviewed and updated the team supervision policy and completed two supervision questionnaires within the team.
- MSW's completed 278 Fair Deal applications and in addition carried out the review of 27 patients placed in 2 Nursing Homes in the community.
- A direct link was established for patients, with Dublin 12 Domestic Violence Service.
- Home Care processes were modified to cater for the new Frail Elderly Project funding stream.
- MSW's successfully ran two peer - support groups for people living with HIV, providing a service to eighteen patients.

Education/Continuous Professional Development

- 7 Student Social Workers were provided with placements in 2012.
- 3 MSW's completed the ASSIST suicide prevention programme and 1 MSW completed practice teacher training.
- A Social Work Team leader was awarded a Diploma in Practice Teaching & Supervision, from UCC.
- 11 Senior MSW's attended the Leadership and Management Programme and 9 MSW's attended the Final Journeys programme.
- 2 MSW's attended a US National Conference on Social Work and HIV/AIDS, Boston College, Miami, Florida.

Occupational Therapy (OT)

Service Trends

As compared with 2011, Occupational Therapy activity increased overall by 2% with outpatient activity increased by 10%. The overall number of individuals seen increased by 3% with in excess of 9,000 individuals receiving OT service.

New Developments/Quality Initiatives

- The Occupational Therapy department continued to work with community OT referring on 415 patients and providing essential enabling equipment to 70 patients to facilitate a timely discharge home from hospital.
- St. James's Hospital acute stroke based performance management team, have been in liaison with colleagues from community and Tallaght Hospital to facilitate the acceptance of suitable St. James's Hospital patients to the Tallaght Early Supported Discharge Team in 2013.
- A senior OT collaborated on a joint hospital and community working group to develop care pathways and standardise the assessment process regarding the provision of specialised seating to elderly residents transferring under Fair Deal to private nursing homes.

- A co-located service between the Multiple Sclerosis Care Centre, Rathgar and St. James's hospital was initiated in March, 2012 to address the needs of an out - patient multiple sclerosis population.
- The clinical specialist OT in burns and plastics commenced an outreach service to complex burns patients to facilitate transition from hospital to home.
- Therapeutic gardening sessions, including a garden tea party were facilitated by occupational therapists with MedEl patients. Other therapeutic group programmes facilitated in Medicine for the Elderly include falls prevention, upper limb rehabilitation, cognitive perceptual retraining, reminiscence therapy, relaxation and musical groups.
- OT staff collaborated with Medical Physics and Bioengineering to trial various fall prevention alarms and equipment with the aim of reducing the rate of falls at ward level, which was supported by a Foundation grant.
- The Occupational Therapy and Physiotherapy staff in Oncology secured funding from the Bone Marrow for Leukaemia Trust for essential rehabilitation and therapeutic equipment for Denis Burkitt ward.
- An Occupational Therapist collaborated with the Rheumatology medical team and the School of Occupational Therapy, Trinity College Dublin to implement a six week evidence - based patient education and self - management programme for people with Lupus focussing on fatigue management.
- The OT practice tutor completed practice based research study days facilitated by the Association of Occupational Therapists in Ireland and completed departmental research to explore the perceptions amongst OT staff of using the Canadian Occupational Performance Measure.
- The Occupational Therapy and Physiotherapy teams in Medicine for the Elderly collaborated with the medical team to initiate team based MedEl rehabilitation consults which has positively impacted on patients' transfers from acute care to rehabilitation.

Education/Continuous Professional Development

- The clinical specialist occupational therapist in burns and plastics was awarded the qualification of certified hand therapist from the Hand Therapy Certification Commission and attended the Philadelphia Hand Therapy conference as well as the European Hand Therapy conference in Belgium.
- The department continued its in - service programme incorporating a focus on evidence - based practice and critically appraised topics.
- Two occupational therapists and an occupational therapy assistant are pursuing postgraduate qualifications at Masters of Science level.

- British Association of Hand Therapy and Irish Association of Hand Therapy training was facilitated and attended by departmental staff.
- Occupational therapists completed basic, intermediate and advanced courses in posture and pressure care management.
- A therapist attended a Burns conference in Bristol, UK.
- Staff attended external courses on management of abnormal tone, advanced communication skills in palliative care, sensory integration, cognitive rehabilitation as well as participating in Association of Occupational Therapists in Ireland special advisory groups.
- The department facilitated its quota of undergraduate clinical placements from the School of Occupational Therapy, Trinity College.
- External rotations to the community continued in 2012 and a new rotation to Harold's Cross began at end September 2012. Two rotations to AMNCH were negotiated with a view to starting these in January 2013.
- A business proposal for a paperless out-patients department was submitted to the St. James's Hospital Innovation Committee in October 2012.
- In - patient physiotherapy treatments are now documented in the medical chart only; there are no more separate physiotherapy notes.
- A Lean project on the Annual Leave process was carried out from July 2012.
- The Quality committee continues to meet bimonthly with an active action plan.
- The Service User committee was very active and feedback by patients and referrers was received and actioned in many areas of our service. Comment cards completed by patients in the out - patients department continue to give extremely positive feedback.
- Community Integration continued through meetings with managers and TBPM initiatives.
- Extended and flexible working hours were implemented in areas where a need has been identified.

Physiotherapy

Service Trends

In 2012 23,375 out - patient and 69,283 inpatient physiotherapy treatments were delivered. Waiting list performance was very good with less than ten weeks wait for routine cases for twelve months of the year. The physiotherapy DNA rate remains consistently one of the lowest in St. James's at 7%.

New Developments/Quality Initiatives

- The new MSK physiotherapy clinical specialist started in July 2012. 85 New patients were seen in MSK clinics from September to December.
- The MS physiotherapist co-located in Rathgar MS Care Centre continued successfully throughout 2012.





Education/Continuous Professional Development

- Mandatory training levels remained high (over 90%) for most of the year.
- The strong focus on research, Quality and audit continued with the physiotherapy department research presentations taking place twice yearly at which staff presented on service development projects they had undertaken. The quality of presentations continued to be very high. Developments included a MDT rehabilitation assessment team in the MedEl service to optimise the most appropriate use of these rehabilitation beds, specifically the effect on admission rates and length of stay. The number of admissions increased and the length of stay reduced over a 6 - month period after the introduction of this team.
- Physiotherapy staff also took part in education sessions with nursing and health care assistant staff giving practical demonstrations, advice and information leaflets to those involved with stroke patients in Hospital 2.

Speech and Language Therapy (SLT)

Service Trends

As compared with 2011, total activity for in - patients increased by 4.5% and new referrals for out - patients increased by 6%. Overall activity for department increase by 5%.

New Developments/Quality Initiatives

- Development of flow sheet/discharge form for SLT critical care service on ICIP which will allow for paperless documentation.
- A new referral protocol for post extubation patients commenced in ICU ensuring appropriate patients are seen in a timely manner.
- A regular Fiberoptic Endoscopic Evaluation of Swallow (FEES) clinic is now firmly established run twice monthly.

- Funding was secured to upgrade storage of videofluoroscopy images onto PACS/EPR systems. This will ensure safe central storage of images and improved accessibility for all staff.
- Establishment of an out of hour's information service for carer/families of adults with aphasia.
- iPad project involving SLT/Medical Physics staff focused on the development of an iPad communication app designed to meet the needs of adults with acquired aphasia in Ireland.
- A pilot project for paperless clinical SLT documentation on EPR was submitted.
- Pictures menus have been developed to facilitate improved choice and communication on a daily bases.

Education/Continuous Professional Development

- A joint e learning module was launched in collaboration with CLD between SLT and Clinical Nutrition departments on modified fluids and diets.
- All relevant staff have attended the hospitals Final journeys training programme.
- Ongoing dysphagia training sessions were provided for nursing and care attendants to ensure that all nursing and care staff are educated on the signs and symptoms of dysphagia and on modified diets.
- A senior SLT in MedEL has become an accredited trainer in "Talking Mats" a technique for facilitating communication for people with a range of communication disorders.
- SLTs from SJH led establishment of tracheostomy network for SLTs and hosted the inaugural National tracheostomy network meeting.
- SLT practice tutor involved with Interdisciplinary learning. expanded this programme to twice yearly sessions collaboration with practice tutors from PT and OT.

Pharmacy Department



Mrs. Veronica Treacy
Director of Pharmacy Services

Ms. Gail Melanophy
Chief 1 Pharmacist

Ms. Sandra Conaty
Business Manager

Introduction

The Pharmacy Department sources, purchases, reviews, 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. Clinical pharmacists also provide medicines information advice to health care professionals in St. James's, and education and training on medicines for both patients and clinical staff. We dispense to specialist outpatients' clinics. Our Aseptic Unit (ACU) compounds chemotherapy for our patients. We also supply 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 2012

- Demonstrated savings of in excess of €436,000, through vial sharing of high cost drugs in our ACU.
- Piloted a new hepatitis C outpatient pharmaceutical service, establishing additional resource requirements.
- Maintained supplies of critical pharmaceuticals, in spite of global shortages.
- Reviewed and implemented updates of Prescriber's Guide 2011, in line with new national and international guidelines, in areas of emergency medicine and anticoagulation.

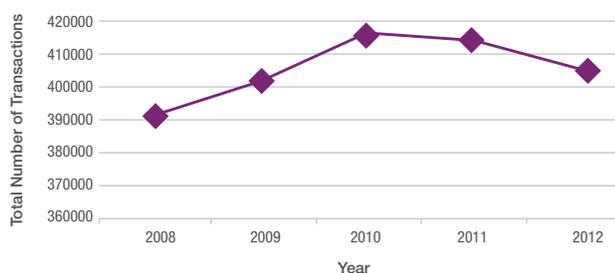
Dispensary and Distribution Services

The Dispensary continued to provide the top - up service to the Hospital in 2012.

Drug shortages were a particular problem this year. Alternative licensed and unlicensed products were procured in most cases, often with cost implications.

The Hospital's drugs spend was 9.6% higher than in 2011, while the volume of drugs dispensed decreased by 2%. Much of this increase value was attributed to new drugs spend, including but not limited to Hepatitis C drugs and new cancer drug Ipilimumab.

Cumulative Total Number of Transactions 2008 – 2012



Minor projects undertaken during 2012 included:

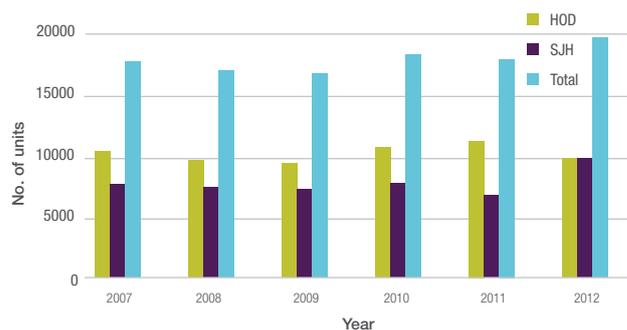
- Review of pharmacy distribution systems, including audit of MDA orders. We will be working with nursing, portering and logistics staff in 2013 to streamline and improve the system.
- Worked with Finance, IMS and SAP towards paperless invoice querying. This will be implemented fully in Q1 2013.
- Dispensed for a Hepatology clinical trial and to genotype 1 hepatitis C out - patients prescribed the newly licensed protease inhibitors. This service will expand further in 2013.

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 2012, similar to 2011, it represented 5% of the total activity of 405,172 transactions.

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 was an increase of 9.9% in the total number of items supplied by the ACU in 2012 compared to 2011. The difficulties of continuing drug shortages and no additional staff resources challenged the ACU in 2012.

ACU production 2007–2012



In 2012 the main achievements in the ACU were:

- The introduction of a rotating team leader senior pharmacist, and a change in the management structure of the ACU. The resulted in additional training for the senior pharmacists in the areas of the daily quality control report, analysis of error reports and process deviations, and staff management.
- A rotating senior technician team lead was also introduced. Two senior technicians have been given further responsibility for quality control and for analysis of cost savings. All basic grade technicians completed accreditation as volume checkers in 2012. One basic grade technician was trained in management of the quality control laboratory and use of the LIMS system.
- Quality assurance: A significant number of SOPs were updated in 2012. Work commenced on updating preparation and dispensing instructions for drugs manufactured in the ACU. A number of new drugs and regimens were introduced in 2012.
- A review of the process of ordering from an external supplier was completed in 2012.
- An electronic discard log and electronic complaints log was introduced.
- A risk assessment of the ACU medicinal product materials was carried out using material safety data sheets for cytotoxic and non - cytotoxic drugs. A chemical risk assessment using safedoc.ie was completed for all chemicals used in the ACU.

Clinical Pharmacy Services 2012

Pharmacy involvement at ward level is aimed at promoting the safe, effective and economic use of drugs. The Clinical Pharmacy service provides a frontline health professional service to inpatients and outpatients in SJH. Services include:

- Conducting daily patient visits (Monday - Friday) to ensure drug supply and prescription review.
- Involvement in consultant - led ward rounds in some specialist areas (inc. Psychiatry, TB, ICU and anti - microbial teams).
- Key clinical and supply role providing:
 - a) Medicines reconciliation.
 - b) Clinical review of medication for inpatients.
 - c) Medicines information service.
 - d) Promotion of cost effective use of medication (IV to oral medication switches, introduction of new oral anticoagulants).
 - e) Patient medicines education.
- New Drug Evaluations - Maintain hospital process for the assessment of new medications for safety and cost effectiveness.
- Medication safety - Clinical Pharmacists maintain medication safety initiatives in the hospital (including safe use of cytotoxics and insulin). Medication safety event reports and research projects help to identify areas for review of medication practices.
- Provision of training and support to nursing staff including IV Nursing study days, postgraduate nursing courses in MedEL, Cardiothoracics, ICU.
- Support for Pulmonary and Cardiac rehabilitation classes.
- Provision of training to Medical teams including Intern induction, Intern training sessions (particular focus on safe insulin prescribing with the use of Insulin E-learning modules for medical and nursing staff).
- Electronic version of Prescribers Guide updated to reflect major changes in clinical practice in Coagulation and Emergency Dept.
- Promotion of VTE prophylaxis prescribing.
- SJH Anticoagulant Therapy record for patients on Warfarin updated in 2012 to reflect changes in practice.
- Educating targeted inpatients (and outpatients when appropriate) about medication prior to discharge.
- 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 and Hepatology.
- Updated intravenous drug administration monographs were also added over the course of the year.

HOPE Clinical Pharmacy Services

A series of service improvements were implemented in 2012 by the HOPE Pharmacy clinical team. These included:

- The development and implementation of a returns system for oral clinical trial products.
- A programme of haematology prescribing protocol meetings was introduced and has been highly effective.
- A system of review of Oncology prescribing protocols based on disease.

The practice research activities of the team continued with two HOPE Clinical Pharmacy projects at the International Society of Oncology Pharmacy Practice biannual conference.

The projects were:

- “Good Clinical Practice compliance in clinical trial protocols: a clinical trials Pharmacist perspective”.
- “Toxicity and relative dose intensity of FOLFOX chemotherapy in patients, of differing body mass index, treated for adjuvant and metastatic colorectal cancer”.

Two Pharmacists within HOPE undertook a post - graduate certificate in Cancer Studies at Newcastle University.

GUIDe Services

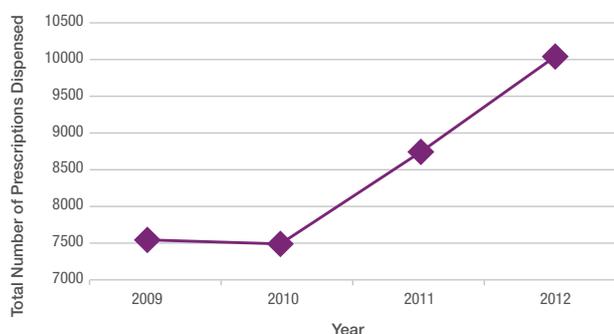
The GUIDe pharmacy, an onsite satellite pharmacy, continues to be the largest provider of medications to HIV positive patients in the Irish Republic.

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 prescriptions dispensed to outpatients is outlined in the graph below with the GUIDe pharmacy seeing an increase by 15.3% over 2011.



Cumulative total number of prescriptions dispensed 2009 – 2012



Our team also continue to provide a clinical pharmacy service as is outlined in the clinical pharmacy services section to all HIV positive inpatients and increasing number of outpatients.

The continued input of the ID pharmacist has enabled the expansion of the Outpatient Parenteral Antimicrobial (OPAT) programme to facilitate early discharge of an increased number of patients.

Clinical trial activity continues with the addition of new drug treatments.

The GUIDe pharmacy team also continued to play a pivotal role in 2012 in both the maintenance of the new online electronic prescribing system and in the education of the multidisciplinary team on its use for both the sexual health out patients and HIV outpatients aiming to improve compliance with prescription writing standards and reduce errors.

MSc. in Hospital Pharmacy

The M.Sc. in Hospital Pharmacy consists of a two year practice - based teaching programme, complemented by lectures, tutorials and workshops. The course provides students with the knowledge and skills necessary to undertake all aspects of hospital pharmacy and contribute positively to patient care through all aspects of medicines

management. Subjects covered include medical and surgical therapeutics, medicines information, pharmacoconomics, purchasing skills, good manufacturing practice and aseptics, immunology and biotechnology. Management issues as they relate to hospital pharmacy and the broader context of healthcare systems are also addressed. Coursework is underpinned by a comprehensive practice - based element where students rotate through a variety of specialist areas to ensure that broad, practical experience is obtained in such areas as medicines information, dispensary, aseptic compounding and clinical specialties. Assessment is on a continual basis through formal examinations, written assignments, oral presentations and competency - based assessments. Students are required to undertake a research project and must demonstrate research competency. Publication of research work is actively encouraged and supported. The course is provided by the School of Pharmacy & Pharmaceutical Sciences TCD, in collaboration with the participating accredited hospitals and is coordinated from St. James's hospital/TCD. Eight students across six hospitals are currently enrolled on the M.Sc. programme.

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 2012

MSc Clinical Pharmacy (first class hon).
Sarah Gray.

Intern Projects for 2012 were:

“An audit of Antifungal use in the HOPe directorate”.
Kieran Reynolds.

“Development of TB information leaflets and treatment record”.
Niamh Ennis.

“An audit of clinical pharmacist communication of clinical recommendations to medical teams in St. James's”.

National Medicines Information Centre (NMIC)



Ms. Claudine Hughes
Chief II Pharmacist

Dr. Mary Teeling
Medical Adviser

Dr. Mary Jo MacAvin
Medical Adviser

Prof. Michael Barry
Medical Director

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

In 2012, 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 pro-actively provided medicines information through its two publications, a monthly current awareness newsletter “Therapeutics Today” and a bimonthly therapeutics bulletin. Topics covered in 2012 (Vol.18) included Breast Cancer, Sexually Transmitted Infections, Chronic Heart Failure, Human Immunodeficiency Virus and Prostate Cancer. All NMIC publications are circulated to doctors and pharmacists nationwide and are available on www.nmic.ie

The NMIC continues 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.



National Centre for Pharmacoeconomics (NCPE)

Prof. Michael Barry Clinical Director

Introduction

The National Centre for Pharmacoeconomics conducts the health technology assessment (HTA) of pharmaceutical products for the Health Service Executive (HSE) in Ireland. The aim of the centre is to promote expertise in Ireland for the advancement of the discipline of pharmacoeconomics through practice, research and education.

Health Technology Assessment

Since September 2009, we consider the cost effectiveness of all new medicines following a request by the HSE Corporate Pharmaceutical Unit (CPU). In practice, all medicines are subjected to a preliminary rapid review. High cost products and those with a significant budget impact are subjected to formal pharmacoeconomic assessment. Similarly, products where there is a query in relation to value for money are also selected for formal pharmacoeconomic assessment. The rapid review process takes approximately 2 - 4 weeks and the formal pharmacoeconomic assessment is completed in less than 3 months. Following formal pharmacoeconomic assessment, a full appraisal report outlining NCPE conclusions and recommendations is sent to the HSE - CPU to support evidence - based decision - making on reimbursement. Information on cost - effectiveness of the technology over a threshold - range up to €45,000/QALY is provided. In the case of oncology drugs a report is also sent to the National Cancer Control Programme (NCCP). Details of all assessments are available at www.ncpe.ie. In 2012, the NCPE conducted 31 rapid reviews and nine full HTAs.

Education and Research Activities

The NCPE successfully organised a two - day training course in Pharmacoeconomics in January 2012. In addition, the NCPE is involved in ongoing teaching for undergraduate and postgraduate pharmacy students, nurses and medical students.

Successful post - graduates in 2012

Roisin Adams successfully defended her PhD thesis "Cost Effectiveness of anti - Tumour Necrosis Factor Drugs for the Treatment of Rheumatoid Arthritis in Ireland".

Laura McCullagh successfully defended her PhD thesis "Health Technology Assessment in the Irish Healthcare Setting: Application to oral Anticoagulants".

Cara Usher completed the Diploma in Health Economics at the University of York.

Ongoing Research

Emer Fogarty is currently undertaking her PhD on the economic evaluation of new agents for the treatment of Multiple Sclerosis.

Dr. Jennifer Kieran is currently undertaking her PhD on the economic evaluation of new agents for the treatment of Hepatitis C.

Dr. Laura McCullagh was awarded the ICE fellowship by the HRB. "Novel Approaches to cancer prevention, treatment and cost using pharmacoepidemiology & pharmacoeconomics"

Dr. Roisin Adams was awarded a HRB grant to evaluate population EQ - 5D values in Ireland.

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 4,300 assets with a capital value of approx. €54m and an annual support budget of just over €2m. In 2012, approximately 5,400 calls were answered in relation to the support of this asset base.
- Departmental members continued to have involvements in many national and international committees and projects. Such involvement is strongly supported by the department. Examples included:
 - Coordination of highly successful Active Age Public Engagement 2012 conference "Technology and Successful Aging" carried out as part of the Dublin City of Science activities.



- Project Lead – National Integrated Medical Imaging System (NIMIS) Project (HSE).
- Department of Health & Children nominated representative on EU group reviewing the Basic Safety Standards for Radiation Protection.
- 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.
- Consultant to International Atomic Energy Agency (IAEA) on development of Radiation Safety Guide on Justification.
- Member of the National Radiation Oncology Physics Residency Programme Committee that has established a national training programme for Medical Physicists.
- Membership of the Irish Association of Physicists in Medicine (IAPM) Executive Committee.
- Advisors to HSE Procurement in relation to purchasing electromedical equipment.
- Provided Radiation Protection Advisory (RPA) Services to 25 external HSE Hospitals and 163 dental practices.
- Assisted 14 hospitals successfully through inspections carried out by the Radiological Protection Institute of Ireland.
- Committee member of the Medical Physics Group (MPG) of the Institute of Physics (IoP), responsible for organising and chairing the IoP session at MPEC 2012, Oxford.
- Contributed to EC RP162: Criteria for Acceptability of Medical Radiological Equipment used in Diagnostic Radiology, Nuclear Medicine and Radiotherapy.
- Initiation of a joint access programme between St. James's Hospital and the Digital Hub.

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.

- Coordinated and delivered the MSc Physical Sciences in Medicine (TCD).
- Development of an e-learning Laser Safety course (HSEland).
- 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.



- 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.
- Member of Board of Examiners for Chartered Engineer status, Institute of Engineers.
- Provided a number of Radiation Protection courses for hospital and dental staff nationally.
- Lecturer/examiner on a range of undergraduate and postgraduate courses including:
 - BSc Experimental Physics, Medical Physics Module (UCD).
 - Physics Part 1 FFR Radiology Exams with RCSI.
 - Bord Altranais/HSE course - nurse authority to prescribe ionising radiation.
 - MSc in Healthcare Infection Management (TCD).
- Developed and acted as Coordinator of Physics component for new strand to Radiographer MSc in Medical Imaging at TCD.
- M.Sc/P.Grad.Dip in Medical Imaging (Trinity College).
- Supervision and examination of a range of M.Sc theses.
- External examiner for MSc Medical Physics (Aberdeen).

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.
- **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.
- **TILDA (The Irish Longitudinal Study of Ageing):** MPBE continues to provide scientific support in the collection, interpretation and analysis of physiological measurement data.

General Support Services



Ms. Grace Rothwell
General Support Services Manager



Mr. Vincent Callan
General Support Services Manager

Introduction

The 'General Support Services Division' manages the majority of non clinical services that support the clinical activity undertaken in the hospital.

The 'General Support Services Division' comprises two Managers with responsibility as follows:

Grace Rothwell	Vincent Callan
<ul style="list-style-type: none"> • 'Patient Hygiene Services' including Housekeeping & Cleaning, Waste Management & Sharps, Linen, Laundry & Scrub Suits, Gardening & Grounds, Pest Control and other miscellaneous hygiene services • Concourse • Chaplaincy 	<ul style="list-style-type: none"> • Catering • Security & Car Parking • Portering • Telecommunications • Logistics • Facilities Management Administration

Patient Hygiene Services

As in previous years the focus in 2012 centred on identifying and implementing quality improvement initiatives, ensuring efficient use of resources and compliance with specified quality parameters.

Key changes in 2012 included further reductions in headcount and a corresponding increase in services by external service partners, career advancement opportunities for support staff resulted in interdepartmental staff movement.

All patient hygiene services were subject to ongoing review in 2012 and progress was further effected in terms of staff mobility and the implementation of quality initiatives, all staff are to be acknowledged and commended for their ongoing efforts in maintaining standards of excellence in patient hygiene services.

Hygiene assessment processes also continued in 2012, performance indicators (based on average monthly scores from local assessments) for 2012 were as follows:

- Environment & Cleaners' Rooms 92%.
- Patient Equipment 94%.
- Ward Kitchens 93%.
- Waste Management & Sharps 95%.
- Linen & Laundry 95%.
- Hand Hygiene Facilities 95%.

Note: ≥86% required

The 'Ward Assessment Tool' as introduced in 2011 was further enhanced in 2012, assessments are now unannounced and comprise 15 elements, in addition the scoring is reflective of a 'traffic light system' i.e. GREEN ≥86%, AMBER 70 – 85%, RED ≤69%.

The 'ward assessment process' enables a composite view of standards at ward/department 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.

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 2012 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, 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.

Catering Department

The Catering Department continued to focus on comprehensive monitoring of its catering system, based on Hazard Analysis Critical Control Point (HACCP) principles, which was continuously enforced during 2012 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, and the department continued to perform weekly ward pantry audits as part of the hospitals ward assessment process. The residential care units in H4 were inspected by HIQA during 2012, confirming catering services supplied were favourable for residents.

Key improvements for 2012 included the commencement of a dedicated on - site preventative maintenance service contract for catering production and service equipment. This contract ensures a rapid response to breakdowns and minimises the period that the equipment is unavailable.

The implementation of a single source food supply contract was completed in 2012. This contract enabled a unique supply chain structure for food produce in healthcare which enabled cost savings through aggregation and improved efficiencies for the ordering, receipt and payment of goods.

Due to reduced demand and the requirement to redeploy staff to ward catering services, the staff restaurant was closed in November 2012.

Security

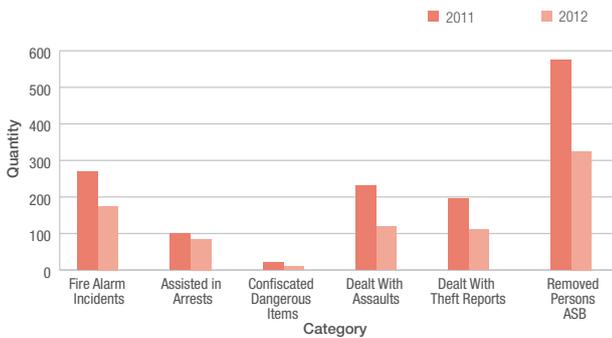
The Security Department continued to ensure a safe environment was maintained for Patients, Staff and public. This was achieved through a combination of highly skilled Security Officers and advanced IT Security systems such as CCTV cameras, access control, intruder detection, panic alarms, and patient wandering systems. This enhanced technology, coupled with a highly trained security team and a dedicated fully functional Security Control Room supported the hospital during 2012 in maintaining a safe environment for patients, visitors and staff and in ensuring prompt responsiveness to instances of anti social behaviour and or crime.

The department continued to work closely with external agencies such as Dublin Fire Brigade, Ambulance Services and An Garda Síochána through our dedicated Garda Liaison Officers.

Security dealt with a total of 2566 security related incidents that warranted immediate attention, this was a reduction of 519 reported incidents compared with 2011.

- 143 fire Alarm related incidents responded to:
 - 69 arrests by the Gardaí.
 - 5 dangerous items confiscated.
 - 117 assaults.
 - 86 reports of theft.
 - 308 persons removed from site for Anti-social Behaviour.
 - 229 staff escorts & 82 patient escorts.

Sample Security Stats 2011 - 2012



Other responses related to Missing Patients, Lost and Found Property, Malicious Damage and CCTV Requests by the Gardaí.

In conjunction with the Tallaght and Crumlin Children’s hospitals, St. James’s went to market via public procurement for the provision of Manned Security and Associated Services. Following a lengthy process the contract was awarded late 2012.

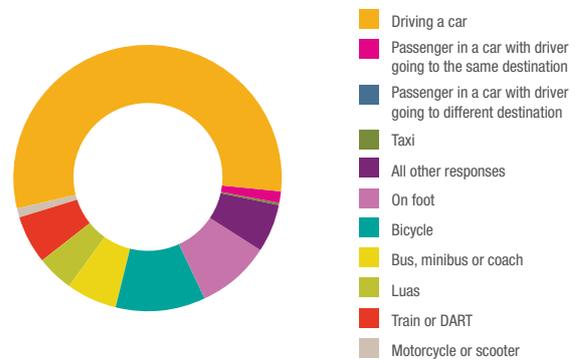
The change in contract will bring with it new and innovative ways in maintaining a first class security service to St. James’s Hospital. This will be achieved by introducing advanced technology and bespoke Healthcare Training for the Manned Guarding Officers.

Mobility

As part of the Hospital’s Mobility Strategy, a Staff Mobility Day was held on the 21st June 2012. The event was used to promote alternative means of transport to and from the work place and to launch a staff travel survey. The results will be used as a basis to develop further mobility options for the hospital campus.

496 employees responded to the employee snapshot travel survey which was conducted online. This represents a response rate of 16.5% based on 3,000 employees.

The majority of the respondents to the snapshot travel survey travel to work by car (55.5%) followed by bicycle (10.7%) and foot (8.9%).



Respondents indicated that they occasionally use alternatives to their regular mode of travel. More sustainable travel options, in particular Luas and Bus, are quite popular for ‘occasional’ use as well as rail travel or DART.

General Support Services continued to promote smarter travel options such as commuter saver tickets, cycle to work scheme and walking. In addition, a ‘Travel Wise’ intranet page was developed to promote the hospital’s activities for sustainable travel. The installation of real time information signs on the hospital campus in 2012 for bus travel, provided significant improvement for the hospitals public transport network.

Portering Services Department

Portering Services 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.

Telecommunications Department

The Telecommunications Department continues to play a vital role in ensuring the safe and efficient operation of the hospital's communication systems, for its patients, visitors and staff.

The hospital telephone network processed approximately 20 million calls in 2012, over 50,000 calls per day, including incoming, outgoing and internal calls. The Telecommunications centre switchboard deals with over 2,000 calls per day.

During 2012, our telecommunications and call report systems were further developed to facilitate monitoring and reporting on our telephone use and performance, which enable department managers to identify areas of concern and to take appropriate action.

In addition to managing telephone calls, the telecommunications centre logs and tracks 500 internal and long range bleeps. The centre also monitors various alarm systems including fire, nitrous oxide gases and electricity.

As part of the hospital's Major Incident Plan testing, regular audits and checks were carried out during 2012 on all emergency and back up phone systems, internal bleeps and long range bleeps.

The department also managed, maintained and tested the Major Incident Plan contact systems, running several test communications to all members of the Major Incident Plan contact list. Further enhancements of the hospital's automated informer system enabled us to automate calls to staff on our emergency contacts lists, thereby reducing the time involved in contacting personnel and facilitating a more rapid response time. This system also allows for the monitoring of responses to the calls and provides evidence of testing.

The department continued to roll out the already successful Interactive Voice Response (IVR) system. This system allows callers to select the most appropriate department/person to deal with their query, helping improve patient services.

The expansion of IVR and technologies will assist with developing service's further in the future with a view to improving and enhancing our communication service for patients, visitors and staff.

Logistics Department

The Logistics Department focuses on the design and implementation of supply chain processes concerned with the flow of goods, services and information from external agencies through the organisation until they are ultimately consumed.

The department's activity continued to grow in 2012 and continued to work closely with key suppliers on areas such as vendor performance, value for money initiatives and consignment management.

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 2012

	QTY/Value
Total Receipt Value Goods & Services	€112,769,571
Stock Receipt Value	€10,471,311
Consignment Managed Stock Value	€1,445,029
Consignment Issue Value	€5,301,891
Stock Issue Value	€15,856,302
Stock Product Lines Managed	3916
Stock Vendors	120
Stock P/O's	6,003
Stock Orders Processes	25,157

End Of Year Stocktake 2012

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 stocktake 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 stocktake 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.

A different approach was agreed with the C&AG for 2012 whereby stock items managed through the hospitals Kan Ban inventory controlled system were excluded from a physical count. This is a key improvement as it demonstrated the built in controls of our inventory managed products at clinical level.

Inventory Valuation 2012

Inventory Managed Value	Non Inventory Managed Value
Inventory Managed Value	€845,528.80
Non Inventory Managed Value	€ 2,296,793.87

Planning and Technical Services Department



Mr. Niall McElwee
Project & Technical Services Manager

Mr. Alan Sharp
FM Admin and Technical Services Department Business
Manager

Ms. Kim Featherstone
Energy Officer

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:

- (i) advising on advances in medical treatment procedures.
- (ii) accredited healthcare standards including infection prevention, hygiene to provide optimum patient care environments.
- (iii) statutory requirements and recommendations.
- (iv) in accordance with public procurement protocols and procedures.

Developments in 2012

- Following the completion of the National Programme for Radiation Oncology (NPRO) (Phase 1) Building, the planning department was requested by the HSE to evaluate the scope for providing full maintenance and services management for this new facility. This review was undertaken for the HSE to review and an outcome of this service provision is awaited.
- 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.
- Haemophilia & Hepatology In - Patient Facility and Clinical Research Facility commenced on site with completion and handover to the end users early 2013.. This 3,500 sq^m extension to the hospital located adjacent to the linear park on the south side, while providing essential construction employment opportunities to south inner city, also when completed will provide contemporary in - patient accommodation for Haemophilia and Hepatology critical ill patients and internationally accredited research facility for advancing clinical specialities including clinical trials, gene therapy, medical device research and health service research.
- Continuation of Legionella Preventative Measures phased works programme. Temperature monitoring probes installed throughout various areas of hospital, new cold water tanks, ward level wash hand basin replacement and hot water storage unit replacement in plant rooms.
- Medical Gases upgrade programme continued with replacement of Vacuum compressor units for theatres and intensive care units.
- Ward en - suite facility upgrade programme continued for improved patient care facilities.
- Fire monitoring system upgrade, replacement and expansion hospital wide continued.
- The Centre of Excellence for Successful Ageing received Minister's approval for funding in conjunction with significant philanthropic grant from The Atlantic Philanthropies. Following completion of Design Team procurement process the team was appointed and immediately set to undertake design scheme development through to the submission of planning application. This planning application was submitted in December 2012. design team procurement was completed. The project team renamed the project under the title; Mercer Institute for Successful Ageing (MISA) as the Mercer Institute in conjunction with the clinical directorate of the hospital Medical Elderly (MedEL) will be providing the main four pillars of services within the facilities; including Clinical, Research & Technology, Education and Creative Life.
- The refurbishment of new visitor/relative rooms within the Emergency Department in conjunction with the programme for Hospital friendly Hospice was also completed.

Future Developments Include

- 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.
- Progression of Tuberculosis Regional Facility and Laboratory facility with HSE.
- Upgrade of Out Patient waiting areas in Suite 2 and Plastering Rooms and Maxillofacial suite.



Cancer Clinical Trials Office

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 2012 comprised of 20,185 help desk and 410 new work requests.

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 provided limited additional minor capital funding during 2012 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 was 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 32 medium to large scale minor capital projects at a cost of €2.3 million. 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.
- Refurbishment of Boiler Number Four, including the replacement of boiler tubes, refurbishment of 200mm Steam valve and successful five yearly inspection by Specialist Engineers and Insurance Assessors.
- Refurbishment of feed water system to all boilers.
- Installation of High Speed Broadband fibres through Energy Centre to facilitate future WiFi access.
- Ongoing commissioning and testing of replacement Vacuum Pumps.
- Provision of electrical services as part of the Real time Passenger Information service at Dublin Bus Bus stops across the site.
- The design and upgrade of a replacement hot water system in the H4 plant room.
- Phase 1 of a planned repair and upgrade program was initiated on the Emergency lighting throughout the hospital.
- A number of large scale painting programs were started in 2011 and concluded early 2012, including ward and outpatients department.
- New directional signage and patient information coloured themes to clinical areas of the out patients.

- 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 is under design development 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 4.5 Mega Watt to 5.2 Mega Watt.
- Installation of fall protection in a number of locations, to complete this two year rolling program.
- Equipment & environment improvements as part of a minor capital spend includes:
 - The ongoing upgrade and improvement program of the site wide Building Management system.
 - Replaced 3 nurse call systems completed by mid 2012.
 - Shower room and hand hygiene services, upgraded in 6 side rooms with 8 further rooms to be completed in 2013.
 - Upgraded programme bedpan washers replacement as part of a rolling program with new services contractor.
 - The continuation of a rolling program to upgrade taps, the program will deliver another 100 clinical whb taps installed in 2010/2011 at a cost of €1,600 per new unit installation.
 - Replacement of the CHP with a new unit capable of producing up to 8.76 million units of electricity per year.

Energy Centre

Services

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

Energy Services manages the Combined Heat and Power Plant (CHP). This unit provides more than 30% of the Hospitals electrical requirement, and up to 20% of the steam requirement, saving the Hospital around €25,000.00 per calendar month.

Studies into the possibility of installing 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.

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 project to replace and upgrade BMS Outstations and Controllers, thereby securing the reliability of the Building Management System into the future is ongoing.

Utility Costs 2012

Utility Cost 2012	
Electricity	
	€1,800,000
Natural Gas	
	€1,600,000
Water	
	€250,000
Total	
€3,650,000	€3,650,000

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 shut downs of central sterile supplies areas 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 benefited 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 for many years and the recent slow down in economy has permitted closer attention to local needs and requirements.

This year significant improvements to ward and patient shower and toilet accommodation continued these improvements locally 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.

The retirement of key experienced personnel from within the department has also had an effect and ongoing recruitment moratorium added significant challenges to the remaining resources to maintain the services at the optimum level.

Administrative changes and restructuring of the TSD helpdesk were also required and brought new approaches to operating the services.

The department extends the best wishes on the retirement of Peter Ford in March, who after 43 years of service to St. James Hospital from entering the organisation as an apprentice plumber, to becoming the Maintenance Manager has seen many varied changes within the campus.

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 2013.

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 2012, 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 HCA's. It is also responsible for the Nursing Practice Development Unit and coordinating the Site Nurse Management Team of the hospital.

2012 brought the retirement of many of our nursing and HCA colleagues and on behalf of the Nursing Executive and 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.

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 2011. This is an important milestone for the profession as it replaces the Nurses Act 1985. 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* will continue to develop nursing competencies in the context of changes to 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.

The new legislation has also paved the way for the selection of a new Board. In this context the Minister for Health, Dr. James Reilly T.D. has appointed Paul Gallagher as the Director of Nursing representative to the new Board of *An Bord Altranais agus Cnámhseachais*.

Nursing Research

The 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) in 2010 and 2011 respectively. The purpose of this initiative is to support and facilitate nursing staff to conduct research in the clinical setting. This funding has supported a Healthcare Researcher who has been working in partnership across both sites. 2012 proved to be another busy year for nursing research developments and initiatives here at St. James's with the support of 15 research projects through out the year. Outputs of the initiative included papers published in peer reviewed journals, oral and poster presentations at both national and international conferences as follows:

- 6 papers published.
- 3 oral presentations.
- 8 poster presentations.

Researchers working with the initiative submitted four abstracts at the end of 2012 for conferences in 2013. All abstracts have been accepted; 3 for oral presentations at the RCSI Annual Nursing Research Conference and 1 for a poster presentation at the RCN International Nursing Research Conference.

The Research Collaborative Steering Group was awarded a grant of €90, 000 by the *Royal City of Dublin Hospital Trust* and this essential funding will support the Healthcare Researchers position for a further two and a half years.

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 HCA staff. During 2012 nineteen research students were granted access to the hospital.

The NRAC coordinated the hospitals *Annual Multidisciplinary Quality and Audit Seminar* in May. The seminar provided an opportunity to showcase research that has been progressed within the hospital during 2011 and 2012. Nine oral presentations were made and 22 poster presentations were on display. The NRAC will continue to oversee and coordinate research that requires involvement of nursing and HCA staff.

End of Life Care Initiative

The Director of Nursing chairs an interdisciplinary hospital End of Life Care Standing Committee which is part of a national Hospice Friendly Hospitals (HFH) Network. The HFH advocacy programme aims to change the overall culture in hospitals in relation to all aspects of death, dying and bereavement. The HFH programme is an initiative of the Irish Hospice Foundation (IHF) and has been embedded within St. James's Hospital since 2010. The programme aims to develop the capacity of acute hospitals to meet and exceed the Quality of Standards for End-of-Life Care in Hospitals. To achieve these aims the work of the programme in our hospital focuses on four key themes: building competence and compassion in all staff; planning and coordination of end of life care, creating dignified physical environments and improving End of Life Care for patients and their families. During 2012 the process of self assessment in relation to the standards has been overseen by the HFH Standing Committee and quality improvement plans were developed to support this initiative. The introduction of EOLC resources and wide ranging educational activities has resulted in increased awareness of EOLC and enabled staff to improve patient and family care within their areas.

Ms. Bettina Korn is the hospital's End of Life Care Coordinator, who plays an instrumental role in supporting and coordinating many initiatives relating to end of life. This essential position is being financially supported for a two year period by the *Irish Hospice Foundation* and funding will cease in May 2013.

A Nursing Practice Development Project relating to end of life care was completed in during the summer. This initiative focussed on implementing evidence based practice in relation to end of life care in the clinical setting. This two year project was facilitated by Margaret Codd (Nurse Manager HOPe Directorate) and Bettina Korn. CNM's and HCA's from six clinical areas were 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 of €90,000 from the *Hospital friendly Hospitals Programme*. This funding facilitated the refurbishment of the departments family and viewing room.

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 coordinating 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 Clinical Placement Co - ordinator, a Student Allocation Liaison Officer. Through reconfiguration the NPDU established an additional 0.5 WTE Tissue Viability Nurse Specialist within the service.

The NPDU is responsible for coordinating 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, coordinating staff education, competency assessment, change implementation and evaluation.

NPDU Activities in 2012

The following committees, working groups and initiatives evolved or further developed in 2012 and were instrumental in advancing nursing practice through teamwork and the provision of education and in - service training:

- Nursing Metrics Programme established with Quality Indicators developed for Peripheral Line Care, Pressure Ulcer Prevention Management and Management of Falls.
- Submission made to the Department of Health and Children to participate in the National KPI Programme.
- Pilot of the National Early Warning Scoring System and associated documentation occurred with a view to hospital - wide roll out in 2013.
- Nursing In - Service Education Group – a Nursing Clinical Skills Fair was coordinated with a large attendance (Internal staff - 187, External staff - 65).
- Insertion and management of nasogastric feeding tubes, including the rollout of pH testing to confirm the correct position of nasogastric tubes.
- Promotion of best documentation practices through quarterly auditing of nursing documentation and by supporting the documentation link nurses.
- Nursing Documentation Project commenced 2012 to improve quality of nursing documentation with a view to hospital - wide roll out in 2013.
- Tissue Viability ongoing education programme and awareness week coinciding with International Pressure Ulcer Awareness Day.
- 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.
- 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.

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.

St. James's Hospital welcomed the final report from An Bord Altranais agus Cnáimhseachais na hÉireann following their site visit in 2011. We will continue to work in partnership with the nursing board and our colleagues in Trinity College Dublin to maintain the standards of a quality clinical learning environment for the undergraduate nursing students.

In December, the seventh group of BSc Nursing undergraduate degree programme nurses were presented with St. James's Hospital badges and certificates by Mr. Paul Gallagher, Director of Nursing. Dr. Maura Pidgeon, CEO, An Bord Altranais agus Cnáimhseachais na hÉireann delivered the annual Anne Young Memorial lecture at the ceremony.

Nurse Prescribing

In 2012, seven additional nurses were registered as nurse prescribers (RNP) in a variety of settings. At year end there were 16 RNPs working in St. James's Hospital.

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 Thursday and Friday) and GP Teaching (1pm each Friday). Other teams, such as Immunology and Endocrinology also hold their weekly educational sessions in the Centre. In addition, there are regular events, such as the popular annual SJH GP Study day (each January), Intern Induction course (each June), ACLS courses and MRCPI clinical teaching throughout the year and SpR study days in many specialities. Formal annual Intern reviews, under TCD supervision, take place in September every year, while 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 training in 1 or 2 year rotations as part of their Basic Specialist Training.

Major events for the Post - Graduate Centre in 2012 included the annual GP Study Day on January 21st, which saw the largest number of GPs attend to date (>150). St. James's hosted the Dublin Basic Specialist Training (BST) interviews in March, while the first inspection of the Trinity BST Scheme by the RCPI took place in June. The annual Eoin B Casey award was established to honour Dr. Casey who worked as a consultant rheumatologist in St. James's for nearly 30 years

and who retains a great interest in teaching junior doctors. First prize was awarded to Dr. Candice Low (SHO) while Dr. Blaire Mulvey (Intern) came second. Dr's Sinéad O'Shaughnessy (1st prize), Charles Iliff and Sara Naimimohasses (joint 2nd prize) won the annual Intern Medals which recognise clinical or scientific research performed by Interns at our institution. In September, Prof. James O'Donnell won the 2nd annual William Stokes Award and gave an excellent lecture to hospital staff on his work on von Willebrand disease.

The post - graduate centre would particularly like to acknowledge Dr's Laura Durcan, and Naoimh O'Farrell who helped develop the biweekly medical and surgical Intern Teaching Programme, Dr. Barry O'Shea who organised the weekly Medical Update meeting and David Sweeney, Frances Hoolahan and Patricia O'Brien 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 (ROPO)

Prof. John Reynolds
Regional Director, Regional Oncology Programme Office

Regional Oncology Programme Office (ROPO)

Regional networking of services was one of the key recommendations in the National Cancer Strategy. It states that in order for patients to have the optimum care, streamlining of cancer services on a regional basis is essential. As such the development of the Regional Oncology Programme Office (ROPO) has provided many useful examples of how to develop initiatives that enable successful regional cancer projects. The aim is to coordinate and consolidate the efforts among cancer care professionals on the ground and to optimise resources. Located in St. James's Hospital this office is used as a resource to enable and mobilise efforts in cancer care services among the institutions in the area of communications, health education, service improvement and advocacy. Aiding in the management educational initiatives and information systems, it functions as a focal point for building strong collaborative relationships with Regional and National bodies.

Health Communication and Health Promotion

Palliative Care Patient Information DVD

The Specialist Palliative Care Team at St. James's Hospital in collaboration with the Specialist Palliative Care team at Our Lady's Hospice and Care Services, Harold's Cross created an educational DVD for patients and families which will provide accurate information about the specialty of palliative care e.g. what it is and what patients and families can expect to experience. This DVD was funded and project managed by the Regional Oncology Programme Office (ROPO) and was created to clarify misunderstandings people may have about what palliative care is actually about. It provides a clear understanding of the various settings of palliative care delivery e.g. the acute care setting, home care setting, hospice

setting, as well as services delivered within these settings e.g. full multidisciplinary care, out - patients, day hospice. While the initial creation of the DVD took place in 2011 the final production, distribution and launch of the programme happened in 2012.

This DVD was recognised with two prestigious awards in the annual IMI Awards 2012. The Institutes awards are based on the recognition of excellence in media disciplines and in the contribution to the care of patients and in teaching of medicine and healthcare subjects. The DVD won a Gold award in the IMI awards as well as being awarded the 'John Corney Video Award'. This award is given in memory of John Corney for the video entry that shows innovation and extra creativity in the approach to the subject that lifts it above the rest of the entries.



Launch of Palliative Care DVD



Ms. Mae O'Brien, Ms. Miriam O'Callaghan, Ms. Nora Gahan.

The palliative care DVD, specifically designed to inform patients and their families about specialist palliative care services was launched November 26th, 2012 in the Royal Hospital Kilmainham. The launch was attended by patients, families, members of the medical and care providers involved. The actual launch was preformed by Miriam O'Callaghan of RTE, who also spoke of her personal experience at the event.

The DVD itself features, patients, family members, medical nursing and care staff from both institutions and also includes observations from broadcasters Gay Byrne, Miriam O'Callaghan, Charlie Bird and Dr. Eva Orsmond. It provides a sensitive and honest appraisal of the holistic nature of the care provided as well as outlining the specific challenges for both patients and families.



Testimonial from Norah Gahan – patient family member

“My first encounter with Palliative Care was in St. James’ Hospital was when our sister Helen was admitted there having been diagnosed with a tumour in December 2009. From that day to the time of her death Helen was shown the ultimate care and kindness. All of her needs, spiritual, emotional and medical were catered for. I might also add that the needs of immediate family were dealt with impeccably. No questions were ever left unanswered no matter how difficult. St. James’ Hospital became a second home to Helen and indeed to her family and the Palliative Care team became a constant source of support. The Palliative Care team were always at hand to inform, reassure or console. No stone was left unturned where Helen’s needs were concerned.

Death is never easy when it comes to a loved one but the dignity and calmness that surrounded Helen’s passing in St. James Hospital helped to ease our pain. This has to be down to the professionalism of the Palliative Care Team in St. James’ Hospital. They did (and I’m sure still are) doing a brilliant job.”



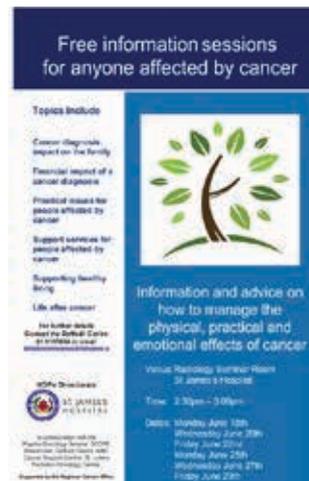
Dr. Lucy Balding, Consultant Palliative Medicine, Prof. Derry Shanley, Chairman, St. James’s Hospital, Ms. Geraldine Tracey, Advanced Nurse Practitioner, Ms. Audrey Houlihan, Head of Human Resources, OLH&C, Mr. Brian Fitzgerald, CEO, St. James’s Hospital, Ms. Cathriona Corcoran, Clinical Nurse Specialists, Mr. Rory Wilkinson, Clinical Nurse Specialists, Ms. Morna O’Hanlon, Clinical Nurse Specialists, Dr. Norma O’Leary, Consultant Palliative Medicine.



Dr. Lucy Balding, Consultant Palliative Medicine, Dr. Norma O’Leary, Consultant Palliative Medicine, Ms. Miriam O’Callaghan, Mr. Brian Fitzgerald, CEO, St. James’s Hospital, Ms. Audrey Houlihan, Head of Human Resources, OLH&C.

Palliative care provides vitally important work that requires skill, compassion and knowledge on the part of the members of the specialist palliative care teams and on - going communication with patients and families. Palliative care provides an approach which is supportive and remarkably special for all involved.

Health Education and Advocacy



HOPE Directorate - Information and Advice on how to Manage the Physical, Practical and Emotional Effects of Cancer.

Cancer information talks in the hospital setting were developed for patients, family members and staff to present information and advice on cancer.

Led by the HOPE Directorate these talks were collaboration with the psycho - oncology service, SCOPE Directorate, Daffodil Centre, ARC Cancer Support Centre, St. Luke’s Radiation Oncology Centre and was supported by the Regional Oncology Programme Office. The Information talks provided information on how to manage the physical, practical and emotional effects of cancer looking at topics on cancer diagnosis impact on the family, financial impact of a cancer diagnosis, practical issues for people affected by cancer, and life after cancer.

These talks were piloted in 2012 and audited by the HOPE Directorate with a view to developing a more comprehensive and tailored programme for 2013 and the Regional Oncology Programme Office will again support its implementation.



Health Education and Service Improvement

Skin Cancer Informational Segments

The Dermatology service at St. James's Hospital, Dublin are creating a short series of educational web video which will provide accurate information about melanoma and skin cancer and wound healing e.g. what it is, what patients and families can expect to experience, and what it means to be treated by the service.

Skin cancer is the unseen cancer and does not have the emotional association that other cancers have. There is a widespread apathy about the impact it has and yet there are over 7000 new skin cancers each year in Ireland. The cancer of moles, called melanoma can be very serious – there are more than 600 diagnosed each year in Ireland. (www.ncri.ie).



Working with Dr. Patrick Ormond, Consultant Mohs Surgeon and Dr. Rupert Barry, Consultant Dermatologist we are developing 3 small media segments located on the SJH website to inform people about skin cancer, melanoma and wound healing. They describe the early signs and symptoms of the disease as well as treatment options and recovery. They are being developed to inform the public about what services are available to them at St. James's Hospital. While initial research is concluded and script development is underway the full production of these short informational media segments will be completed in 2013.



St. James's Hospital Foundation

St. James's Hospital Foundation



Prof. James FM Meaney
(Consultant Radiologist)
Chairman

Ms. Edwina Hogan
Chief Executive



Nancy Meaney, Isobel Meaney and Briana Meaney inspecting the dolls' house with Abigail Bernon, James Adam & Sons; the Christmas raffle net €10,000 for The National Burns Unit



The new interns enjoyed publicising the fourth St. James's Hospital Liberties Fun Run; 1,000 people took part and the event net €26,000

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 is governed by a voluntary Board.

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

2008	2009	2010	2011	2012
Donations received and fundraising				
€411,452	€570,260	€545,067	€633,744	€531,623
Disbursement from donations				
€184,089	€709,138	€240,730	€312,238	€260,895
Research grants received				
		€1,249,452	€1,208,969	€1,359,655
Disbursement from research grants				
		€525,934	€1,331,543	€1,382,886

Public and corporate generosity towards St. James's Hospital in 2012 continued to be extraordinary.

€1,643,781 was disbursed from the Foundation during 2012 in relation to research work, in relation to education of staff, and in relation to enhancing the facilities and the environment for patients and visitors.

Research at St. James's

During 2012 the Foundation managed 30 Research Funds on behalf of consultant and other members of staff at St. James's Hospital. €1,382,886 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 work alongside departments throughout the hospital; research work has focused substantially on cancer and ageing, as well as HIV/Aids and neurological disorders.

Continuing Support for Stroke and Heart Failure Patients

During the past year the Foundation continued to support the development of the stroke and heart failure services. Advanced specialist education for stroke physiotherapists and clinical nutritionists has been provided from funds raised specially for the stroke service. The facilities for the heart failure service were improved, with new signage and seating for patients and small items of computer and medical equipment provided. All funds used were raised specially for the heart support service.

Special Focus on Cancer

Donations received for cancer were used throughout the year. The Haematology Oncology Day Ward continued to upgrade all treatment chairs for patients, and small items of nursing equipment were provided. A major refurbishment of the furniture on the Victor Synge Ward, a ward catering to patients with thyroid cancer, was also undertaken and the radiation oncology and breast care waiting areas were upgraded to provide bright and beautiful spaces for patients. Throughout the year also, small grants for social support were made to cancer patients from a major donation given in memory of the late John Cusack.

Investment in the Epilepsy Service

St. James's became a Regional Epilepsy Care Centre in 2012. General donations received were used to fund the development of a special patient centred area for one to one information transfer and counselling. Comfortable seating and a private room were provided to facilitate expert information and help for patients and carers.

New Equipment for Patient Care

A range of small equipment that has enhanced care for patients was funded during the year from general donations received. These ranged from specialist electronic beds and weighing scales for a number of wards, to high specification seating to enable the Department of Occupational Therapy to facilitate, where appropriate, rehabilitation for patients as soon as they are medically fit. A range of small items of equipment for use by the Departments of Clinical Nutrition, Occupational Therapy, Physiotherapy and Speech and Language Therapy was provided for their hospital - wide service. In addition, specialist 24 hour blood pressure monitoring equipment was purchased for the Falls and Blackout Unit, and a specialist bike machine to facilitate patients with muscular disease was purchased for the Department of Cardiothoracic Surgery.

Holistic Care for Patients

A series of small improvements to the physical environment were funded during the year; these have rendered the hospital more accessible and conducive to patients' wellbeing. Water coolers were provided at several locations and a contribution was made to a successful project to upgrade the Out Patients' Department. With regard to services, the Jonathan Swift Clinic continued its emphasis on innovation for mental health patients and art therapy groups and social events were funded, and equipment and tools were purchased for the Department of Occupational Therapy's continuing gardening programme for the benefit of elderly residential and day patients.

A debt of thanks is owed to all of the donors who have made these investments possible.

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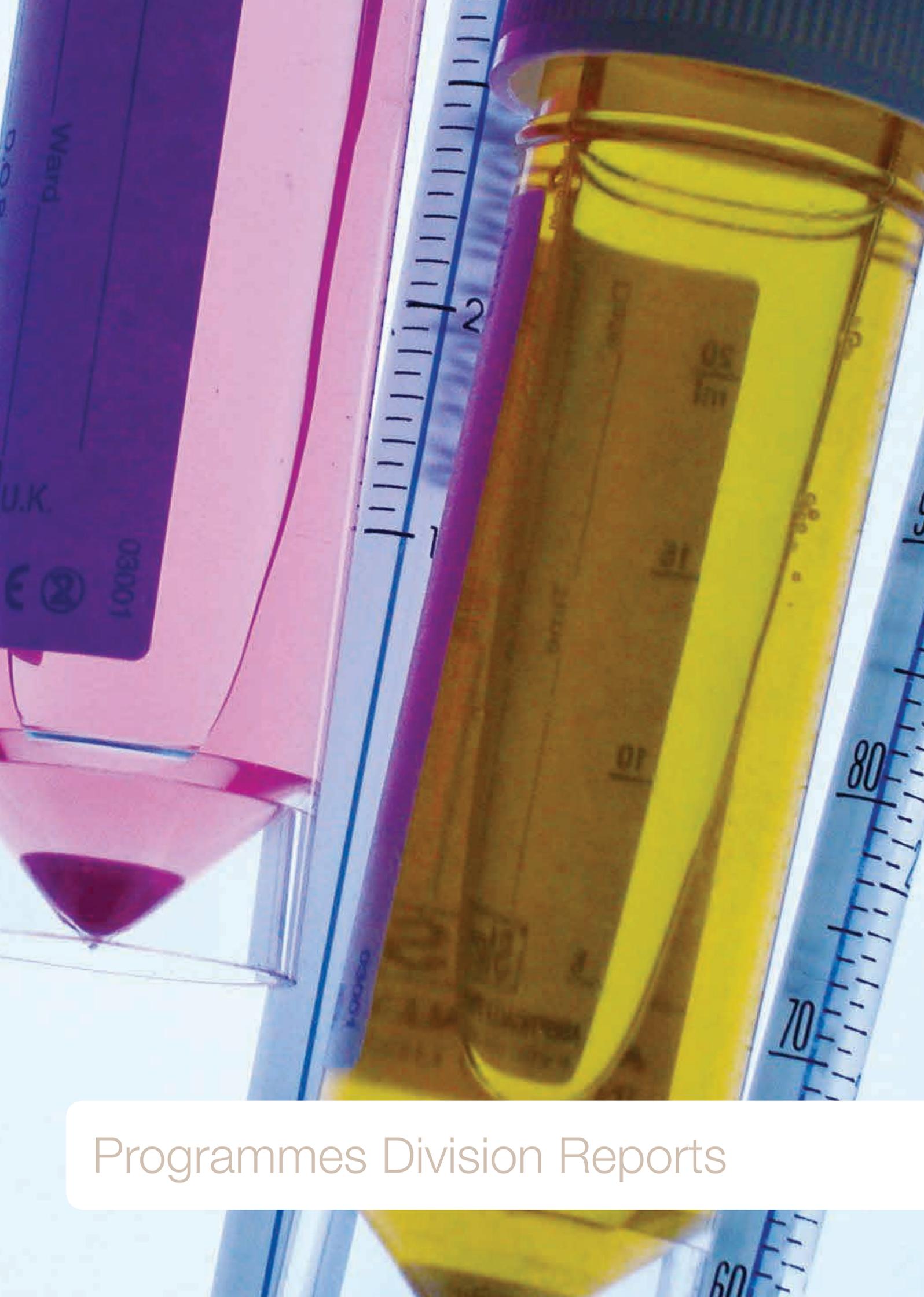
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Programmes Division Reports

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

Accreditation (2012)

Evaluation and Quality Improvement Program (EQulP)

In 2012 St. James's Hospital continued to effect its commitment to Continuous Quality Improvement through the realisation of a number of internal and external programmes and initiatives.

The pan - hospital Quality Improvement Teams continued to assess and improve their practices and services in accordance with the standards established in the national (Health Information & Quality Authority - HIQA) and international (Evaluation and Quality Improvement Program - EQulP) programmes. This activity is designed to ensure the Hospital meets and where possible exceeds the requirements of the regulatory licensing 'Safer Better Healthcare Standards' which were launched in June 2012 by the Health Information & Quality Authority (HIQA) who have announced their intention to commence monitoring compliance from June 2013.

Department/Service Specific Programmes

MedEL: Residential Age Care

MedEL Residential Aged Care Units (Hospital 4) maintained its status as a designated Residential Aged Care Centre under the Health Information & Quality Authority's (HIQA) Social Services Inspectorate following an unannounced inspection to monitor ongoing compliance with regulations and standards in October 2012.

Again the Units received a favourable report (October 2012) that identified several areas of good practice including the high standards observed in meeting the Residents' health care needs, the culture of continuous quality improvement and the commitment to staff development.

Recommendations for improvement included in the report were adopted and actioned by the MedEL Quality Improvement Team. The Centre's registration remains valid to November 2014 at which time re - registration is required.

Endoscopy: Colorectal Cancer Screening

The Joint Advisory Group on GI Endoscopy (JAG) UK carried out an announced on - site inspection of the St. James' Hospital Endoscopy Service on Friday May 18th 2012 for the purpose of accrediting the Unit as a designation National Colorectal Screening Programme Centre.

The visit was successful with the report (issued June 2012) noted several areas of good practice and identified the Unit and service as a productive low wait and efficient service with excellent practices, excellent training and assessment systems, inspirational teamwork and an outstanding team that places patients at the heart of an excellent service.

Accreditation Level 2 was awarded (December 2012) with a revisit scheduled for December 2013.

Laboratory (LabMed)

All 10 departments within the St. James's Hospital LabMed Directorate underwent successful accreditation/licence inspections in 2012.

- Tissue Establishment/Cryobiology was inspected by the Irish Medicine Board in May 2012 and retained its license.
- Blood Transfusion Department (Incorporating Haemovigilance) was inspected by the Irish National Accreditation Board (INAB) in April 2012 and maintained its ISO 15189 accreditation certificate.
- The 8 Clinical Laboratory Disciplines were inspected by the Irish National Accreditation Board (INAB) in June 2012 and retained their Clinical Pathology Accreditation (CPA).

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 to discharge and follow up by evaluating their feedback on accessibility, provision of information, professionalism, convenience, environment and friendliness.

In 2012 the committee oversaw the undertaking of patient satisfaction surveys in the following areas:

- Endoscopy Unit.
- MedEl - Hospital 4 Residential Unit.
- MedEl - Robert Mayne Day Hospital.
- Diaglm Directorate.
- Consent Process/Practice.
- Patient Services – Catering.
- GI Function Unit.

The Patient Advocacy Committee published two 'Welcome' Newsletters in 2012, which aim to provide the surrounding community with information on the Hospital's activities, new initiatives and key developments at St. James's.

In 2012, two Community Consultation Forums were held in local community settings. The purpose of these consultations is to provide an opportunity to meet with local people served by the hospital, away from the hospital.

The meetings are structured to ensure that those in attendance have access to information, contribute their views, debate ideas and participate in the development of future services.

Performance Indicator Programme

St. James's Hospital Performance Indicator Programme continued to expand in 2012 and currently tracks over 200 performance indicators on a monthly basis within four broad categories:

- Hospital Wide Indicators.
- Specialty Specific Indicators.
- Operational Performance Indicators.
- Non - Clinical Indicators.

Each performance indicator selected has been designed to assist in the ongoing assessment of clinical/non clinical effectiveness, enabling further more detailed evaluation and thereby identifying opportunities to improve performance.

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

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 sixteen 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 continues to be highlighted to staff at all levels of the organisation. This enables a fair, non punitive and objective system of risk management.

Key Risk Initiatives in 2012

Staff continued to engage with electronic reporting of near miss/adverse incidents. Reports are electronically submitted in almost all cases and 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** 99.8% of patient slips/ trips result in no harm or injury. Falls in in - patient areas are monitored on a quarterly basis using the international benchmark of falls per 1000 bed days. The hospital has set a target keeping patient falls to a level of less than 5 per 1000 bed days in all areas. The aim of this target is to reduce the number of patient falls and focus education and training on areas of concern. Since introduction of this initiative all areas are now remaining within the target set.
- **Needlestick Prevention Taskforce** continues to review 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, due for enforcement in 2013. The Taskforce is monitoring these devices as well as targeting education to all end users. During Q4 2012 sharps education has been rolled out to over 200 undergraduate nurses who are at greatest risk from needlestick injuries.
- **Absconding Patients** We continue to monitor our management of patients who leave the organisation. In 2012 we analysed the reported incidents and have established that the majority who leave do so by choice. The cohort that are of concern are those at risk due to cognitive impairment, who require isolation facilities or under medication and are a risk to themselves or the community. We intend to continue to enhance safety measures for vulnerable patients in 2013.

- **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 and reviewed annually. Collaborative work with An Garda Síochána took place in Q4 to ensure interagency responses are enhanced. Work to advance responses to internal threats continues with the aim of ensuring a robust hospital-wide response.

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

A number of quality improvement initiatives were devised and introduced to ensure the safer use of the following high risk medications: intravesical mitomycin - c for bladder cancer, novel oral anticoagulants, and vancomycin.

The process of audit and feedback to promote safe prescribing was continued in 2012 and improvements were demonstrated for a number of quality measures, including compliance with allergy documentation, prescriber identification, and legibility of prescriptions.

A completely revised design of the cardiothoracic prescription sheet was launched in 2012 in order to guide optimal prescribing for patients on the Keith Shaw Unit.

Publications

HOPE

Haematology/Coagulation

Grogan A, Coughlan M, O'Mahony B, McKee G. (2012).

The development of a patient partnership programme and its impact on quality improvements in a comprehensive haemophilia care service. *Haemophilia* 1 - 6, Blackwell Publishing Ltd

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Oral rivaroxaban for pulmonary embolism. *N Engl J Med.* 2012 Jun 28;366(26):2525;

Jenkins PV, Rawley O, Smith OP, O'Donnell JS.

Elevated factor VIII levels and risk of venous thrombosis. *Br J Haematol.* 2012 Jun;157(6):653 - 63.

Jenkins PV, Keenan C, Keeney S, Cumming T, O'Donnell JS.

Clinical utility gene card for: haemophilia B. *Eur J Hum Genet.* 2012 May;20(5).

Castro - López V, Murray B, Harris LF, O'Donnell JS, Killard AJ.

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NCHCD Oral/Poster Presentations

E.Singleton, J.Cleary, R. Bird, F. Mc Groarty, K. Ryan . World Federation of Haemophilia 2012

Using a Smartphone App and medication bar - coding for treatment recording to improve patient safety and reduce treatment costs.

H.Shiel, A.Grogan, A.Dougall.

The implementation and evaluation of an oral health risk assessment by non - dental personnel for patients with bleeding disorders.

A,Grogan, M. Coughlan, B. O'Mahony, G.McKee .

Development of a model of quality evaluation and improvement within a haemophilia service: moving from patient involvement through patient participation to patient partnership.

Lavin M, Jenkins V, Ryan K, O'Donnell J, O'Connell N .

Inhibitor development in patients with mild Haemophilia A: an Irish perspective.

Abstract published in *Journal of Haemophilia .WFH Global Congress 2012, Paris 10th July.*

Ageing and Hemophilia - Dougall A, Plenary Session -- The challenges of the ageing dentition.

Dougall A and Lalor J. Abstract published in *Journal of Haemophilia .*

Oral Presentation - The meaning and value of Oral Health for people with haemophilia - a qualitative pilot study.

McElvanna, Dougall A and O'Connell Abstract published in *Journal of Haemophilia.*

Successful management of bleeding associated with periodontal disease in a patient with type 2 VWD.

C. Reilly, F. Mc Groarty, N. O'Connell . *Haematology Association of Ireland Annual Meeting 2012*

Use of text messaging for anticoagulation self testing patients.

O'Connell N. O'Sullivan A, Grogan A, Ryan K, O'Donnell J, Mc Mahon G.

A model for ambulatory care for DVT and Thrombophlebitis.

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An audit of the management of patients with Hereditary Haemorrhagic Telangiectasia.

Lavin M, Jenkins V, Ryan K, O'Donnell J, O'Connell N

Inhibitor development in patients with mild Factor VIII deficiency (Haemophilia A): an Irish perspective.

Reilly C, O'Connell N, Hunter Nolan R.

Anticoagulation safety indicators a comparison of patient self testing versus clinic testing.

K Ryan, E Singleton, F Groarke, B Nolan, J O'Donnell, N O'Connell. Evaluation of an electronic hand - held device system to record home treatment in Haemophilia.

Publications

iADH International Congress, 2012, Melbourne, Australia. Abstract published in Journal of Disability and Oral Health
The importance of oral health for people with haemophilia - A Dougall, Plenary Session.

Abstract published in Journal of Disability and Oral Health
Oral Presentation - The development of a global curriculum in Special Care Dentistry by Consensus. A Dougall :

Other Meetings

Byrne.P.

Psychological aspects of managing Triple Therapy. (2012) IHS conference, Kilkenny.

Byrne.P.

Psychological Management of Persistent Fatigue in the context of HCV. (2012) Consultative Council on Hepatitis C. Dublin. Oral Presentation

Faulks, D., Freedman, L., Thompson, S., Sagheri, D. and Dougall, A. Eur J Dent Educ. 2012 Nov;16(4):195 - 201.

The value of education in special care dentistry as a means of reducing inequalities in oral health

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Developing a dental undergraduate curriculum in Special Care Dentistry - by consensus

MedEL Publications

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Frewen J, Finucane C, Savva G, Coen RF, Boyle G, Kenny RA.

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Kenny RA.

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Encouraging lifestyle behaviour change in mild cognitive impairment patients: development of appropriate educational material. *Ageing & Mental Health* (in press)

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Romero - Ortuno R, Kenny RA.

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Walsh JB, Lems WF, Karras D, Langdahl BL, Ljunggren O, Fahrleitner - Pammer A, Barrett A, Rajzbaum G, Jakob F, Marin F. Effectiveness of Teriparatide in women over 75 years of age with severe osteoporosis: 36 - month results from the European Forstero Observational Study (EFOS). *Calcif Tissue Int*. 2012 May;90(5):373 - 83.

Whelan BJ and Savva GM.

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Publications Neurophysiology 2012

Hersdorffer, D.C., Tomson, T., Benn, E., Sander, J.W., Nilsson, L., Langan, Y., Walczak, T.S., Beghi, E., Brodie, M.J., Hauser, A. ILAE Commission on Epidemiology; subcommission on mortality. (2012) Do antiepileptic drugs or generalised tonic - clonic seizure frequency increase SUDEP risk? A combined analysis. *Epilepsia* 53:249 - 52.

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O'Connor, G., McNamara, P., Bradley, D., Connolly, Langan, Y., S., Redmond, (2012) J.

Late onset CMT phenotype caused by a novel mutation in the MPZ gene. *Eur Med J* 19: e65 - 6.

Iqbal, M., Connolly, S., Langan, Y., Redmond, J.

(2012) A case of Lambert Eaton syndrome with possible myasthenia gravis. *Ir Med J*105:183 - 4.

Gynaecology Research publications & presentations in 2012

Abu Saadeh, F, Norris, L, O' Toole, S, Langhe, R, O' Leary, J, Gleeson, N.

Does tissue factor and tissue factor pathway inhibitor overexpression play a role in the development of venous thromboembolism in ovarian cancer patient? *Thrombosis Research* 2012; 129 Suppl 1, S170

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Vaughan D, Crosby D, Kamran W, Gleeson N.

Opportunistic and interventional salpingectomy in women at risk – a strategy for preventing pelvic serous cancer (PSC). Presented to JOGS Nov 2012

Anglim B, Wong A, Khalid S, Wahab NA, Gleeson N.

Pilot study of open laparoscopic hasson technique and retrieval of specimen via umbilicus. Presented to JOGS. Nov 2012

Wong A, Gleeson N.

Myomectomy – a suturing technique for the open procedure. Presented to the Irish Congress of Obstetrics, Gynaecology and Perinatal Medicine. Nov 2012

Anglim B, Khalid S, Wong A, Wahab NA, Tchrakian N, Gleeson N.

Leydig cell tumour of ovary. Presented to Irish Congress of Obstetrics, Gynaecology and Perinatal Medicine. Nov 2012

Ferguson D, McCormick C, Gleeson N.

Chronic vulval and perineal pain. A case of mosaic neurofibromatosis type 1. Presented to the Irish Congress of Obstetrics, Gynaecology and Perinatal Medicine. Nov 2012

Byrne D, Horan Maebh, Arigan M, Madhavan P, Gleeson N.

A case report on ovarian clear cell carcinoma involving the abdominal aorta treated with aortic replacement. Presented to IGOS. Nov 2012

Wong A, Crosby D, Ennis L, Wahab NA, Kamran W, Gleeson N.

Vacuum assisted closure of complicated gynaecological oncology wounds. Presented to IGOS. Nov 2012

Abu Saadeh F, Norris L, O'Toole S, Langhe R, O'Leary J, Gleeson N.

The effects of chemotherapy on procoagulant activity in ovarian cancer patients. Presented to IGOS. Nov 2012

Wahab NA, Anglim B, McCormick, Abu Saadeh F, Gleeson N.

Platelet lymphocyte ration: A marker of advanced disease in gynaecological cancer. Presented to IGOS. Nov 2012

Abu Saadeh F, Norris L, O'Toole S, Langhe R, O'Leary J, Gleeson N.

Ovarian cancer – A study of risk, pathogenesis and clinical significance of venous thrombosis. Presented to IGOS. Nov 2012

Langhe B, O'Toole S, Norris L, Harrison A, Varley R, AbuSaadeh F, Kamran W, Gleeson N, O'Donnell D, O'Leary JJ.

Diagnostic and prognostic potential of HE4 in ovarian cancer. Presented to IGOS. Nov 2012

Anglim B, Wahab NA, McSweeney A, AbuSaadeh F, Kamran W, Gleeson N.

D - Dimer – A biomarker in gynaecological cancers. Presented to IGOS. Nov 2012

Kamran MW, Gleeson N.

Laparoscopic transposition of ovary in the extraperitoneal space: Video. Presented to the International Gynecological Cancer Society. Vancouver Oct 2012

Kamran MW, Vaughan D, Abu Saadeh F, Crosby D, Gleeson N.

Obstetrician/Gynaecologists attitudes to salpingectomy in prevention of tubo - ovarian cancer: A willingness to change. Presented to the International Gynecological Cancer Society. Vancouver Oct 2012

Kamran MW, Wong LFA, Ahmed S, Vaughan DA, McVey R, Gleeson N.

Skn bridge loop stoma in a Gynecologic Oncology Unit. Presented to British Gynaecological Cancer Society London July 2012 & the International Gynecological Cancer Society. Vancouver Oct 2012

KamranMW, Vaughan D, Ahmed S, Abu Saadeh F, Crosby D, Gleeson N.

Elective salpingectomy in the prevention of tubo - ovarian cancer. Presented to British Gynaecological Cancer Society London July 2012.

Abu Saadeh F, Norris L, O'Toole S, Langhe R, O'Malley E, McEvoy, Gleeson N.

Endogenous thrombin potential and microparticles as procoagulant markers in gynaecological cancers. Presented to the British Gynaecological Cancer Society London July 2012

Wong LFA, Crosby D, Ennis L, KamranM W, Gleeson N.

Vacuum assisted closure of wounds after failed conventional therapy in gynaecological cancer surgery. Presented to the British Gynaecological Cancer Society. London July 2012

Abu Saadeh F, Norris L, O'Toole S, Langhe R, O'Leary JJ, Gleeson N.

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Abu Saadeh F, Norris L, O'Toole S, Langhe R, O'Malley E, McEvoy, Gleeson N.

Procoagulant activity profile in gynaecological cancer patients post surgery. Presented to the Irish Association for Cancer Research. Belfast. March 2012

Department of Rheumatology, SJH

Durcan L, Wilson F, Conway R, Cunnane G, O'Shea FD.

Increased body mass index in ankylosing spondylitis is associated with greater burden of symptoms and poor perceptions of the benefits of exercise. Journal of Rheumatology 2012 Dec;39(12):2310 – 2314

Conway R, O'Shea FD.

Juvenile versus adult - onset ankylosing spondylitis: are we comparing apples and oranges? Journal of Rheumatology 2012 May;39(5):887 - 889

Fathelrahman I, Durcan L, Cunnane G.

Aortic calcification on lumbar spine radiographs: is it important? Annals of the Rheumatic Diseases Abstract book. EULAR 2012

Goggins MR, Durcan L, Cunnane G.

High prevalence of abnormalities on chest radiography in patients with rheumatoid arthritis. Poster: Irish Society for Rheumatology AGM, Belfast, September 2012

Conway R, Doran MF, O'Shea FD, Cunnane G.

The impact of hepatitis screening on diagnosis and treatment in rheumatoid arthritis. Poster: Irish Society for Rheumatology AGM, Belfast, September 2012. Poster: American College of Rheumatology AGM, Washington DC, November 2012 (abstract 175).

Conway R, O'Shea FD, Cunnane G, Doran MF.

Safety of joint and soft tissue injections in patients on warfarin anti - coagulation. Poster: Irish Society for Rheumatology AGM, Belfast, September 2012. Poster: American College of Rheumatology AGM, Washington DC, November 2012 (abstract 2054)

Publications

Low C, Conway R, Cunnane G, Doran MF, O'Shea FD.
Effectiveness of a focussed educational intervention in improving the effectiveness of vitamin D supplementation. Poster: American College of Rheumatology AGM, Washington DC, November 2012 (abstract 2056)

McCarthy E, Lee R, Ni Gabhann J, Smith S, Doran M, Cunnane G, Howard D, O'Connell P, Kearns G, Jeffries C.
B lymphocyte stimulator levels are higher in Caucasian SLE patients earlier in disease course and predict damage accumulation. Poster: American College of Rheumatology AGM, Washington DC, November 2012 (abstract 610)

McCarthy E, Lee R, Ni Gabhann J, Smith S, Doran M, Cunnane G, Howard D, O'Connell P, Jeffries C, Kearns G.
IL - 12p70 play a role in damage accrual in SLE patients. Poster: American College of Rheumatology AGM, Washington DC, November 2012 (abstract 682)

Durcan LJ, Wilson F, Conway R, Cunnane G, O'Shea FD.
Increased body mass index in ankylosing spondylitis is associated with a greater burden of symptoms and poor perceptions of the benefits of exercise. Poster: American College of Rheumatology AGM, Washington DC, November 2012 (abstract 1385)

Durcan LJ, Wilson F, O'Shea FD, Cunnane G.
The impact of targeted exercise intervention on health outcomes in rheumatoid arthritis. Poster: American College of Rheumatology AGM, Washington DC, November 2012 (abstract 1575)

GEMs

Peer Reviewed papers

Medani S, Mellotte GJ, (Perit Dial Int - 2012 vol. 32 no. 6 628 - 635
A Comparative Analysis Of Percutaneous And Open Surgical Techniques For Peritoneal Catheter Placement.

Smyth A, McCann E, Redahan L, Lambert B, Mellotte GJ, Wall CA,
Peritoneal dialysis in an ageing population: a 10 - year experience. Int Urol Nephrol. 2011 May 3.

Emergency Publications:

McMahon CG, Kenny R, Bennett K, Boumar O, Lecky F.
Diurnal variation in outcome in nocturnal fallers. Age Ageing 2012; 41(1): 29 - 35.

McMahon CG, Lamont JV, Curtin E, McConnell RV, Crockard M, Kurth MJ, Crean P, Fitzgerald SP.
Diagnostic accuracy of heart - type fatty acid - binding protein for the early diagnosis of acute myocardial infarction. American Journal of Emergency Medicine, 2012; 30:267 - 274.

Ryan P, McMahon CG.
Severe Dental Infections presenting to the Emergency Department. European Journal of Emergency Medicine, Medicine . 2012 Aug; 19(4): 208 - 1

Iyer PM, McNamara PH, Fitzgerald M, Smyth L, Dardis C, Jawad T, Plunkett PK, Doherty CP.
A seizure care pathway in the emergency department: preliminary quality and safety improvements. Epilepsy Res Treat. 2012;2012:273175. doi: 10.1155/2012/273175. Epub 2012 May 29

Peer reviewed abstracts presented at the International Conference of Emergency Medicine June 2012 and published in Academic Emergency Medicine.

Lynch, M; Curtin, E; Blennerhasset, L; Crean, P. and McMahon G.
Measures to improve reperfusion times in patients with STEMI presenting to an overcrowded emergency department. Academic Emergency Medicine, Volume 19, Issue 6, pages 710-780, June 2012

C Geraldine McMahon, Rose Anne Kenny Caitriona Cahir Kathleen Bennett.

Prevalence Of Potentially Inappropriate Prescribing In Older Fallers Presenting To An Emergency Department. Academic Emergency Medicine, Volume 19, Issue 6, pages 710-780, June 2012

Arthur Hennessy, C Geraldine McMahon.
Improving Sepsis Care in the Emergency Department. Volume 19, Issue 6, pages 710-780, June 2012

Rachel Jooste, Gabrielle Dunne, C Geraldine McMahon.
Measures to improve management of moderate pain in patients presenting to an urban emergency department. Academic Emergency Medicine Volume 19, Issue 6, pages 710-780, June 2012

Poster Presentations from SJH Emergency Department 2012

Presented at European Society of Emergency Medicine (EuSEM) congress, Antalya, Turkey October 2012 and Irish Association for Emergency Medicine (IAEM) October 2012

A EI - Gammal, B Ramasubbu, O Smith, D Shields.
Category 4 - An ANP led service

A EI - Gammal, B Ramasubbu, D Shields.
It's Plain to see the need for MRI in the diagnosis of radiographically occult scaphoid fractures

A EI - Gammal, L Mahoney, D Shields.
Loin to Groin Pain - Is it Renal Colic?

B Ramasubbu, A EI - Gammal, L Yap, U Kennedy
Emergency Department Discharge Summaries - Do we really need them?

Presented at Irish Association for Emergency Medicine (IAEM)
October 2012

A EI - Gammal, D Shields.
"Popping till your Blue"

A EI - Gammal, D Shields.
Large Pneumothorax secondary to acupuncture

Clinical Guideline Pathways
Management of Suspected Renal Colic in Adult Patients
Outpatient management of Acute Urinary Retention in Males

Psychiatry Publications

Geoghegan P, O'Donovan MT, Lawlor BA.
Investigation of the effects of alcohol on sleep using actigraphy.
Alcohol Alcohol. 2013 Jan - Feb;48(1):126 - 7. doi: 10.1093/alcalc/ags131. Epub 2012 Dec 12. No abstract available. PMID:23242586 [PubMed - in process]

McHugh JE, Lawlor BA.
Perceived Health Status is Associated with Hours of Exercise Per Week in Older Adults Independent of Physical Health. J Phys Act Health. 2012 Dec 3. [Epub ahead of print] PMID:23220747 [PubMed - as supplied by publisher]

Gallagher D, Savva GM, Kenny R, Lawlor BA.
What predicts persistent depression in older adults across Europe? Utility of clinical and neuropsychological predictors from the SHARE study. J Affect Disord. 2012 Nov 19. doi:pii: S0165 - 0327(12)00734 - 3. 10.1016/j.jad.2012.10.037. [Epub ahead of print] PMID:23174500 [PubMed - as supplied by publisher]

McHugh JE, Lawlor BA.
Perceived stress mediates the relationship between emotional loneliness and sleep quality over time in older adults. Br J Health Psychol. 2012 Sep 18. doi: 10.1111/j.2044 - 8287.2012.02101.x. [Epub ahead of print] PMID:22988915 [PubMed - as supplied by publisher]

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- Langabeer SE. (2013) Is the BCR - ABL1 transcript type in chronic myeloid leukemia relevant? *Medical Oncology*, doi: 10.1007/s12032 - 013 - 0508 - 9. *BJU Int.* 2012 Sep;110(5):644 - 50. doi: 10.1111/j.1464 - 410X.2011.10923.x. Epub 2012 Feb 16.
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- McMahon CJ, Crowley V, McCarroll N, Dunne R, Keogan MT. Elevated tumour marker: an indication for imaging? Department of Diagnostic Imaging, St. James Hospital, Dublin 8, Ireland.
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Stone CA, Kenny RA, Healy M, Walsh JB, Lawlor PG.
Vitamin D depletion: of clinical significance in advanced cancer?
Support Care Cancer. 2011 Jul;19(7):865 - 7. doi: 10.1007/s00520 -
011 - 1117 - 9. Epub 2011 Feb 18.

Laird E, Healy MJ, Molloy A, Ward M, McNulty H, Wallace JMW,
Cox G and Strain JJ.

Vitamin D status as a predictor of bone health in older Irish adults
(>60yrs). Association of Clinical Biochemists in Ireland Annual
Meeting, October 2012.

Laird E, Healy MJ, Molloy A, Ward M, McNulty H, Wallace JMW,
McSorley E, Healy MJ and Strain JJ.

Is vitamin D deficiency associated with inflammation in free living older
adults? Association of Clinical Biochemists in Ireland Annual Meeting,
October 2012 (also presented at the Institute of Molecular Medicine
Annual Meeting [Inflammation and Immunity], St. James's Hospital,
November 2012 – Winner of Roche Medal Prize for best overall
poster.

Laird E, Ward M, McNulty H, Wallace JMW, Healy M, Casey MC,
Strain JJ.

Lipid profile and markers of bone health in free living older men and
women. Proceedings of the Nutrition Society (oral session) 2012: 71;
E49

Abstracts:

B Ffrench, M Gallagher, A Cooke, B Stordal, S O'Toole, O Sheils, J
O'Leary

Isolation and interrogation of ovarian cancer stem cells. Modern
Pathol 2012 suppl.

A S Nugent, S Corr, S Daly, L Keogh, C Martin, K Fitzgerald, LA
O'Neill, JJ O'Leary.

Free fetal DNA incites a local inflammatory response in murine
placentae via TLR - 9 resulting in fetal loss and pre - term delivery.
Modern Pathol 2012 suppl.

L McEvoy, S O'Toole, C Spillane, C Martin, O Sheils, JJ O'Leary.
Downregulation of genes contributed to chemoresistance induced by
hypoxia. Modern Pathol 2012 suppl.

MA Murphy, DJ O'Connell, JK O'Brien, S O'Toole, SL O'Kane, C
Marting, O Sheils, JJ O'Leary, DJ Cahill.

Identification of circulating autoantibodies as novel ovarian cancer
biomarkers. Modern Pathol 2012 suppl.

G Sommerville, P Smyth, JJ O'Leary, O Sheils.

Stemness gene expression profiles in cancer stem cell progenies
derived from a cell line panel +/- BRAF mutation. Modern Pathol
2012 suppl.

S Vencken, M Gallagher, S Elbaruni, O Sheils, JJ O'Leary.

MiR - 335 is upregulated upon retinoic acid - induced differentiation
of Ntera - 2 Human Embryonal Carcinoma cell line and can induce
differentiation. Modern Pathol 2012 suppl.

Y Salley, M Gallagher, S Elbaruni, P Smyth, C Spillane, C Martin, W
Watson, O Sheils, JJ O'Leary.

Genome expression profiling of holoclones derived from prostate
cancer. Modern Pathol 2012 suppl.

Ni Cheallaigh C, Fitzgerald I, Grace J, Singh GJ, El - Eraki, Gibbons
N, Keane J, Rogers TR, Clarke S, Bergin C.

Interferon gamma release assays for the diagnosis of latent TB
infection in HIV - infected individuals in a low TB burden country.
PLOS One, 2013, 8,(1) e53330

Fitzgibbon M.M, Gibbons N, Roycroft E, Jackson S, O'Donnell J,
O'Flanagan D, Rogers T.R.

A "snapshot" of genetic lineages of Mycobacterium tuberculosis in
Ireland. Eurosurveillance 2013, 18 (3)

Mc Laughlin AM, Gibbons N, Fitzgibbon M, Power J.T., Foley S.F.,
Hayes J.P., Rogers T & Keane J.

Primary isoniazid resistance in Mycobacterium bovis disease: A
Prospect of Concern. Am J Respir Crit Care Med. 2012, 186, 110 -
111.

de Beer J. L., Kremer K., Ködmön C., Alexander D., Augustynowicz
- Kopeć E., Bidovec - Stojkovic U., Boeree M. J., Brown T., Cirillo
D. M., Cruz L., David S., Diaz R., Dou H - Y., Evans J. T, Fauville
- Dufaux M., Fitzgibbon M. M., de Viedma D. G., Globan M.,
Groenheit R., Haanperä - Heikkinen M., Hooks D. P., Indra A., Man
Kam K., Kramer R., Mei S., Niemann S., Obrovac M., Rasmussen
E. M., Refrégier G., Robledo J. A., Samper S., Sharma M.K.,
Sougakoff W., Stakenas P, Stavrum R., Suffys P. N., Trenkler J.,
Wada T., Warren R. M., Supply P. and van Soolingen D.

First worldwide proficiency study on variable numbers of tandem
repeats typing of Mycobacterium tuberculosis complex strains. J. Clin.
Microbiol. 2012, 50, 662 - 669

Presentations

Langabeer SE, Quinn F, O'Brien D, McElligott AM, Kelly J, Flynn
CM, Hayden PJ, Conneally E, Browne PV & Vandenberghe E
(2012) Detection of the BRAF V600E mutation in hairy cell leukaemia
and other mature B - cell malignancies: a single centre evaluation of
over 400 cases. British Society of Haematology, Glasgow, UK. O41.

Bannaga A, Maher K, Langabeer S, Kelly J, Khan S, Jackson F,
Hennessy B & Ryan M

(2012) Evaluation of frequency of monitoring of chronic myeloid
leukaemia patients in a general haematology department compared
to European LeukemiaNet guidelines. British Society of Haematology,
Glasgow, UK. P158.

Krawczyk J, Haslam K, Lynam P, Kelly J, Storey L, O'Marcaigh A,
Langabeer SE, Smith OP

(2012) No prognostic impact of CRLF2 deregulation in childhood
acute lymphoblastic leukaemia treated according to UK ALL 2003
protocol. British Society of Haematology, Glasgow, UK. P176.

Publications

Quinn F, Haslam K, O'Brien D, Kelly J, Preston L, Hayat A & Vandenberghe E
(2012) NOTCH1 mutations in chronic lymphocytic leukaemia highlight patients with poorer prognosis. Haematology Association of Ireland, Cork. O1.

Smyth L, Hayat A, O'Brien D, Quinn F, Keane F, Wieczorkowska M, Parker I, Kelly J, Crotty G, Leahy M, Enright E, Hennessy B, Cahill M & Vandenberghe E
(2012) Might four courses of modified FCR be enough in CLL? An MRD stratified approach to treatment. Haematology Association of Ireland, Cork. O11.

Langabeer SE
(2012) Uses and abuses of JAK2 V617F and BCR - ABL1 testing for the investigation of chronic myeloproliferative neoplasms: a review of more than 11,000 requests. Haematology Association of Ireland, Cork. OP4.

Haslam K, O'Brien D, Flynn CM, Browne PV, Leahy M, Enright H & Langabeer SE
(2012) Transient JAK2 V617F mutation in an aplastic anaemia patient with a paroxysmal nocturnal haemoglobinuria clone. Haematology Association of Ireland, Cork. P49.

Langabeer SE, Percy MJ, McMullin MG & Hermouet S
(2012) MPN & MPNr - Euronet (COST Action BM0902): A European network dedicated to the diagnosis of myeloproliferative neoplasms (MPN) and MPN - related (MPNr) congenital diseases. Haematology Association of Ireland, Cork. P92.

McCarron SL, Preston L, Langabeer SE & Conneally E
(2012) Does a BCR - ABL1 transcript level of less than 10% at three months predict achievement of a major molecular response in imatinib treated chronic myeloid leukaemia? Haematology Association of Ireland, Cork. P95.

Ooi MG, Coll J, McCarron SL, Langabeer SE & Conneally E
(2012) An eight year follow up of chronic myeloid leukaemia patients: the St. James's Hospital experience. Haematology Association of Ireland, Cork. P97.

Haslam K, Molloy K, Flynn C, Conneally E & Langabeer S
(2012) Donor chimerism versus JAK2 V617F quantitation post - allogeneic haematopoietic stem cell transplantation: a pilot evaluation from the Irish Adult National Bone Marrow Transplantation Centre. Sixth MPN & MPNr Euronet Workshop, Billund, Denmark.

Langabeer S, Haslam K, O'Brien D, Leahy M & Enright H
(2012) Should paroxysmal nocturnal haemoglobinuria be classified as a chronic myeloproliferative neoplasm? Sixth MPN & MPNr Euronet Workshop, Billund, Denmark.

O'Brien CP, Logan E, Smyth P, Langabeer SE, Sheils O, Muldoon C & Finn SP
(2012) CASTing the net for KRAS mutations in metastatic colorectal carcinoma: estimation of the prevalence of KRAS mutations in the Irish population using a novel screening technology. Irish Society for Gastroenterology, Dublin. 12W199.

Hayat A, O'Brien D, Quinn F, Keane F, Parker I, Kelly J, Wieczorkowska M, Crotty G, Leahy M, Enright H, Hennessy B, Cahill M & Vandenberghe EA
(2012) Minimal residual disease stratification in fludarabine cyclophosphamide rituximab (FCR) therapy in chronic lymphocytic leukaemia. American society for Haematology Annual Meeting, Atlanta, USA. P1791. 1. IEQAS Conference 2012 "Antimicrobial Susceptibility testing – Laboratory Perspective" Lisa Rose

National Committee Membership

Lisa Rose.

Member of national "Irish Antimicrobial Susceptibility Testing Committee (IASC)" Dublin, January 21st, 2012. St. James's Hospital Study Day. Gaffney EF. "Biobanking and the GP".

Gaffney EF, Mee B, Giles F, Glynn S, Kay E, O'Grady A, Burke L, Flavin R, Smits E, Connolly E, Mehigan B, McCormick P, Dunne B, Griffin M, Muldoon C, Canney A, Carroll P, Gavan O, Duggan C, Flanagan CA. and The Marble Arch Working Group for International Biomedical Biobanking.
Belfast, March 1st, 2012. Irish Association for Cancer Research. "Open innovation: Driver of global harmonisation in the Irish biobank and informatics network for patient - focused research" (poster).

Finn SP, O'Briain DS, Gaffney EF.
Dublin, April 26th, 2012. Interactive Seminar for BioPharma: "From Pathology to Personalised Medicine".

International Society for Biomedical and Environmental Repositories (ISBER).
Vancouver, BC, Canada, May 17th, 2012. "Connecting with International Biobank Networks: Driver for Global Harmonization of Patient - Focused Research for Individualised Medicine".

Gaffney EF.
Dublin, May 26th, 2012. Europa Donna (Ireland) Open Meeting - Invited presentation. "Breast pathology reports and biobanking for personalised medicine"

Gough, D., Ryan, C., O'Donoghue.
A poster was presented at the National Haemovigilance Conference in Dublin titled 'Impact of Implementing Zero Tolerance on Transfusion Sample Labelling Quality'

Orian Publications

Publications:

McCarthy KF, Connor TJ, McCrory C

Cerebrospinal Fluid levels of Vascular Endothelial Growth Factor correlate with reported pain and are reduced by spinal cord stimulation in patients with failed back surgery syndrome. *Neuromodulation* 2012 Nov 8 (ahead of print)

Duff P, Daly C, McCrory C.

Ambulatory postoperative ward - based epidural analgesia: a retrospective review of 1147 cases. *Irish Journal of Medical Science* 2012 ; 182(1):139 - 41

SCOPE

Clinical Nutrition

Peer Review Publications.

Healy LA, Howard JM, Ryan AM, Beddy P, Mehigan B, Stephens R, Reynolds JV.

Metabolic syndrome and leptin are associated with adverse pathological features in male colorectal cancer patients. *Colorectal Dis.* 2012; 14(2): 157 - 65.

Poster Presentations

The department was also represented through poster presentations at International and National Conferences listed below

American Society Clinical Oncology (ASCO).

Guinan E, Hussey J, Healy L, Carroll P, Kennedy M.J, Connolly E.M. The metabolic syndrome in patients following treatment for breast cancer: a prospective longitudinal study. *J Clin Oncol* 30, 2012 (suppl; abstr 1511)

Burns L, Kenny U, Healy L, Cushen S, O'Reilly S, Ryan AM, Power DG.

Public perception of cancer risk. *J Clin Oncol* 30, 2012 (suppl; abstr 1559)

British Association of Enteral and Parenteral Nutrition Society (BAPEN)

LA Healy, J Howard, JV Reynolds.

Does metabolic syndrome impact tumour pathology in oesophageal adenocarcinoma? *Gut* 2012; 61(S2) A264.

Fanning, M, McHugh, A, Browne C, Ravi N, Reynolds JV, Healy LA. Home Jejunosostomy Feeding Post Oesophagectomy: a change in practice. *Gut* 2012; 61(S2)A267.

European Association of Enteral and Parenteral Nutrition Society (ESPEN)

Clin Nutrition C Caulfield, S Brady, A Hearty, B Silke.

Examining the benefits of an oral nutritional supplement with regards to its efficacy, tolerance and safety in malnourished hospitalised patients. *Clin Nutr Suppl* 2012; 7(1): 280

Irish Society of Gastroenterology, Winter Meeting

Healy LA, Fanning M, McHugh A, Browne C, Brennan M, Lawlor P, Ravi N, Reynolds JV

Malabsorption syndrome following surgical resection for oesophageal and gastric carcinoma - should patients be routinely screened?

Medical Social Work Presentations

- GUIDE MSW Team Leader presented paper on the "Role of Social Work in HIV in Ireland" Social Work Conference, Stockholm and Gay Men's Health Forum, Dublin
- MSW's presented on the SJH Haematology nursing course and SJH Palliative Care Course.
- Presentations given to staff at St. Luke's Radiation Oncology Department in St. James's and Beaumont in collaboration with the social worker in the new Radiation Oncology Department at Beaumont, on the role of the Social Worker in radiation Oncology.
- Presentation on MSW role to student nurses TCD
- "Motivational Interviewing in Sexual Health Settings", STIFF course, St. James Hospital
- "HIV in a medical setting" Masters Social Work, UCD
- "Role of social work in HIV in Ireland" Social Work Conference, Stockholm and Gay Men's Health Forum, Dublin
- Several presentations to Multi - Disciplinary Course, St. James Hospital
- "Reflective Practice for Practice Teaching & Supervision", Social Work Dept, St. James Hospital
- Role of the MSW in Haemophilia Care at the "National Haemophilia Study Day"
- Presentations from MSW's in NCHCD and Haematology on "The role of the MSW" to Haematology Nursing Diploma Course.

Occupational Therapy Publications

- Cureton M, O' Connor E (2012) Pelvic Positioning belts: A review of the evidence for their use and application to an Irish clinical setting. *The Irish Journal of Occupational Therapy* (39) 2, 44 – 56.
- The clinical specialist occupational therapist in burns and plastics collaborated with medical colleagues on a publication regarding "Digital clubbing following upper limb neurovascular injury" in the *Journal of Hand Surgery* (2012).

Platform and Poster presentations

Multiple Sclerosis (MS) Annual National Conference, Milan and MS Trust, UK

- "Evaluation of a new occupational therapy service for MS" based on results and clinical outcomes from the co - located service between the MS Care Centre, Rathgar and St. James's hospital which was initiated in March, 2012

Association of Occupational Therapists in Ireland Annual Conference 2012

- "Supporting practice educators – providing a network for collaboration and support in practice education"
- "A review of the evidence for the use of pelvic positioning belts and their application to an Irish clinical setting"

Irish Gerontological Society Annual Conference 2012

- Occupational therapy staff presented a joint poster presentation on Medicine for the Elderly team based rehabilitation consults.

Irish Heart Foundation Annual Conference 2012

Publications

- Occupational therapy and physiotherapy staff presented a joint poster; An audit of the potential for early supported discharge for stroke patients in St. James's Hospital

St. James's Hospital Clinical Skills Fair

- A senior Occupational Therapist provided training on posture and pressure care management.

Physiotherapy

Publications, Posters and Presentations

ISCP Conference November 2012

- "Changes in fat mass and waist circumference are the best anthropometric indicators of adaptation to lifestyle intervention in patients with type 2 diabetes". Oral presentation, Declan O'Hanlon.
- "Profile of People with Parkinson's Disease Receiving Physiotherapy in Acute Hospital and Community Settings". M. Chavira, E. Ring, M. Mullaney, L. Edge, S. Twomey, C. Trotter, C. McNally, M. Spencer, L. Fitzharris, M. Atham
- "An Audit of Cardiovascular Fitness Practices during Inpatient Stroke Rehabilitation". Poster presentation, Louise smith.

Society for Acute Medicine Conference May 2012

- "Extended Physiotherapy Service in and Acute Medical Admission Unit: A 4 - month Pilot". Olu Balogun.

Irish Gerontological Society September 2012

- "Promoting teamwork in an acute rehabilitation setting through multi - disciplinary team rehabilitation consultations". Poster presentation, Sinead Coleman.
- "Mitochondrial cytopathy rehabilitation: a single case study". Poster presentation, Sarah O'Callaghan.

Human Computer Interaction Conference June 2012 and Health Informatics Society of Ireland conference November 2012

- "Usability assessment of an electronic community referral form". Marie Byrne.

Poster presentation at MS trust annual conference UK (November 2012) and oral Presentation at European Research in MS conference (November 2012)

- "Does an eight week outpatient exercise programme incorporating the Nitendo Wii - fit@ lead to a reduction in near misses in a high level Multiple Sclerosis population?" Elaine Ross

Winner of poster presentation at the MS trust conference.

Case study presentation at the Baxter study day in May 2012 called 'Musculoskeletal Complications of an inhibitor'. Emma Sherlock

Speech and Language Therapy

Boyapati RP, Shah KT, Flood V, Stassen LFA.

Quality of Life outcome measures using UW - QOL questionnaire v4 in early oral cancer/squamous cell cancer resections of the tongue and floor of mouth with reconstruction solely using local methods .British journal of oral and Maxillofacial Surgery Sept 2012

Posters

- Poster presented at the Irish Heart Foundation stroke conference
Title Facilitating and improving communication for patients post stroke using apps on the I pad

- Poster presented at the 2012 IGS conference documenting the design process phase of the I pad communication app.

Lectures Highlights

- Lecture on " Working with adult clients with dysphagia in critical care: Current issues in practice" presented to TCD MSC in dysphagia students
- Gerontological nursing lectures: we have an ongoing commitment to providing lectures on Communication and swallowing disorders for SJH staff completing a Masters in Gerontology.
- SLT department support ongoing learning for healthcare staff in the area of dementia through participation in lectures with the Dementia Services Information Development Centre (DSIDC)
- Lecture to Dental post graduate students Nov 2012

Medication Safety Publications & Presentations in 2012 Papers

Relihan EC, Ryder SA, Silke B.

Profiling harmful medication errors in an acute Irish teaching hospital. Ir J Med Sci 2012. DOI 10.1007/s11845 - 012 - 0804 - y.

Relihan EC, Silke B, Ryder SA.

Design template for a medication safety programme in an acute teaching hospital. Eur J Hosp Pharm 2012;19:340 - 344 doi:10.1136/ejhpharm - 2012 - 000050.

Posters

Relihan E, Carr B, Harbison J, Silke B, Ryder S

'Prescribing Constraints: Restricting Prescription of High - Risk Medications According to Doctors' Seniority'. Presented at the International Forum for Quality and Safety in Healthcare, April 2012.

Conference Presentation

E. Relihan.

'The Design, Implementation and Evaluation of a Medication Safety Programme in an Acute Teaching Hospital in Ireland'. Hospital Pharmacists Association of Ireland Conference. April 2012

National Centre for Pharmacoeconomics

Peer Reviewed Publications

1. Incorporating data from various trial designs into a Mixed Treatment Comparison Model. Schmitz S, Adams R, Walsh C. Statistics in Medicine. 2013 In Press
2. Relating Health - related Quality of Life to Disability Progression in Multiple Sclerosis using the Five - level EQ - 5D. Fogarty E, Walsh C, Adams R, McGuigan C, Barry M, Tubridy N. Mult Scler 2013 (In Press).
3. A reference pricing system for Ireland. Usher C, Barry M. Expert Review of Pharmacoeconomics & Outcomes Research. 2012; 12 (6):675 - 677.
4. The use of continuous data versus binary data in MTC models: A case study in rheumatoid arthritis. Schmitz S, Adams R, Walsh C. BMC Medical Research Methodology 2012, 12:167

5. The Relative Efficacy of Boceprevir and Telaprevir in the Treatment of HCV Genotype. Kieran J, Schmitz S, O'Leary A, Walsh C, Bergin C, Norris S, Barry M. *Clinical Infectious Diseases*. First published online: October 16, 2012
6. Prescribing trends for dabigatran etexilate in primary care. McCullagh L and Barry M. *Irish Medical Journal* 2012; 105 (5): 34 - 136.
7. Value - of - Information Analysis to reduce decision uncertainty associated with the choice of thromboprophylaxis after total hip replacement in the Irish Healthcare Setting. McCullagh L, Walsh C, Barry, M. *Pharmacoeconomics* 2012; 30(10):941 - 959.
8. The Clinical and Economic Burden of Poor Adherence and Persistence with Osteoporosis Medications in Ireland. Hilgsmann M, McGowan B, Bennett K, Barry M, Reginster J - Y. *Value in Health*. 2012 Jul - Aug;15(5):604 - 12.
9. Cost - effectiveness of population - based screening for colorectal cancer: a comparison of guaiac - based faecal occult blood testing, faecal immunochemical testing and flexible sigmoidoscopy. L Sharp, L Tilson, S Whyte, A O'Ceilleachair, C Walsh, C Usher, P Tappenden, J Chilcott, A Staines, M Barry and H Comber. *Br J Cancer*. 2012;106; 805 - 816.
10. Cost containment interventions introduced on the Community Drugs Schemes in Ireland - Evaluation of Expenditure Trends Using a National Prescription Claims Database. C. Usher, L. Tilson, K. Bennett, M. Barry. *Clinical Therapeutics* 2012, 34(3):632 - 639
11. A mixed treatment comparison of the efficacy of anti - TNF agents in rheumatoid arthritis for methotrexate non - responders demonstrates differences between treatments: a bayesian approach. Schmitz S, Adams R, Walsh CD, Barry M, FitzGerald O. *Ann Rheum Dis*. 2012 Feb;71(2):225 - 30.
12. Cost of care of colorectal cancer in Ireland: a health care payer perspective. Tilson L, Sharp L, Usher C et al. *Eur J Health Econ*. 2012 Aug;13(4):511 - 24.
6. Kieran J, Mushtaq H, Bergin C, Norris S, Barry M. Demographics and Health - State Utilities of Irish Patients with Hepatitis C Infection; Use of the 5 - Level Eq - 5d Questionnaire. ISPOR 15th Annual European Congress, November 2012, Berlin, Germany.
7. Fogarty E, Walsh C, Schmitz S, McGuigan C, Barry M, Tubridy N. The Impact of Increasing Disability on Quality of Life in Multiple Sclerosis. ECTRIMS 28th congress, October 2012, Lyon, France.
8. Fogarty E, Walsh C, McGuigan C, Barry M, Tubridy N. The Impact of Increasing Disability on Quality of Life in Multiple Sclerosis. Irish Neurological Association Meeting. May 2012, Cork, Ireland

Pharmacy Department Publications and Posters, 2012.

O'Dea E, Kelly S, Lyons F, O'Dea S, Treacy V, McCarthy S.
 "Investigation of QTc interval prolongation in the presence of risk factors, in HIV -infected patients treated with atazanavir in St. James's Hospital, Dublin" HPAI annual conference 2012.

Hickey A, Carr B, Treacy V.

"The development and evaluation of e-learning modules on the prescribing and administration of insulin for junior medical and nursing staff in St. James's Hospital" HPAI annual conference, 2012

Smith S, Collins A, Treacy V.

"Development and Evaluation of an Internal Audit Approach for the aseptic compounding Unit in St. James's " HPAI annual conference, 2012 2nd prize and at the International Symposium of Oncology Pharmacy Practice, Melbourne Australia, May 2012.

Muir E, Collins A, Treacy V.

"The role of the senior technician in the Development and implementation of an integrated Planner for Chemotherapy Day Ward" HPAI annual conference, 2012 and Prize winner at HPAI conference April 2012.

Cullen M, Collins A.

"An audit of the advanced Production Process and the quality system for reusing returned products in the Aseptic Compounding Unit" HPAI annual conference, 2012

Moloney S, Carr B Treacy V.

"A review of the Parkinson's disease medication management at therapy initiation and transitions of care in hospital patients" HPAI annual conference, 2012

Meade A, Carr B, Treacy V.

"Interventions to improve the prescription of Venous Thromboembolism (VTE) Prophylaxis for acutely ill medical patients" HPAI annual conference, 2012

Nic Suibhne S, King F, Treacy V, Collins I, Kennedy J, Weidman AE.

" Toxicity and relative dose intensity(RDI) of FOLFOX 6 chemotherapy in patients of differing body mass index, treated for adjuvant and metastatic colorectal cancer" HPAI annual conference, 2012

Oral/poster presentations

1. Adams R, Walsh C, Barry M, Fitzgerald O, Helliwell P. Mapping models in Psoriatic Arthritis: Analysis from the GRACE dataset. ISPOR Berlin Nov 5 - 7 2012.
2. McCullagh L, Walsh C, Barry M. Integration of Value of Information Into the Decision Making Process in Ireland. ISPOR 15th Annual European Congress, ICC Berlin in Berlin, Germany 3 - 7 November 2012.
3. Fogarty E, Walsh C, Grehan S, Schmitz S, McGuigan C, Barry M, Tubridy N. Modelling the Relationship between Disease Severity and Utility in Multiple Sclerosis. ISPOR 15th Annual European Congress, November 2012, Berlin, Germany.
4. Fogarty E, Schmitz S, Walsh C, Barry M. Combining RCT and Observational Data in a Mixed Treatment Comparison of Disease - Modifying - Therapies for Multiple Sclerosis. ISPOR 15th Annual European Congress, November 2012, Berlin, Germany.
5. McGreal - Bellone A, Cleary S, Farrell G, Bergin C, Barry M, Kieran J. Health - Related Quality of Life in HIV/HCV Co - Infected Patients in Ireland. ISPOR 15th Annual European Congress. November 2012, Berlin, Germany.

Publications

Ryan A, Byrne S, Carr B, Treacy V.

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. UCC Research Seminar 2012.

Guerin Shirley

clinical pharmacist psychiatry, won the Servier award, at the HPAI conference which is a grant to enable her “To develop patient specific information for patients with mental health medication problems.”

MPBE

Cournane, S., Browne, J. E., Fagan, A. J.

‘The effects of an overlying fat layer on the accuracy of the Fibroscan® liver transient elastography ultrasound system.’ Physics in Medicine and Biology (PMB), 57 (2012) 3901 - 14

C Walsh, C Johnston, N Sheehy, G O’ Reilly.

Comparison of clinical and physics scoring of pet images when image reconstruction parameters are varied. Radiation Protection Dosimetry, 2012

C Walsh, A O’Callaghan, D Moore, S O’Neill, P Madhavan, M P Colgan, S N Haider, A O’Reilly, G O’Reilly.

Measurement and optimization of patient radiation doses in endovascular aneurysm repair. European journal of vascular and endovascular surgery: the official journal of the European Society for Vascular Surgery 02/2012; 43(5):534 - 9

L Bowden, R Faulkner, A Gallagher, U O’Connor, C Walsh, A Dowling, G O’Reilly.

Article: Doses measured using AEC on direct digital radiographic (DDR) x - rays systems: updated results with an RP 162 perspective. Radiation Protection Dosimetry, 2012

Directorate - General for Energy

Significant Contributor to: European Commission: Radiation Protection N° 162: Criteria for Acceptability of Medical Radiological Equipment used in Diagnostic. Radiology, Nuclear Medicine and Radiotherapy, Directorate D — Nuclear Safety & Fuel Cycle, Unit D4 — Radiation Protection, 2012

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Application of European suspension criteria to Dental Radiology - an Irish perspective, Radiation Protection Dosimetry (11/2012).

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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.

OSPIDÉAL NAOMH SÉAMAS
ST. JAMES'S HOSPITAL

