

2013

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



contents

st james's hospital

Governance and Executive

Hospital Board	5
Executive Management Group	5
Consultant Staff	7
Legal and Banking	11

Corporate Reports

Introduction from the Chairman	13
Report from the Chief Executive	16

Performance Highlights

Key Activity Volumes	20
----------------------	----

Corporate Division Reports

Finance Department	25
Human Resources	28
Internal Audit	33
Informatics Directorate	34
Information & Management Services (IMS) Department	36

Service Division Reports

Clinical Directorates

CResT Directorate

Cardiology, Respiratory Medicine, Cardio - Thoracic Surgery	43
---	----

HOPe Directorate

Haematology, Bone Marrow Transplantation Programme, Cancer Clinical Trials Consortium, National Centre for Hereditary Coagulation Disorders, Palliative Care	46
--	----

Psychological Medicine Service	52
--------------------------------	----

MedEL Directorate

The Mercer's Institute for Ageing Unit, Stroke Service, Bone Health and Osteoporosis Unit, Falls and Blackout Unit, Local Asset Mapping Project, The Irish Longitudinal Study on Ageing, Dementia Services Information and Development Centre	55
---	----

SaMS Directorate

Dermatology, Endocrinology, Ear Nose and Throat Unit, Genito-Urinary Medicine and Infectious Diseases (GUIDe) Clinic, Gynaecology, Neurology, Ophthalmology, Rheumatology	59
---	----

GEMS Directorate

Breast Care Services, Acute Medical Admissions Unit, Hepatology Centre, Endoscopy Service, GI Function Unit, Colorectal Service, Renal Services	66
---	----

Emergency Directorate

Nurse Education, Clinical Placement, Advanced Nurse Practitioner Clinical Activity, Professional Development Activity and Representation	72
--	----

Omega Directorate

National Adult Burns Unit, National Maxillofacial Surgery Unit, Plastic and Reconstructive Surgery, Orthopaedic Surgery, Orthodontic and Cleft Unit	76
---	----

Specialities

Department of Vascular and Endovascular Surgery	80
---	----

Psychiatry	82
------------	----

Clinical Service Directorates

LabMed Directorate

Haematology, Biochemistry,
Immunology, Transfusion Medicine,
Histopathology, Cytopathology,
Microbiology, Phlebotomy, Coagulation
Laboratory and National Centre for
Hereditary Coagulation Diseases,
Cryobiology Laboratory, the Irish
Mycobacteria Reference Laboratory,
National MRSA Reference Laboratory 84

DiagIm Directorate

Diagnostic Imaging (X-ray),
PaRIS/EPR, Radiology 96

ORIAN Directorate

Theatre, Day Surgery, Intensive
Care Unit, High Dependency Unit,
Hospital Sterile Services,
Anaesthetic Services, Pain Medicine 99

Clinical Support Services

SCOPE

Speech and Language Therapy,
Medical Social Work, Clinical Nutrition,
Occupational Therapy, Physiotherapy 102

Pharmacy Department

Clinical Pharmacy Service,
Dispensary and Distribution Services,
Aseptic/Compounding Services,
National Medicines Information
Centre (NMIC), Centre for Advances 109

**National Medicines Information
Centre (NMIC) 113**

Medical Physics and Bioengineering

Medical Physics, Clinical Engineering 115

Facilities Management

Catering, Housekeeping, Laundry,
Security, Portering, Tele-communications,
Environmental, Chaplaincy, Fire Safety Services,
Organisational Health and Safety, Medical
Records Management, Technical Services 118

Capital Projects Office 125

Nursing Services

Nursing Administration, Breast Care
Practice, End-of-Life-Care, Nursing
Practice Development Unit 128

Educational Activities

William Stokes Postgraduate Centre 132
The Haughton Institute 133
Regional Oncology Programme Office 133

St. James's Hospital Foundation

St. James's Hospital Foundation 138

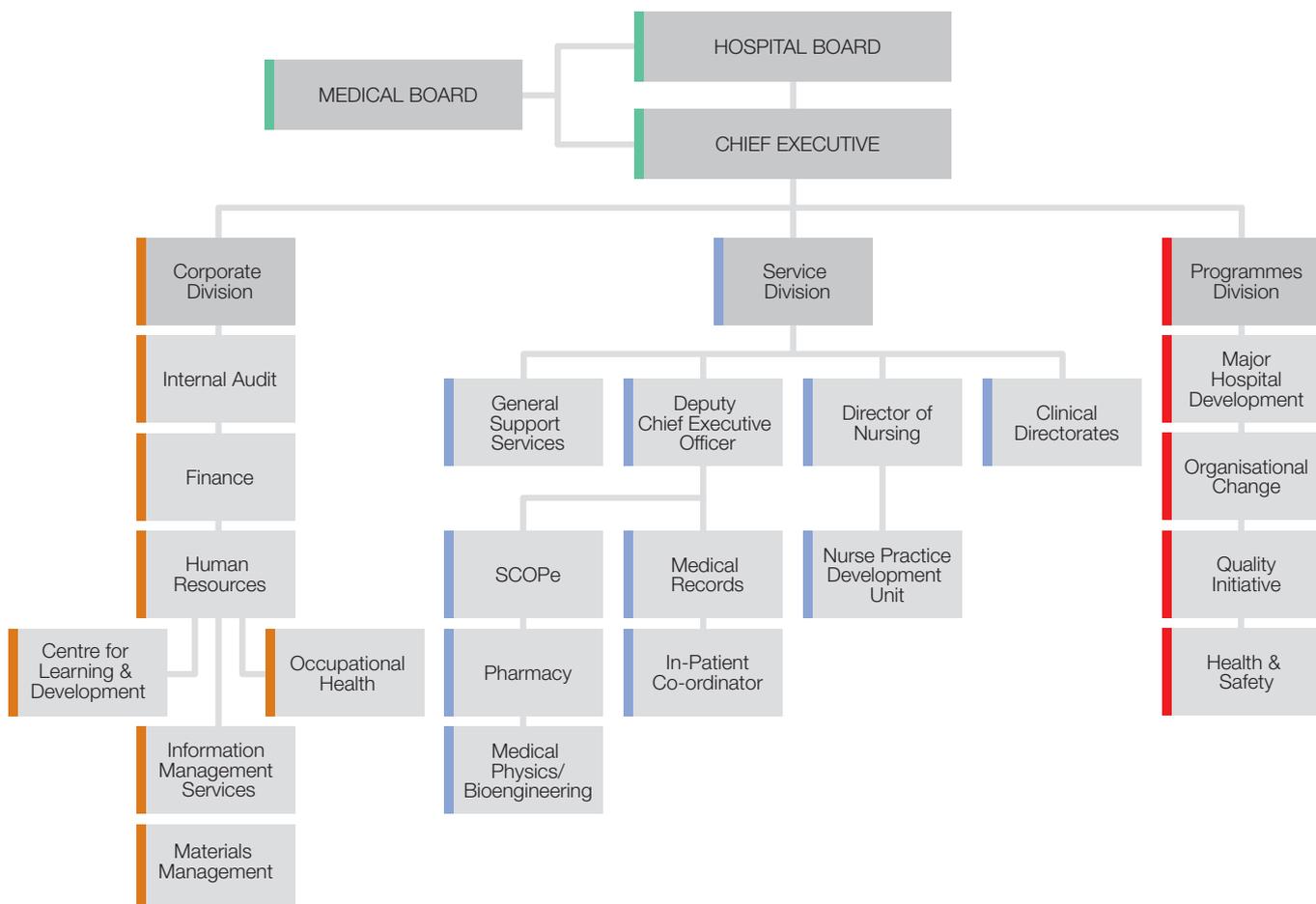
Programmes Division Reports

Quality Programme 143

OSPIDÉAL NAOMH SÉAMAS
ST. JAMES'S HOSPITAL



Corporate Structure



Hospital Board 2013

The following were the Board members in 2013

Prof. V. Timonen

Trinity College

Cllr. R. McGinley

Dublin City Council

Mr. J. Hennessy

Ministerial Appointee

Dr. E. O'Higgins

Ministerial Appointee

Prof. D. Shanley

Chairman of the Hospital Board

Prof. C. Normand

Trinity College

Prof. F. O'Kelly

Trinity College

Prof. C. Bergin

Clinical Director, SAMS Directorate

Dr. A. M. O'Dwyer

Consultant, Psychological Medicine

Mr. M. Gleeson

Foundation Appointee

Ms. J. Carmichael

Dublin City Council

Mr. S. Farrell

Staff Representative

Executive Management Group 2013

Mr. B. Fitzgerald

Chief Executive

Ms. A. Fitzgerald

Deputy CEO / Operations Manager (January - August)

Ms. A. Dalton

Chief Operations Officer (September – date)

Mr. K. Hardy

Director of Human Resources

Ms. Y. Mooney

Acting Director of Finance (January - February)

Mr. D. Carter

Acting Director Finance (March - September)

Mr. J. Cotter

Acting Director of Finance (October - December)

Mr. P. Gallagher

Director of Nursing

Prof. N. O'Hare

Director of Informatics

Mr. V. Callan

Director of Facilities

Mr. N. McElwee

Project / Technical Services Manager

Mr. Terry Boyle

Clinical Director, GEMS

Dr. L. Barnes

Clinical Director, SAMS

Dr. N. Nikoloy

Clinical Director ORIAN

Dr. E. Conneally

Clinical Director HOPE

Dr. C. Cunningham

Clinical Director, MedEl

Dr. B. O'Connell

Clinical Director, LabMed

Dr. N. Sheehy

Clinical Director, DIAGIM

Prof. P. Plunkett

Clinical Director, ED

Dr. A. O'Mahony

Clinical Director, OMEGA

Dr. F. O'Connell

Clinical Director, CREST

St. James's Hospital Consultants

Geili Abdalla	Consultant Cardiologist	Susan Clarke	Cons Physician in Infectious Diseases
Mark Abrahams	Consultant Anaesthetist	Daniel Collins	Consultant Anaesthetist
Feras Abu Saadeh	Consultant Obstetrician & Gynaecologist	Mairead Condron	Consultant Psychiatrist
Imtiaz Ahmad	Consultant Urologist	Brendan Conlon	Consultant Otolaryngologist
Nadim Akasheh	Consultant Respiratory & General Physician	Eibhlin Conneally	Consultant Haematologist (Clinical & Lab)
Dhafir Alazawi	Consultant General Surgeon	Elizabeth Connolly	Consultant Anaesthetist
Aly A.A. Karim Aly	Consultant Anaesthetist	Elizabeth Connolly	Consultant General Surgeon/ Senior Lecturer
Mary B Anglim	Consultant Obstetrician & Gynaecologist	Richard Conway	Consultant Rheumatologist & General Physician
Christopher Larry Bacon	Consultant Haematologist (Clinical & Lab)	John M Cooney	Consultant General Adult Psychiatrist
Lucy Balding	Consultant in Palliative Care	Peter Crean	Consultant Cardiologist
Ciaran Bannan	Cons Physician in Infectious Diseases	Vivion Crowley	Consultant Chemical Pathologist
Louise Barnes	Consultant Dermatologist	Brendan Crowley	Consultant Microbiologist
Rupert Barry	Consultant Dermatologist	Sinead Cuffe	Consultant Medical Oncologist
Michael Barry	Consultant Pharmacologist	Gaye Cunnane	Consultant Rheumatologist & General Physician
Eamon Beausang	Consultant Plastic Surgeon	Conal Cunningham	Cons Physician in Geriatric Medicine
Peter Beddy	Consultant Radiologist	Caroline Daly	Consultant Cardiologist
Colm Bergin	Cons Physician in Infectious Diseases	Tom Darcy	Consultant Obstetrician & Gynaecologist
Catherine Bossut	Consultant Orthopaedic Surgeon	Marlese Dempsey	Consultant Plastic Surgeon
Terence Boyle	Consultant General Surgeon	Colin Doherty	Consultant Neurologist
Breida Boyle	Consultant Microbiologist	Michele Doran	Consultant Rheumatologist & General Physician
David Bradley	Consultant Neurologist	Noreen Dowd	Consultant Anaesthetist
Patrick Breen	Consultant Anaesthetist	Aoife Doyle	Consultant Ophthalmologist
Francesca Brett	Consultant Neuropathologist	Brendan Doyle	Consultant Histopathologist
Paul-Vincent Browne	Consultant Haematologist (Clinical & Lab)	Barbara Dunne	Consultant Histopathologist
Ciaran Browne	Consultant in Emergency Medicine	Patricia Eadie	Consultant Plastic Surgeon
David Burke	Consultant Cardiologist	M.k.b. Ekanayake	Consultant Oral Surgeon
Declan Byrne	Consultant General Physician	Ezzat El Hassadi	Consultant Haematologist (Clinical & Lab)
Michael Carey	Consultant Anaesthetist	Carl Fagan	Consultant Anaesthetist
Miriam Casey	Cons Physician in Geriatric Medicine	Ruairi Fahy	Consultant Respiratory & General Physician
Ijaz Cheema	Consultant Urologist		

Rebecca Fanning	Consultant Anaesthetist	Ciaran Johnston	Consultant Radiologist
Niall Fanning	Consultant Anaesthetist	Wouter Jonker	Consultant Anaesthetist
Rebecca Fanning	Consultant Anaesthetist	Waseem Kamran	Consultant Obstetrician & Gynaecologist
Conleith Feighery	Cons Immunologist (Clinical & Lab)	Joseph Keane	Consultant Respiratory & General Physician
Stephen Finn	Consultant Histopathologist	Gerard Kearns	Consultant Oral Surgeon
Joseph Fitzgerald	Consultant Anaesthetist	Robert Kelly	Consultant Cardiologist
Richard Flavin	Consultant Histopathologist	Christoph Kemps	Consultant Anaesthetist
Catherine Flynn	Consultant Haematologist (Clinical & Lab)	Una M Kennedy	Consultant in Emergency Medicine
Stephen Froese	Consulant Anaesthetist	Michael John Kennedy	Consultant Medical Oncologist
Jerome-Brendan Foley	Consultant Cardiologist	Rose Anne Kenny	Cons Physician in Geriatric Medicine
David Gallagher	Consultant Medical Oncologist	Mary Keogan	Consultant Radiologist
Una Geary	Consultant in Emergency Medicine	Rachael Kidney	Cons Physician in Clin Pharm & Ther
Noreen Gleeson	Consultant Obstetrician & Gynaecologist	Jennifer Kieran	Cons Physician in Clin Pharm & Ther
Grainne Govender	Consultant Radiologist	Tara Kingston	Consultant General Adult Psychiatrist
Ronald Grainger	Consultant Urologist	John Kinsella	Consultant Otolaryngologist
Cliona Grant	Consultant Medical Oncologist	Yvonne Langan	Consultant Clinical Neurophysiologist
Elaine Greene	Consultant General Adult Psychiatrist	John Larkin	Consultant General Surgeon
Mairead Griffin	Consultant Histopathologist	Brian Lawlor	Consultant General Adult Psychiatrist
Michael Guiney	Consultant Radiologist	Niamh Leonard	Consultant Histopathologist
Mark Hannon	Consultant Physician in Endocrinology	Thomas Hugh Lynch	Consultant Urologist
Joseph Harbison	Cons Physician in Geriatric Medicine	Fiona Lyons	Cons Physician in Genito-Urinary Med
Susannah Harte	Consultant Radiologist	Fionnuala Lyons	Consultant Anaesthetist
Patrick Hayden	Consultant Haematologist (Clinical & Lab)	Finbar MacCarthy	Cons Gastroenterologist & General Physician
Marie Louise Healy	Consultant Physician in Endocrinology	Prakash Madhavan	Cons Gen Surgeon s.i. in Vascular Surgery
Claragh Healy	Consultant Plastic Surgeon	Nasir Mahmud	Cons Gastroenterologist & General Physician
Martina Hennessy	Consultant in Medical Education	Rustom Manecksha	Consultant Urologist
Niall Hogan	Consultant Orthopaedic Surgeon	Andrew Maree	Consultant Cardiologist
Niall Hughes	Consultant Anaesthetist	Zenia Martin	Cons Gen Surgeon s.i. in Vascular Surgery
Siobhan Hutchinson	Consultant Neurologist		
Alan Irvine	Consultant Dermatologist		
Seyed Javadpour	Consultant Cardio-thoracic Surgeon		

Kevin McCarroll	Cons Physician in Geriatric Medicine	Hamid Mushtaq	Cons Gastroenterologist & General Physician
Thomas McCarthy	Consultant Orthopaedic Surgeon	Rory Naughton	Consultant Anaesthetist
Orla McCormack	Consultant General Surgeon	Ravi Narayanasamy	Consultant Surgeon / Senior Lecturer
Paul McCormick	Consultant General Surgeon	Blaithin Ni Bhuachalla	Cons Physician in Geriatric Medicine
Deirdre McCoy	Consultant Anaesthetist	Sorcha Ni Loinsigh	Consultant Haematologist (Clinical & Lab)
Connail McCrory	Consultant Anaesthetist	Siobhan Nicholson	Consultant Histopathologist
Ronan McDermott	Consultant Radiologist	Nikolay Nikolov	Consultant Anaesthetist
Niall McEniff	Consultant Radiologist	Noirin Noonan	Occupational Health Physician
Eilis McGovern	Consultant Cardio-thoracic Surgeon	Suzanne Norris	Cons Gastroenterologist & General Physician
John McKenna	Consultant Orthopaedic Surgeon	Enda O Connor	Consultant Anaesthetist
Michael McKenny	Consultant Anaesthetist	Kenneth O'Byrne	Consultant Medical Oncologist
Susan McKiernan	Cons Gastroenterologist & General Physician	Padraig O'Ceallaigh	Consultant Oral Surgeon
Eamonn McKiernan	Consultant Orthodontist	Niamh O'Connell	Consultant Haematologist (Clinical & Lab)
Anne Marie McLaughlin	Consultant Respiratory & General Physician	Brian O'Connell	Consultant Microbiologist
Geraldine McMahan	Consultant in Emergency Medicine	Finbarr O'Connell	Consultant Respiratory & General Physician
Mairin McMenamin	Consultant Histopathologist	Hugh O'Connor	Consultant Obstetrician & Gynaecologist
Eleanor McNamara	Consultant Microbiologist	Martin O'Connor	Consultant Ophthalmologist
James Meaney	Consultant Radiologist	Diarmuid O'Donghaile	Consultant Haematologist
Brian Mehigan	Consultant General Surgeon	James Stewart O'Donnell	Consultant Haematologist (Clinical & Lab)
George Mellotte	Cons Nephrologist & General Physician	Dearbhaile O'Donnell	Consultant Medical Oncologist
Concepta Merry	Cons Physician in Infectious Diseases	Rory A O'Donnell	Consultant Respiratory & General Physician
Dermot Moore	Cons Gen Surgeon s.i. in Vascular Surgery	David O'Donovan	Consultant Plastic Surgeon
Jeanne Moriarty	Consultant Anaesthetist	Ann Marie O'Dwyer	Consultant General Adult Psychiatrist
Fiona Mulcahy	Cons Physician in Genito-Urinary Med	Sylvia O'Keeffe	Consultant Radiologist
Cian Muldoon	Consultant Histopathologist	John O'Leary	Professor of Pathology
Martin Mulroy	Cons Physician in Geriatric Medicine	Norma O'leary	Consultant in Palliative Care
Niall Mulvihill	Consultant Cardiologist	Aisling O'Mahony	Consultant Orthodontist
Ross Murphy	Consultant Cardiologist	Catherine O'Malley	Consultant Anaesthetist
Martin Murphy	Consultant Orthopaedic Surgeon	Sean O'Neill	Cons Gen Surgeon s.i. in Vascular Surgery
Gillian Murphy	Consultant Radiologist		

James Paul O'Neill	Consultant Otolaryngologist	Terry Tan	Consultant Anaesthetist
Esther O'Regan	Consultant Histopathologist	Conrad Timon	Consultant Otolaryngologist
Ciaran O'Riain	Consultant Histopathologist	Michael Tolan	Consultant Cardio-thoracic Surgeon
Deirdre O'Riordan	Consultant General Physician	Mary Toner	Consultant Histopathologist
James O'Riordan	Consultant General Surgeon	Helen Tuite	Cons Physician in Infectious Diseases
Patrick Ormond	Consultant Dermatologist	Elizabeth Vandenberghe	Consultant Haematologist (Clinical & Lab)
David Orr	Consultant Plastic Surgeon	Peter Vaughan	Consultant Anaesthetist
Finbar O'Shea	Consultant Rheumatologist & General Physician	Nicholas Walcot	Consultant Cardio-thoracic Surgeon
Nemer Osman	Consultant Medical Oncologist	Carmel Wall	Consultant Anaesthetist
Ellen O'Sullivan	Consultant Anaesthetist	James Bernard Walsh	Cons Physician in Geriatric Medicine
Denis O'Sullivan	Consultant Urologist	Rosemarie Watson	Consultant Dermatologist
Dermot O'Toole	Cons Gastroenterologist & General Physician	Barry White	Consultant Haematologist (Clinical & Lab)
Niamh Phelan	Consultant Physician in Endocrinology	Graham Wilson	Consultant Radiologist
Patrick Plunkett	Consultant in Emergency Medicine	Bairbre Wynne	Consultant Dermatologist
Jenny Porter	Consultant Anaesthetist	Vincent Young	Consultant Cardio-thoracic Surgeon
Janice Redmond	Consultant Neurologist	Abdul Zaheer	Consultant General Physician
John Reynolds	Consultant General Surgeon		
David Robinson	Cons Physician in Geriatric Medicine		
Thomas Rogers	Professor of Microbiology		
Thomas Ryan	Consultant Anaesthetist		
Ronan Ryan	Consultant Cardio-thoracic Surgeon		
Kevin Ryan	Consultant Haematologist (Clinical & Lab)		
Mark J Ryan	Consultant Radiologist		
Patrick Scanlon	Consultant Anaesthetist		
Thomas Schnittger	Consultant Anaesthetist		
Niall Sheehy	Consultant Radiologist		
Odhran Shelley	Consultant Plastic Surgeon		
Darragh Shields	Consultant in Emergency Medicine		
Bernard Silke	Consultant General Physician		
Leo Stassen	Consultant Oral Surgeon		
Saloni Surah	Cons Physician in Genito-Urinary Med		

Legal and Banking 2013

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
St. James's Hospital Board.

It is my privilege to introduce the 2013 Report of the activities of St. James's Hospital. The Board acknowledges with admiration the dedication of staff at all levels to patient care, education and research; promoting the highest standards in the face of increasing challenges. The details of the hospital activities are set out in the chapters which follow. Collegiality has greatly facilitated the success of the hospital with exceptional leadership under the direction of the Chief Executive Officer and his Executive Team.

Excellence in patient care continued to be the primary focus of St. James's Hospital. It has 1,010 beds and provided treatment for 25,384 inpatients, 97,672 day care patients and 229,120 outpatients. St. James's costs are significantly influenced by the complexity of the specialized services it provides. It includes 13 national referral specialist centres and 23 specialist centres.



There was an increase in patient services despite the seventh annual reduction in our financial allocation. St. James's Hospital is a complex organisation and depends on the selfless contribution of staff at every level. Former staff members are remembered for their seminal influence. The untimely death of Professor Donal Hollywood was a sad example of the influence of former colleagues who toiled selflessly to create the platform on which this hospital would thrive.

St James's Hospital has been assigned to the Dublin Midlands Hospital Group together with Tallaght Hospital, The Coombe Women's Hospital, Tullamore, Naas and Portlaoise Midlands Hospitals along with St. Luke's Radiation Network. The University of Dublin, Trinity College is the academic partner. TCD has a three hundred year history of medical innovation and research. Dr. Frank Dolphin has been appointed Chairperson of the Group who has a track record in strategic planning in the health services. St. James's constitutes the largest centre in the Health Midlands Dublin Group; almost equivalent to the services of the rest of our HMD Group. It is likely that the strengths of St. James's and our partners will provide a sound platform for an evolving group structure which will promote higher quality patient services with greater efficiencies. The Hospital enjoys a constructive relationship with the Department of Health and the Health Service Executive and expresses appreciation for their support in difficult times.

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 campus already accommodates the Trinity's Health Sciences Centre, the National Blood Transfusion Service Board as well as the St. Luke's Radiation Oncology Centre and the Trinity/SJH Welcome Clinical Research Centre.

The state-of-the art Health Research Board/Wellcome Trust Clinical Research Centre was opened by an Taoiseach, Enda Kenny which facilitates clinical research for Trinity College in collaboration with the Hospital. Another significant milestone was the granting of approval and funding for the proposed Mercers Institute of Successful Aging with much credit to Professors Davis Coakley, Bernard Walsh, Roseanne Kenny and colleagues with gratitude to Atlantic Philanthropies and the Government. Former Chairman and TCD Provost played a critical role in making this possible.

This medical centre 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 with significant peer influence. There will be enormous scope for clinical innovation, job creation, economic and business opportunities with the integration of diverse specialities and expertise.

Despite such exciting developments the on-going care of patients is our central focus with ever-increasing demands. We need 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 accommodation.

The quality and quantity of research emanating from St. James's Hospital Staff underpins its international standing and the reader is referred to the detail of the publications from the Directorates in this annual report. These publications are critical to the international ranking of TCD. Research and education provide the foundation for an evidence-based approach to cost effective patient care. In this hospital there is mutual respect for all professions in the health sciences working as a cohesive team in scholarship and service in achieving the fundamental goals of Ireland's leading medical centre. All staff influence the strategic evolution of the institution.

St. James's is extremely fortunate in having a CEO of the calibre of Mr. Brian Fitzgerald. Since his appointment he has introduced many strategic and welcome innovations, building on the strong performances of his predecessors, whilst running the busiest hospital in Ireland. He is ably supported by a very talented and dedicated executive team. He has been a guiding influence on strengthening the Board's governance structures with delegation of appropriate tasks to new sub-committees of the Board. He has initiated a strategic restructuring of our clinical directorate structure with our consultant staff and our Clinical Director Professor Bernard Walsh. He has successfully overseen a challenging period in staff remuneration and budget controls.

I wish to express sincere appreciation to the members of our voluntary Board for their wise counsel and accepting their governance responsibilities. This year the board was enhanced with the addition of Councillor Ruari McGinley, Dr. Anne Marie O'Dwyer, Consultant Psychiatrist and Mr. John Hennessy. They add to the calibre of a well-structured Board all of whom play pivotal roles in overseeing the hospital's responsibilities. An example of this is the work carried out by former Councilor Julia Carmichael in her onerous duties as Chairperson of the Audit Committee.

Special appreciation is due to Ms. Therese O'Connor, Ms. Muireann O'Brian, Board secretary and Ms. Margaret Kelliher who are central to all activities in the Hospital's administration. Their recognition reflects the admiration for the dedication of all of our staff members.



Report from the Chief Executive



Mr. Brian Fitzgerald
Chief Executive

Introduction

St. James's Hospital began a journey of strategic change in 2013. The main focus of change centred on a review and reorganisation of the Corporate Management and Clinical Directorate structures. The Hospital Board gave me a specific objective to have Quality, Safety & Improvement (QSI) of patient care at the heart of all activities in the hospital. As such, I have established a dedicated corporate role and directorate for the QSI function.

In addition, the Corporate structure has been changed to establish the following roles, Operational Management incorporating the Deputy CEO responsibilities, Director of Informatics & Directors of Capital Projects and Facilities Management. I have also re-established the internal and external communications brief which is assigned to the Human Resources Directorate.

The Clinical Directorates programme had served the hospital for approximately twenty years and it was the first of its kind in Ireland. The success of the hospital throughout this time could

not have been achieved without the programme. I wish to thank all of the Clinical Directors, Nurse & Business Managers who demonstrated great leadership in their roles throughout that time. However, following an indepth review, I took the decision to change the current structure based on clinical patient pathways and new thinking internationally. Significant work took place on the new structure in the last quarter of 2013 and continues into 2014. This work is led by an interim operational research unit.

I wish to acknowledge the work undertaken by Ms. Angela Fitzgerald during her tenure as DCEO, on behalf of the hospital, I wish her success on her return to the HSE.

Operational Performance

The year has again proved to be very challenging from an operational performance, financial and quality of service perspectives.

St. James's has evolved over the last five decades to become Ireland's leading Adult Academic Teaching Hospital. The

demand for our clinical services is growing year on year and many of these services provide the most complex clinical interventions for patients nationally. Despite the demands for our complex services we have maintained a focus on the provision of a wide range of medical and surgical services to our local catchment population and the provision of elderly care which has a long history on our campus. It must be noted that over 20% of our catchment area are over 65 years of age. In addition, the hospital provides clinical and other support services to the most socially deprived sub-population in Ireland.

Against this backdrop, the hospital's operational performance under the headings of clinical, financial and quality, safety and improvement are outlined below. The performance outturn results for 2013 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 is set out below under the main headings contained in the Service Level Agreement with the HSE.

Overall patient activity performance is set out below.

	Actual 2013	Planned 2013	Planned/ Actual 2013 % Variance
Inpatient	25384	22006	15%
Daycare	97672	61552	59%
Outpatient	229120	166751	37%

Emergency Department

Patient Experience Times:

- average time in ED for all patients in 2013: 07:20hours
- average time for admitted patients in 2013: 11:59 hours
- average time for discharged patients in 2013: 05:40 hours

- Inpatient

All patients waiting for elective admission
< 9 months @ 31.12.13 (National Target)
– SJH performance 99% compliant

All patients waiting for elective admission
< 6 months @ 31.12.13 (Local Target)
– SJH performance 80% compliant

- Day Care

All patients waiting for elective attendance
< 9 months @ 31.12.13 (National Target)
– SJH performance 100% compliant

All patients waiting for elective attendance
< 6 months @ 31.12.13 (Local Target)
– SJH performance 84% compliant

- Endoscopy
All patients waiting for Endoscopy appointment
< 3 months @ 31.12.13 (National Target)
– SJH performance 100% compliant
- Cardiology (Cath Lab)
All patients waiting for Cath Lab appointment
< 6 months @ 31.12.13 (Local Target)
– SJH performance 91% compliant
- Outpatient
All patients waiting for appointment
< 6 months booking - 31.12.13(National Target)
– SJH performance 93% compliant

All patients waiting for appointment
< 4 months booking - 31.12.13 (Local Target)
– SJH performance 82% 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 complexity of patients presenting in ED has increased with 32% of new attendances triaged in categories 1 or 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.
- 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.



Financial

The hospital returned an end of year deficit of €6.664m on a HSE allocation of €309.072m. The performance is commendable in the context of a mere €0.297m increase in the hospital's funding allocation. The deficit occurred due to significant service pressures across the hospital, coupled with being the holder of the National Haemophilia blood budget and several services lacking appropriate funding. These services would include the Cardiology ACS-PCI service, high cost procedures undertaken and a sustained pressure in cancer surgery.

Overall, 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 increased by 1.9% year on year and the key inpatient activity / financial measure of the economic bed day has risen from €929 in 2012 to €932 per day in 2013 – representing an increase of 0.3%.

Quality Safety and Improvement

St. James's progressed a number of QSI initiatives in 2013.

- Infection Control including specific focus on hand hygiene and aspergillus management.
- There were 13 clinical investigations carried out during the year & 4 reviews re defective medical devices. All reviews concluded with formal reports & family meetings.
- A risk register was introduced across all areas of the hospital.
- Quarterly reports were generated for the following Hospital Board & Executive sub Committees: Falls Prevention / Radiation & Non Ionising Radiation Safety / Sterivigilance / Medical Device Vigilance / IPC Steering / Chemical Safety / Violence & Aggression / Point of Care Testing / LabMed Safety as well as reports for the Residential Units (HIQA) and the Mental Health Commission.

- QSI education and training was provided to the following: Corporate Induction (5 sessions) / NCHDs (2 sessions) / Nursing and Nurse Manager Study Days (4 sessions) / MSc Clinical Pharmacology (2 sessions) / MSc Physiotherapy (1 session) Laser safety (1 session) / Endoscopy Post Grad (1 session) / ED Post Grad (1 session) Leadership Development (3 sessions) FETAC (1 session).
- The Health & Safety programme was facilitated by QSI directorate. This involved managing the Joint Hospital Health & Safety Steering Committee at corporate level in conjunction with local H&S Committees and ensuring that organisational and environmental risks were mitigated. This included issuing of quarterly reports, coordinating Occupational First Aid and SafePass Certification as well as preparing the site for compliance with Dangerous Goods Safety Compliance legislation. Effective Safety management includes the ability to quantify the risks and the Risk Manager provided training across the organisation.

Capital Developments

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

- The Wellcome Trust Clinical Facility was handed over in May, 2013 & was officially opened by An Taoiseach Mr. Enda Kenny.
- Planning permission was granted for the Mercers Institute for Successful ageing in 2013.
- Following the decision to locate the National Children's Hospital on the St. James's campus, a decanting programme to enable site clearance has begun. This work continued during 2013 and will provide significant enhancements to the St. James's capital infrastructure.



Strategic Initiatives

As outlined in my introduction, the main focus of strategic development during 2013 was on the Corporate & Clinical Directorate structure. However, the hospital is mindful of the following Government policies issues which affect St. James's:

- 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 actively engaging in these policy issues throughout 2013.

Notwithstanding matters outlined above, we are reviewing other aspects of our strategy as we move into 2014 and it is planned to have a new five year strategy for publication at the end of 2014 or beginning of 2015. The particular areas of focus are as follows:

- Vision, Values & Mission of the hospital.
- Enhancing and embedding a culture of quality, safety & improvement of patient services.
- A review of the hospital's current model of care, in the context of planning for a new model for the future. Work which has already begun under the new Directorate structures and is focused on the ring fencing of services particularly surgical cancers and further development in the pre-operative assessment and same day admission articulating the need for on-going investment in our National specialties.
- Continued strengthening of our new Corporate and Clinical Directorate structures with an emphasis on leadership development and succession planning.
- All aspects of community engagement, particularly on the local community and residents group as work progresses on the planning application for the National Children's Hospital.

- Work has already commenced on the Capital infrastructure strategy and the initial focus is a review of the campus development control plan.
- Following on from the establishment of the Informatics Directorate and the existing work of the Quality & Innovation Steering Group, work as already commenced on the informatics strategy. For example the further integration of systems such as a breast care record and the implementation of an electronic performance dash board. A business case has been produced and shared with the HSE & DOH to seek funding for a full electronic patient record.

Conclusion

2013 has been another challenging year and also a significant year of change for the hospital.

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 abroad. I look forward to their continued support into 2014.

I would like to thank Ms. Ann Dalton, Mr. Niall McElwee, Mr. Vincent Callan and Prof. Neil O'Hare for taking up their new roles in the corporate structure and welcome back Mr. Simon Moores from Our Lady's Children's Hospital, Crumlin to take up the position of Director of Finance. I would also like to thank Dr. Barry White for the work undertaken by him in interim Operations Research Unit.

I thank Prof. Bernard Walsh, Consultant Geriatrician and Hospital Clinical Director and wish him well in his retirement.

I wish to remember all our bereaved colleagues and in particular our great friend, Prof. Donal Hollywood

Finally, I wish to thank the Chairman and Board of St. James's for their support and I look forward to working with them in 2014.

Performance Highlights

Projected Activity Levels for 2013

Period January - December 2013	2013 Activity		2013 Projected Activity			
	In-Patient Discharges	Day Cases ³	In-Patient Discharges	Day Cases	% In-Patients Variance	% Day Cases Variance
Cardiology	2987	3615	1971	2425	52%	49%
Dermatology	17	5686	34	3257	-50%	75%
Emergency Department	33		900		-96%	
Endocrinology DDC		6578		6913		-5%
ENT	620	347	690	280	-10%	24%
General Surgery	3004	6639	2220	4998	35%	33%
GUIDE	411	4901	276	1650	49%	197%
Gynaecology	877	512	681	238	29%	115%
Haematology	1008	13355	676	6971	49%	92%
Maxillo Facial	1103	241	885	121	25%	99%
Medicine	6330 ¹	22672 ²	5798	12282	9%	85%
Medicine for the Elderly	944	7227	1023	6500	-8%	11%
Oncology	1378	15488	729	10383	89%	49%
Orthopaedics	1123	482	1320	211	-15%	128%
Plastic Surgery	1539	2303	1899	2854	-19%	-19%
Psychiatry	1343		470		186%	
Rheumatology	670	5386	492	1500	36%	259%
Cardio-Thoracic Surgery	901	46	860		5%	
Urology	644	2001	501	879	29%	128%
Vascular Surgery	452	193	581	60	-22%	222%
Total	25384	97672	22006	61522	15%	59%
	Out-Patient Activity				Variance	
	Actual ⁴		Projected		%	%
	New	Return	New	Return	New	Return
Attendances	59335	169785	50356	116395	18%	46%

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 Public Waiting List as on 31st December 2013

SUMMARY	30	60	90	120	150	182	210	240	270	365	>365	TOTAL
Waiting List as on 31/12/2012	131	141	163	169	72	92	57	23	48	0	0	763
Waiting List as on 31/12/2013	81	84	71	104	31	60	43	60	2	4	0	896
Variance	-38%	-40%	-56%	-38%	-57%	-35%	-25%	>100%	-96%	>100%	0%	17%

SPECIALITY	Current Status as on 31/12/2013											TOTAL
	30	60	90	120	150	182	210	240	270	365	> 365	
E.N.T.	13	15	14	15	4	11	3	6	0	0	0	81
GYNAECOLOGY	2	2	1	0	2	2	0	0	0	0	0	9
MAXILLO FACIAL	2	3	2	1	0	4	3	5	0	0	0	20
ORTHOPAEDICS	6	3	7	11	0	7	5	3	0	0	0	42
PLASTICS	11	13	14	29	5	9	11	8	2	4	0	106
SURGERY	18	10	9	5	0	6	1	9	0	0	0	58
THORACIC SURG	8	21	7	28	15	18	12	25	0	0	0	134
UROLOGY	17	17	13	13	3	3	8	3	0	0	0	77
VASCULAR	4	0	4	2	2	0	0	1	0	0	0	13
Grand Total	81	84	71	104	31	60	43	60	2	4	0	540

St. James's Hospital Daycase Public Waiting list as on 31st December 2013

SUMMARY	30	60	90	120	150	182	210	240	270	365	> 365	TOTAL
Waiting List as on 31/12/2012	954	994	793	354	344	293	375	200	125	9	0	4441
Waiting List as on 31/12/2013	821	720	601	367	196	266	197	191	0	0	0	3359
Variance	-14%	-28%	-24%	4%	-43%	-9%	-47%	-5%	0%	0%	0%	-24%

SPECIALITY	Current Status as on 31/12/2013											TOTAL
	30	60	90	120	150	182	210	240	270	365	> 365	
CARDIOLOGY	17	24	25	36	14	14	8	4	0	0	0	142
GASTRO-ENTEROLOGY	346	275	100	0	0	0	0	0	0	0	0	721
DERMATOLOGY	13	3	4	4	0	2	4	1	0	0	0	31
E.N.T.	20	20	14	8	5	8	4	9	0	0	0	88
GYNAECOLOGY	0	0	3	1	0	4	0	0	0	0	0	8
MAXILLO FACIAL	21	39	40	57	8	37	24	39	0	0	0	265
ORTHOPAEDICS	24	37	48	24	10	20	24	8	0	0	0	195
PAIN MANAGEMENT	72	46	105	72	46	41	52	31	0	0	0	465
PLASTICS	83	96	79	60	50	45	37	27	0	0	0	477
SURGERY	133	114	105	42	22	35	14	7	0	0	0	472
UROLOGY	65	37	38	18	8	17	13	23	0	0	0	219
VASCULAR	27	29	40	45	33	43	17	42	0	0	0	276
Grand Total	821	720	601	367	196	266	197	191	0	0	0	3359

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

St. James's Hospital Outpatient Waiting List as on 31st December 2013

SUMMARY	30	60	90	120	150	182	210	240	365	545	730	>730	TOTAL
Waiting List as on 31/12/2012	2995	2457	1318	754	160	129	86	67	53	0	0	0	8019
Waiting List as on 31/12/2013	2625	2522	1751	1091	528	509	282	160	224	0	0	0	9692
Variance	-12%	3%	33%	45%	>100%	>100%	>100%	>100%	>100%	0%	0%	0%	21%





Corporate Division Reports

Finance Department

Financial Report 2013 (Appendix One - Summary Financial Statements Enclosed)

The Financial Statements for the reporting period 1st January 2013 to 31st December 2013 resulted in a deficit of €6.685m. Hospital gross expenditure was €399,353m, while income and exchequer funding amounted to €392,668m. In addition to the 2012 deficit the hospital had an opening surplus of €28.818m carried forward from 2012 and prior years. Therefore the cumulative carried forward surplus at 31st December 2013 was €22,133m.

Expenditure and Income Overview

Net expenditure increased by 7.343m (2.44%) when compared with the previous year, of which pay and pensions expenditure decreased by €3.601m (1.45%), non-pay expenditure increased by €10.382m (6.86%) and Income increased by €0.511m (0.74%).

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	(€3.950m)
Pensions, Lump Sums and Gratuities	(€1.248m)
Increments & ER PRSI	€1.597m
Sub Total Payroll	(€3.601m)

Ms. Yvonne Mooney
Acting Director of Finance

Expenditure Description	
Non Pay Related	
Drugs and Medicines	€ 0.409m
Blood/Blood Products	€ 3.437m
Medical and Surgical Consumables	€ 1.664m
Laboratory Consumables/Equipment	(€ 0.562m)
Medical Equipment and Equipment Maintenance	€ 0.370m
Radiology	(€0.229m)
Professional, Insurance, Audit & Legal Services	€0.451m
Office Expenses	(€0.345m)
Bad Debts	€2.604m
Maintenance Equipment and Materials	(€0.224m)
Buildings	€1.693m
Heat Power Light	€0.564m
Computer Equipment/Supplies	€0.222m
Laundry, Cleaning & Washing Supplies/Contracts	€0.407m
Other Misc Issues	(€0.079m)
Sub Total Non - pay Related	€10.382m

Expenditure Description	
Income Related	
Patient Accommodation Income including Government Levies	(€1.487m)
Superannuation (reduction in headcount)	€0.488m
Pathology/Pharmacy/Retail Units/Car Parking/Other	€0.488m
Sub Total Income Related	(€0.511m)

Commentary

The hospital again exceeded service delivery targets for the year, while absorbing a funding reduction of €0.298m.

There was a reduction in pay due to the government moratorium and the effect from the Haddington Road Agreement which commenced in July 2013. However, this was offset by an increase in non pay expenditure in the year. This was due to unyielding demand by patients for medical services and cost pressures associated with medical/general inflation, cost of new treatments e.g. pain therapies, oncology & haematology drugs, and diagnostic services.

The hospital also incurred the full year effect of taking over the national haemophilia budget. Again, the hospital experienced material expenditure pressures and inefficiencies as a result of delayed discharges. These problems were correlated with the unavailability of nursing home beds and community support services. Overall, the hospital finished the year with a deficit of €6.685m.

Management remained very mindful of the economic backdrop facing the economy. At the outset of the year strategies aimed at a continued improvement on efficiency were further imbedded within all services throughout the hospital, while at the same time delivering 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 €22.133m, which should in some part offset the affect of the constrained public financial environment going forward.

The Clinical Directors, Corporate Managers and respective management teams are to be commended on their financial management performance in the face of unrelenting service pressures with reduced resources.

Capital/Infrastructure Expenditure

Expenditure on major capital projects amounted to €7.309m in 2013 compared with €8.982m in 2012. Additionally, the hospital invested €2.860m from revenue funding sources on improvements to infrastructure and the replacement of equipment. The hospital purchased a state of the art records management facility to house all hospital records in one location. This will result in financial savings in the longer term on the procurement of external document storage services.

Over 50% of the major Capital projects was attributed to the final construction and equipping stage 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.

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 and minimises legal, commercial and clinical risk through the appropriate sourcing, contracting and vendor management for the Hospitals supplies, services and capital infrastructure requirement. The Unit focuses primarily on the areas of sourcing, cost containment, tender compliance, contract documentation, price negotiation and vendor management programmes as well as providing education and support to hospital personnel in public procurement issues.

In 2013, the Procurement Unit led a number of joint procurement initiatives on behalf of the Meath Adelaide incorporating the National Children's Hospital and other agencies. The function continues to participate in procurement on a National basis with the HSE and the OGP (Office of Government Procurement).

In addition to procuring of revenue reoccurring supplies and services the unit continues to support the Hospitals capital procurement requirements, playing a leading role in acquisition of clinical infrastructure and supporting strategic capital programmes such as Mercers Institute for Successful Aging and the National Children's Hospitals decant programme.

The unit supports the procuring of the national requirement for haemophilia factor products, in partnership with NCHD (National Centre for Coagulation and Heredity Diseases) and the HPSMAB (Haemophilia Product Selection & Monitoring Advisory Board).



Statistics

In 2013, total value procured via the Procurement Unit equated to €120 million. Of the total amount, €108m is currently on contract with proposed new initiatives gaining further contractual coverage going forward in 2013 – 2014.

Savings accruing in 2013 equated to €2.95 million.

Revenue Reoccurring Contracts Overview 2013	
Goods/Services under formal contract in 2013	€108,000,000
Total Number of contracts in place	187 ¹
Total Number of purchase placed in 2013	<u>26,710</u>

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

Human Resources



Mr. Ken Hardy
Director of Human Resources

Mr. Gerry Heffernan
Deputy Director of Human Resources

Introduction

The Human Resources Directorate played a central role in progressing a number of organisational change initiatives in 2013 with a view to ensuring that existing clinical and corporate structures are sufficiently robust to meet the current and future needs of the hospital and its patient population. A phased implementation process was adopted in delivering the new organisational structures which will be fully staffed and operational in 2014. The change initiative involved the establishment of the:

- Quality and Safety Management Directorate.
- Facilities Management Directorate.
- Informatics Directorate.
- Surgery Anaesthesia & Critical Care Directorate (SACC).
- Medical Directorate (MED).

An integral part of the success of any organisational change process is the ongoing availability of a robust and cohesive communications strategy which captures the key messages for all and ensures that all such messages are made available in a time efficient and consistent way. A significant body of work commenced in this area in the latter half of 2013 through the development of a communications framework with the objective of ensuring that staff are kept informed of, and consulted on, change initiatives and their implications. It is planned to build upon this framework and develop a formal Communications function within the Human Resources Directorate from 2014.

I would like to acknowledge the contribution of staff within the Directorate and their dedication to the continued delivery of business objectives during the year. What follows is a report on activity across all divisional units of the Directorate in 2013.

HR Business Teams

Recruitment activity continued throughout 2013 with in excess of 200 competitions being processed during the year. While a number of these competitions were internal movement/promotion of employees, 260 external hires commenced employment following approval granted by the Vacancy Approval Committee. These were predominantly in Nursing & Allied Health Services. All recruitment activity was carried out following the Vacancy Approval Committee application of stringent criteria to the filling of all vacancies, in particular, prioritising clinical requirements within posts to ensure continuity of services across the hospital.

During 2013, two significant initiatives were sanctioned under new HSE initiatives:

- The Intern Health Care Assistant Programme was launched in September 2013 and St. James's Hospital was approved to fill 120 posts. The recruitment campaign commenced in September 2013 for these posts.
- Similarly, the Staff Nurse Graduate Scheme was re-launched in September 2013 and St. James's Hospital was approved to fill 70 posts. The recruitment campaign commenced in August 2013 and targeted student nurses from both within St. James's Hospital and elsewhere. Thirty-five were successfully employed by December 2013.

2013 also saw the introduction of statutory registration for health and social care professionals under CORU. Social workers are the first of these professions to commence the registration process and the Social Workers Register was opened on 31 May 2011 and closed on 31st May 2013. All social worker staff within the hospital participated in the registration process. The process for Radiographers/Radiation Therapist registration opened on 31st October 2013 and will continue for a two year period.

The reforms under the Haddington Road Agreement, (HRA), came into operation on 1 July 2013 and set out a range of complex pay and productivity measures to be implemented in order to generate savings of €1 billion in pay and pensions within the public service by 2015. These measures, which affected the terms and conditions of employment of all hospital disciplines, necessitated implementation of a number of controls and monitoring processes to ensure national savings targets were realised.

The more significant changes related to weekly working hours and overtime payments plus the forfeiture of annual leave and/or cash values linked to increments for those on the maximum of their salary scale for their respective grade. Some of the key changes to terms and conditions included:

- Increases in the standard working hours of public servants.
- Adjustments to overtime entitlements.
- Work schedule/roster adjustments.
- Incremental credit freezes.
- Reductions in salary.
- Annual leave reductions.

Other notable developments related to the lifting of restrictions for the filling of Senior Staff Nurse posts which had been precluded under a previous government moratorium on public sector recruitment since 2009. This required a full service check of each applicant to ensure the prescribed criteria for the grade was met prior to processing.

Similarly, with effect from October, 2013 changes to the entitlements of employees who had acted into a vacant post for a continuous period of at least 2 years were implemented. New arrangements were also introduced for the short-term filling of posts whereby acting allowances were replaced by temporary appointments. Both arrangements are governed by specific rules on starting pay.

Parental leave entitlements for health service employees were amended in accordance with European Union Regulations. The regulations provided for an increase in parental leave entitlements from 14 weeks to 18 weeks and an extension to the maximum age limit in the case of a child with a long-term illness. Employees can now request changes in their working hours and/or rostered patterns following return to work from parental leave.

Medical Workforce Unit

NCHD & Consultant Recruitment

The unit successfully recruited its full complement of Non Consultant Hospital Doctors, (NCHDs), for the July, 2013 intake against a backdrop of recruitment difficulties experienced across a number of teaching and non-teaching hospitals at national level. This included additional posts which were necessary to support EWTD initiatives. The appointment of Registrars to the specialties of Emergency Medicine, General Medicine, Haematology and Oncology has become increasingly challenging to the extent that adoption of complementary recruitment strategies will be necessary to ensure St James's continues to attract the highest calibre of NCHDs.

A number of applications were progressed for new Consultant posts to support increased service demands in the areas of Haematology, Critical Care, Gynaecology and Histopathology. Applications for clinical and academic replacement posts in the areas of Geriatric Medicine, Orthopaedic Surgery, Pharmacology & Therapeutics and Medicine, were also submitted to the HSE for approval.

Following the circulation of reduced salaries for new consultant appointments which came into effect in October 2012, there were concerns on how this would impact on the Hospital's ability to attract a sufficient volume of candidates to clinical and academic positions. In this regard, successful representations were made to the Department of Health and HSE to effect transfers of existing consultants who were offered appointments in St. James's Hospital. The Hospital also supported a number of Consultant applications for a category change request in 2013 to facilitate professional practice in external institutions.

The following permanent appointees commenced in 2013:

- Dr Cliona Grant, Consultant Medical Oncologist.
- Dr Andree Maree Consultant Cardiologist.
- Dr Declan Byrne, Consultant General Physician.
- Dr Nadim Akasheh, Consultant Respiratory and General Physician.
- Dr Clodagh O'Dwyer, Consultant General Physician.
- Dr James Paul O'Neill, Consultant Otolaryngologist.
- Dr Larry Bacon, Consultant Haematologist.
- Dr Ciaran O'Riain, Consultant Histopathologist.
- Dr David Bradley, Consultant Neurologist.

Professor Ken O'Byrne, Professor JB Walsh and Mr Dermot Moore all retired from their long career in St. James's in 2013. Sadly, the Hospital lost one of its medical colleagues, Professor Donal Hollywood, Consultant Radiation Oncologist, who passed away after illness in May 2013.

European Working Time Directive

The European Working Time Directive, (EWTD), requires that all doctors in training work no more than an average 48 hours per week. From January, 2013 there was a particular focus on the achievement of compliance in line with commitments given Ireland to the European Commission. A National EWTD Implementation Group was established by the HSE to oversee development of action plans to support two key immediate targets for direct advancement as follows:

- NCHD rosters do not exceed 68 hrs a week on site.
- NCHD rosters do not require > 24hrs on site on call.

St James's facilitated two site visits of the National EWTD Implementation Group to discuss plans for achievement of these targets and full compliance with the Directive by end December, 2014. A number of re-structured rosters were successfully implemented by the hospital in July 2013 to meet these targets following consultation with NCHD committee and the Consultant body.

In October 2013, NCHDs took industrial action in the form of a one day stoppage with on-site presence commensurate with weekend/on-call levels. NCHD staffing for certain specialties were exempted from the action in recognition of the primacy of specific patient cohorts. The Management Strike Committee and NCHD Committee worked closely together in the preparation of contingency plans to minimize, in so far as was possible, disruption to patient care.

Electronic Time & Attendance System

Following the successful piloting of an electronic time and attendance system for NCHDs in the latter half of 2012, an evaluation was carried out in 2013 which recommended implementation and further roll-out of the system on a pan-hospital basis. Progress on this initiative was deferred temporarily due to government procurement restrictions and plans for the HSE to conduct a national tender for system providers.

Joint NCHD/Management Collaborative Group

The contribution and commitment of the members of this Group led to the following key developments during the year:

- Development of the design specification for the new doctors residence.
- Implementation of the pilot electronic time and attendance system for NCHDs in the GEMS Directorate.
- Development and implementation of EWTD-compliant rosters.
- Improvements to post graduate education and training.
- Roll out of 1st dose drugs administration by nursing staff.

The Group serves as a valuable forum through which our NCHDs can work with hospital management and its clinicians on delivering the agenda for continuous improvement to the training and employment experience for all trainees.

Employee Relations

Conditions remained challenging for the hospital in the context of the economy, culminating in the Haddington Road Agreement which introduced a range of productivity measures such as pay reductions and increased hours from 1 July 2013. Staff, managers and trade unions worked in partnership through this difficult time and significant savings and efficiencies were achieved.

During this year, consultation was undertaken with staff and trade unions with a view to introducing an electronic pay advice system (e- pay) to eliminate the inefficiencies associated with paper based pay advices.

Workforce Information & Planning

The Workforce Information and Planning Unit was involved in several significant projects that were delivered in 2013. Firstly, the unit managed and successfully completed the full integration of SAP HR & Payroll in Our Lady's Children's Hospital, Crumlin (OLCHC). Following the successful implementation of SAP HR & Payroll in Our Lady's Hospice (OLH) in 2011, the unit now provide first line support and assistance to all users in SJH, OLCHC and OLH. This support covers approximately 450 users and 8,000 members of staff.

The unit was also responsible for delivering the necessary and complex changes that emerged from the Haddington Road Agreement (HRA). With effect from 01st July 2013, the HRA imposed significant changes to the terms and conditions of employment for all staff. This resulted in major configuration changes and testing within the SAP HR system at both employee and organisational level within tight timeframes.

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.

Centre for Learning & Development (CLD)

Introduction

The Centre for Learning and Development (CLD), as 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 Quality Qualifications Ireland (QQ1) formally FETAC and the School of Nursing & Midwifery, 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 eLearning) learning opportunities in partnership with all our stakeholders to ensure continuous staff development and a versatile 'Fit for Purpose' workforce.

Deliverables & Key Developments

A wide prospectus of learning and development opportunities was facilitated through CLD in 2013, to include mandatory training, general staff development and clinical competency based programmes.

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 adopt innovation in the provision of learning opportunities and teaching methods which has been achieved through the development of a number of blended learning programmes. The eLearning platform and SJH Learning Hub were further developed in 2013 in line SJH eLearning Strategy 2012-2015 and as part of our vision to realise the full potential of technology in learning and development across the organisation.

Key E learning / blended learning achievements in 2013 included:

- Enhanced Learning Management System (LMS) reporting and administration functionality.
- Initiation of the LMS / SAPHR data upload project – integrating e-learning course completion data into the organisation HR system.
- Up-skilling of the learning and development team in the most up to date eLearning authoring tools used to create dynamic and engaging online programmes, assessments and tutorials.
- Research and evidence based eLearning content development, further enhancing the catalogue of courses available to staff.
- Installation of 'e-Zone' eLearning facilities at key locations on the campus, improving access for staff to online learning resources and offering a protected space for learning.
- E-Champions training programme which promotes the use of learning technologies in local / department educational activities.
- Online Pre-Induction programme for NCHD medical staff, which facilitated the completion of key mandatory training programmes prior to commencement of duty at the hospital.
- Development of customised learning spaces on the SJH Learning Hub to support education programmes including Tracheostomy Care, Maxillofacial Foundation Programme and the Medical Surgical Nursing Programme.

Local & National Initiatives

The Head of Learning & Development 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 / QQI, 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 eLearning resources and the National Clinical Care Programmes in the continuous improvement of patient care and service delivery.

Funding for Further Education

In 2013 CLD (through its central training budget) continued to support staff development and training opportunities. This ensured staff could also access education and training opportunities through external education and third level providers 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 Learning & Development and Operational Managers.

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%.

Equality/Cultural Diversity

A series of Dignity at Work presentations were delivered to front-line supervisors and other employees during the course of 2013. The presentations were complimented by an e-learning module which is now included on the corporate orientation programme and available to all employees via the SJH Learning Hub.

Under Part 5 of the Disability Act 2005 the hospital reported to the Department of Health monitoring committee a rate of 5% 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.

A Disability Awareness e-learning module was established in the SJH Learning Hub. A Cultural Diversity Awareness eLearning module, which also highlights service provision responsibilities was finalised and is due to be posted on the Hub during 2014.



Internal Audit



Mr. Cathal Blake
Head of Department

2013 was a period of change and development within the Internal Audit process and function for SJH. Ms. Julia Carmichael took over as Chair of the Audit and Risk Committee in 2012 and 2013 was her first full year in office. The layout and presentation of certain reports were changed and there was a greater focus on when recommendations would be implemented.

As in previous years the work of the Internal Audit Department was determined and approved by the Audit and Risk Committee following discussions with senior management as to what area of operational or control risk were of importance to them and their function.

The following audits were reported to the Audit and Risk Committee by the St. James's Hospital Internal Audit Department in 2013:

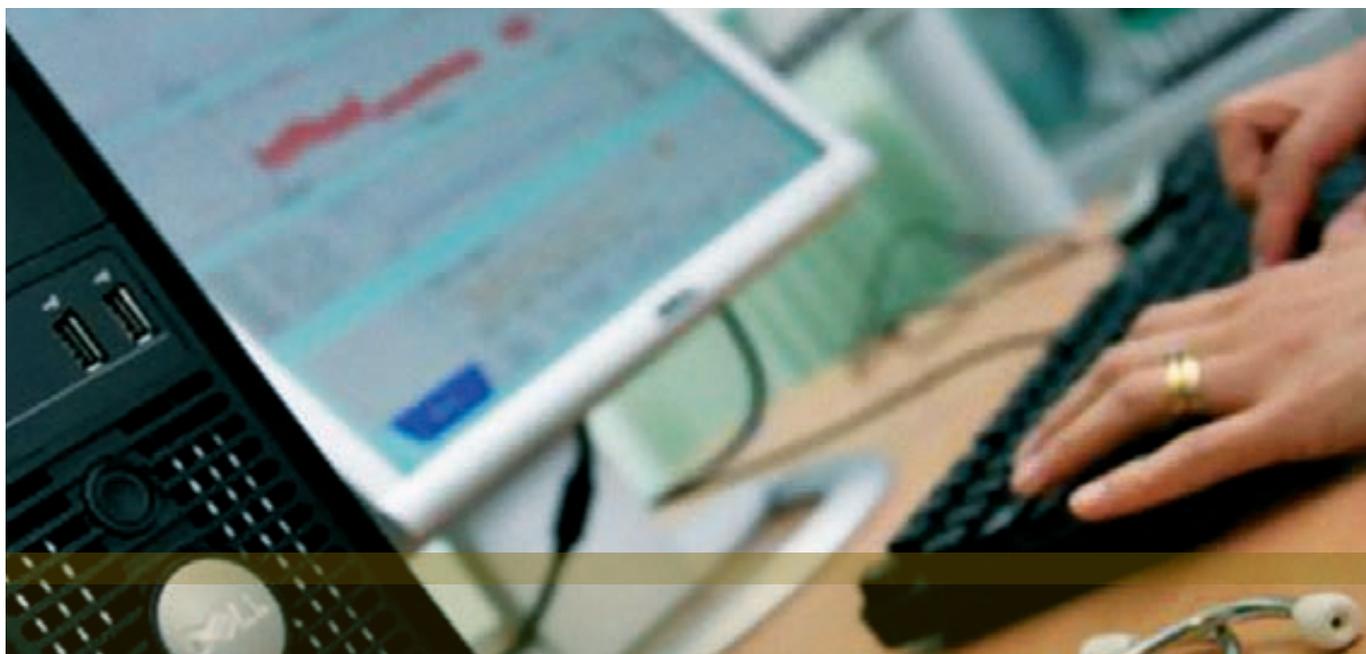
- Absence Management.
- 2012 End of Year Stocktake.
- SJH Pensioners.
- Cost Containment.
- Salary Overpayments.
- SJH Payroll.
- Waste Services.
- Legal Matters.
- Energy Audit.

As in previous years the Audit and Risk Committee engaged an external firm to carry out specific audits. The Firm engaged in 2013 was Deloitte. The work carried out by Deloitte related to the following key operational areas:

- Rental Unit Income.
- Service Contracts.
- Business Continuity.

The importance of risk and a greater risk based approach to Internal Audits being carried out within St. James's Hospital was further developed in 2013. The risk register that is being populated by management on a continuous basis will be used in the future as one of the sources to assist and guide the work and programme of the Internal Audit Function. This will allow the Internal Audit department to focus its work on areas of high importance and significance to the hospital in the future.

Informatics Directorate



Prof. Neil O'Hare
Director of Informatics

The Informatics Directorate constitutes a number of areas that all have a strong focus on the use & quality of technology, innovation and information in the care are treatment of patients, as well as supporting the corporate needs of the hospital. These areas involved include:

- Medical Physics & Bioengineering
- Information Management Systems
- Medical Chart Coding (HIPE)
- Clinical Photography



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 2013. 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.

- Clinical documentation capture and tracking is being continuously expanded some examples include:
 - DVT Care pathway.
 - Public Health Referral Form.
 - Fully integrated ED discharge summary.
 - Breastcare and Speech & Language Therapy.
 - MDT's for Lung (Respiratory),Skin; Breast Care; Gynaecology.

Laboratory-Telepath

- The hospital awaits conclusion of the national tender for a replacement of the Laboratory Information System. It is hoped that this process will be concluded in 2014 and the hospital is identified as one of the first to have the new system implemented.

Digital Dictation &Speech Recognition-G2

- The system is continuously been rolled out, four new specialties live.
- The system is integrated into the EPR.

Electronic Time Capture and Employee Portal-CORE

- Pilot for NCHD paperless capture.

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.

ICT Infrastructure 2013

The following sets out the main points & developments in the ICT infrastructure that occurred during 2013.

Network

The IMS Network team continued to enhance and manage the hospital's extensive integrated network infrastructure, supporting over 3,000 end-users, which now includes:

- Voice.
- Data.
- CCTV.
- Intercoms.
- Analogue Cabling.

Server Management

In 2013, new hardware for the EPR and PACs environment was commissioned and installed. Discussions took place early in the year on the decanting of the IMS Server Room.

Plans were agreed and a programme of server consolidation was started.

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.

E-mail

In 2013 unsolicited email was managed very successfully by our Ironport security infrastructure. Over 18 million emails were received with just 2.1m of these being valid.1.4m emails were sent from St James's.

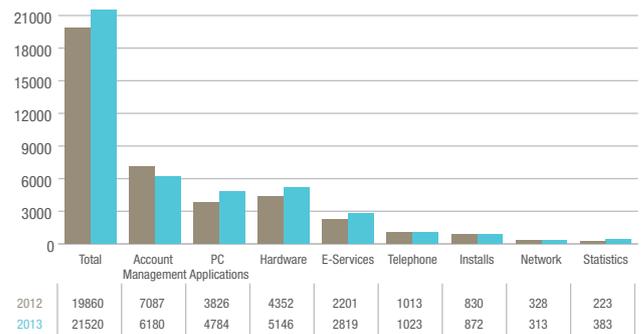
Security

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.

Helpdesk

Technical support continued to provide a professional and timely service to all our end users. In 2013 we had an increase in calls to the helpdesk on the previous year. The EPR / PACs upgrade accounted for part of that increase. Below is a detailed breakdown of the calls logged.

Helpdesk Calls /2013



Response time to IMS Helpdesk Calls 2013

	2012	2013	2012	2013
	Out of Target	Out of Target	In Target	In Target
Critical	3	2	2	8
High	34	38	33	42
Low	85	110	1036	1333
Normal	1816	2189	13965	14934
2 - Weeks	186	228	2700	2636
Total	2124	2567	17736	18946

Web

The Hospital's Website (www.stjames.ie) continues to provide up to date information for its key audience focusing on Patients, Visitors, GP's/Healthcare Professionals and other major stakeholders. The usage of the website for 2013:

- **469,901** individual visitors to the site – an average of **1287** per day a **22%** increase in visitors since 2012. **60%** of the overall total were new visitors.
- Total number of pages viewed **1,462,726** – an average of **4,007** per day.
- The Top 10 Pages viewed throughout the year were as follows:
 - Contact us.
 - Careers.
 - Career Opportunities.
 - Getting here.
 - Maps & Directions.
 - Visiting Hours.
 - GUIDE Clinic
 - Hospital Appointments.
 - DID.
 - Private Clinic.
 - Dermatology.

The Hospital's intranet is a key source of up-to-date information & communication staff. In 2013 there were **12,166,370** page views - an average of **33,332** per day, an increase of over **66%** on 2012. The interactive element of the site also continues to grow with over **182,000** online submissions completed during the year a **40%** increase on 2012. A Web Forum Group was established to assist in the redesign of the staff Intranet, go live is scheduled for early 2014.

Management Information Services (MIS)

Data – Warehouse Reporting

Throughout 2013 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 was redesigned and work commenced on a complete rebuild to cover 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. It is anticipated that a full dashboard of KPIs and reporting tools will be available for end-users in 2014.

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.

Clinical Photography Service 2013

Introduction

The clinical photography department provides a core photographic service covering a wide range of specialties and services in St James's hospital. Clinical photography provides an objective medical record which is essential in delivering safe and effective management to a broad spectrum of patients. Photography is primarily used to document the progression of a patient's condition to supplement the treatment process but it can also be used as an aid to diagnosis, treatment planning or to triage patients on waiting lists. Beyond frontline care clinical photographs are used for training and education, for research and clinical trials and as evidence in litigation process. The photography service is also responsible for the safe use, storage and management of clinical images held within St James's Hospital, in line with legal and local policies.

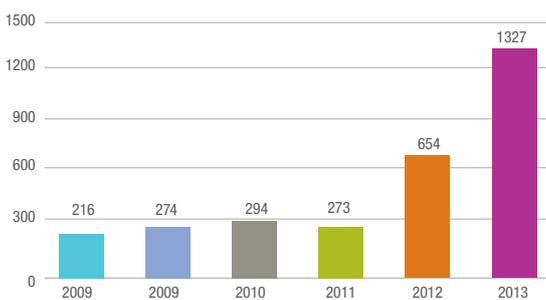
Service Report 2013

2013 saw a significant increase in requests for clinical photography with 1,327 unique episodes resulting in 14,468 clinical photographs that were captured, logged and stored by the department. This represented a two fold increase on 2012 (654 episodes) and close to a five fold increase over 2011 (273 episodes).

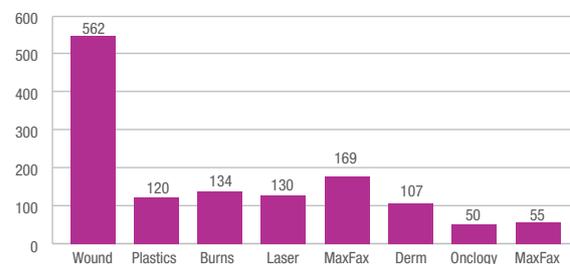


Wound management was the most frequent reason (41%) why photography was requested. MaxFax (13%), Burns (10%), Laser (10%), Plastics (9%) and Dermatology (8%) made up the other main users of the service.

Clinical Photography Activity 2008-2013



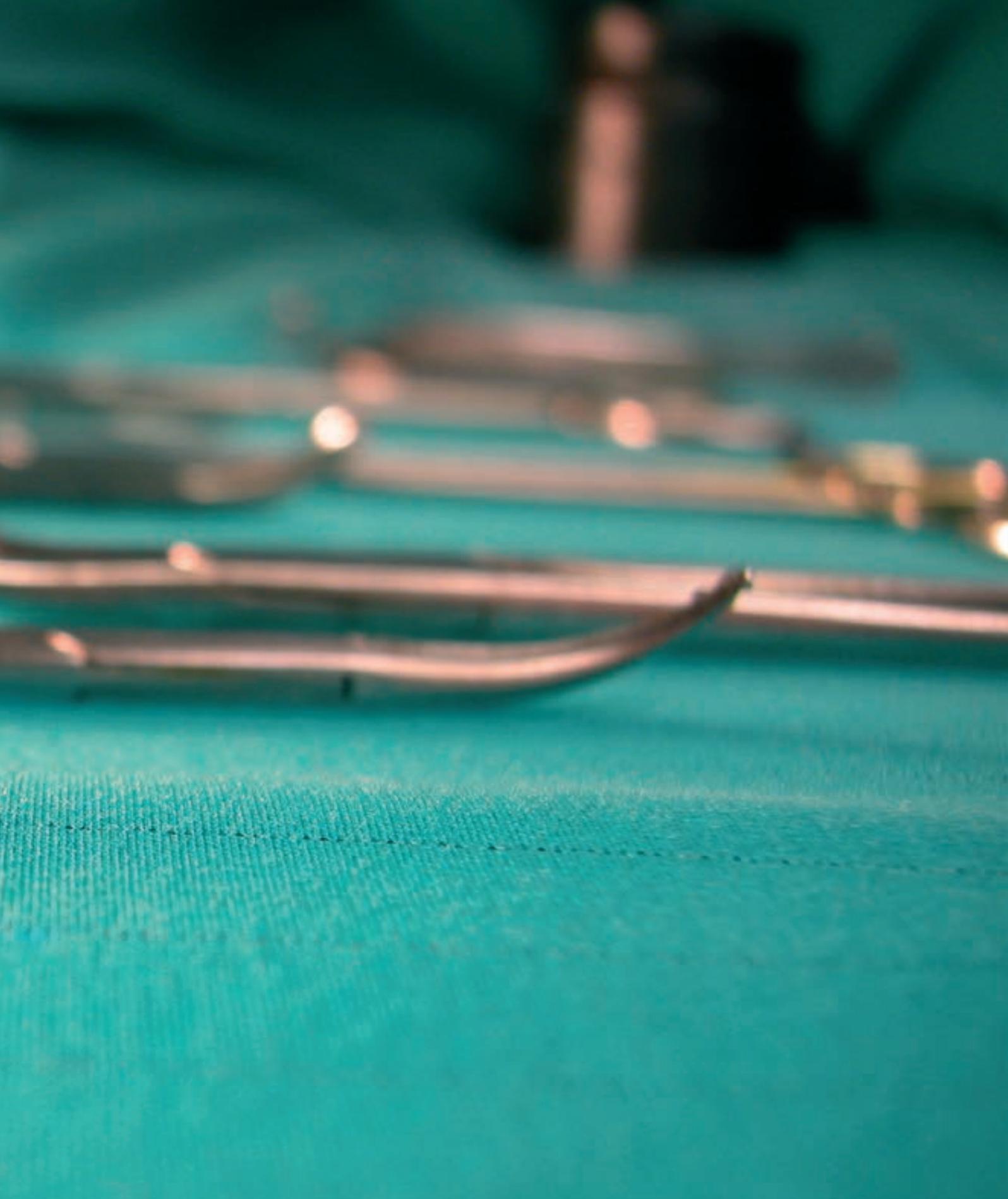
Photography Episodes by Specialty 2013



Service Developments

2013 saw the introduction of a clinical photography referral system through the hospital EPR. This has streamlined the request process and made it possible to schedule photography appointments to coincide with dressing changes and with follow appointments. The online system has also improved communications by allowing requests to be made out of hours.





Service Division Reports

CResT Directorate



Dr. Barry O'Connell
Clinical Director

Ms. Catherine Tobin
Nurse Manager

Ms. Betty Murphy
Business Manager

Introduction

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 six full time consultant cardiologists at St. James's providing services on an inpatient, day case and outpatient basis, providing a supra regional service. There are two Cardiology Catheterisation laboratories where a wide range of elective and emergency procedures are performed.

During 2013 there were several important events in Cardiology.

Most significantly January 2013 marked the roll out of the primary PCI phase of the Acute Coronary Syndrome National Clinical Programme. This programme identified St. James's as one of 6 national 24/7 emergency centres for acute heart attack victims. From January 2013 the standard of care for acute ST elevation MI is to have PCI (Percutaneous Coronary Intervention) to open the affected artery directly for all patients who are diagnosed within 90 minutes of a designated catheterisation lab.

Extending this service to a larger population than those in the immediate catchment area of St. James's (who have enjoyed this service for many years before its introduction nationally) has involved development of an on call cath lab team to include nursing staff, on-going liaison with emergency and air ambulance services, and is facilitated by co-operation with consultant staff from AMiNCH who contribute to the out of hours rota. The introduction of the Acute Coronary Syndrome Programme 2013 resulted in a 67% increase in the amount of emergency presentations to the St James's Hospital. In 2013 373 STEMI patients were treated in St. James's Hospital. 2013 was also important for the replacement of one of the two cardiac catheterisation laboratories.

The total number of interventional cardiology procedures performed in the Catheterisation Laboratory 2013 was 5,034. Diagnostic angiography was performed in 2,694 patients and 1,242 patients had percutaneous coronary interventional procedures. Other procedures included electrophysiological studies and ablations, pacemaker (>350) and ICD (70) insertion, valvuloplasty, ASD/PFO closure and percutaneous valve implantation.

A total number of 15 Transcatheter Aortic Valve Implantation (TAVI) procedures were performed in 2013. This minimally invasive procedure takes place in the Catheterisation Laboratory without the need for surgery and general anaesthetic in patients who would otherwise be considered too high risk for conventional surgery.

The Cardiac Diagnostic Department conducts almost 24,000 non-invasive cardiac diagnostic investigations annually including over 5,200 Echocardiograms. Other cardiac diagnostic tests include electrocardiograms (EKG or ECG), Stress tests, Pacemakers checks, Blood pressure and Holter monitoring.

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 2013 a total of 685 smokers received cessation support with 26% 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 378 patients seen in the Phase 1 programme, 272 patients were seen at the phase II OPD clinic and a further 248 patients attended the phase three programme in 2013.

As St James's Hospital is a referral centre for PCI's and cardiac surgery, a large proportion of patients treated are from outside the catchment area and are referred to their nearest cardiac rehabilitation centre by the cardiac rehabilitation co-ordinators. The total number of referrals to other centres was 819. The most referrals were sent to St Luke's Hospital, Kilkenny.

The Heart Failure programme within St. James's is aligned to the Clinical programme for Heart Failure nationally. 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. In addition the service offers outpatient uptitration and education to patients with heart failure attending cardiology clinics. All in patient referrals are reviewed by the heart failure team (consultant registrar and clinical nurse specialist)

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. In 2013 314 patients were referred to the Heart Failure Service and 158 patients were enrolled to the out patient programme.

The 10th Live PCI conference was held in March 2013 and continues to be very successful in the sharing of the information / techniques for Medical and Nursing staff working in this area.

Cardio Thoracic Surgery

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

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

The unit has experienced a significant growth in the numbers of patient attending for Thoracic surgery in the last number of years; this is the principle curative treatment for patients with lung cancer. In 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 2013, 204 major Lung resections were carried out Keith Shaw Unit. 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.

Three of the Advanced Nurse Practitioners in Cardio thoracic nursing are qualified Nurse Prescribers.

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 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. In 2014 with the support of a grant from RCDH Baggot Street and Trinity Med Day Student Fundraising Committee, three TB social research projects were commenced which involved PhotoVoice workshops, renovation of TB ward day room and inclusion of social worker in TB service.

The lung cancer multidisciplinary team (MDT) is run in close collaboration with our cardiothoracic surgeons and our colleagues in Diagim, Labmed and HOPE Directorates. 585 patients attended St James's in 2013 for lung cancer care and 217 of these patients were admitted for lung surgery. 84% were referred from other hospitals.

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.

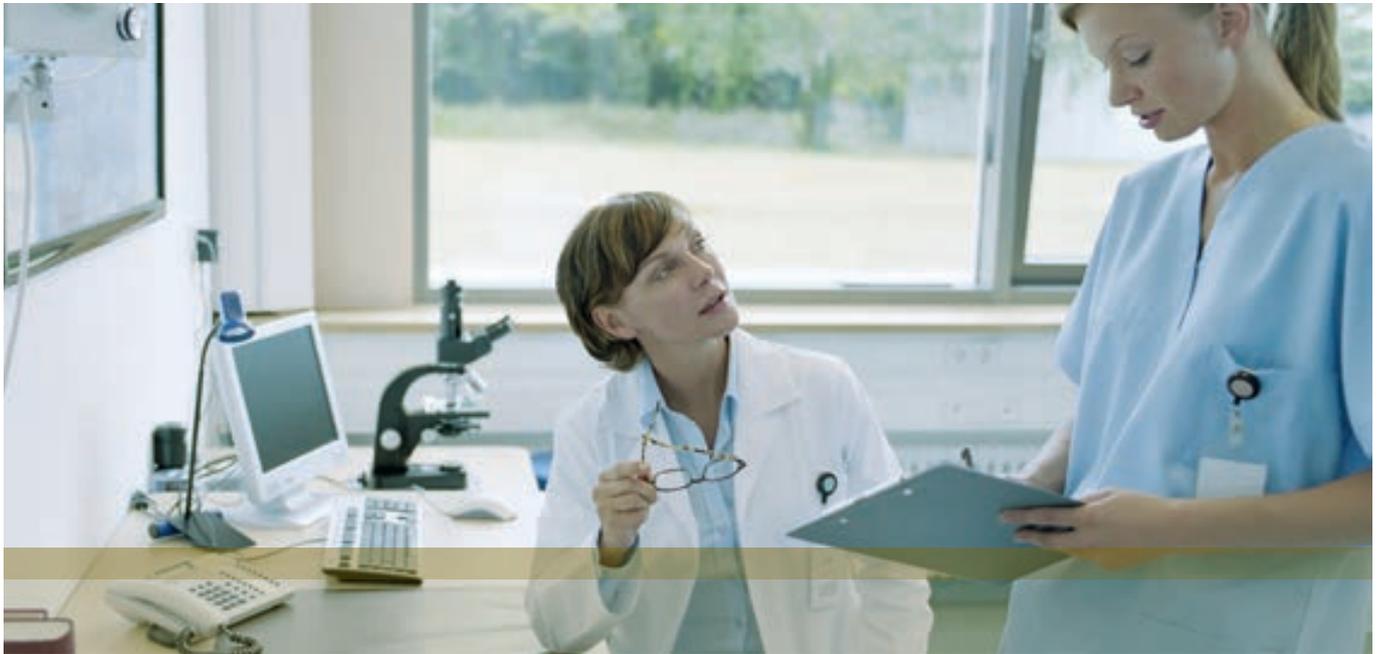
The Respiratory Lab continues to provide a comprehensive diagnostic service in support of a wide range of both medical and surgical service providers. In 2013, 12,944 procedures were completed on the 4360 patients that attended the department for pulmonary function assessment. The fastest growing area of the service continues to be Sleep and the number of overnight Polysomnography studies grew by 27.5% from the previous year. A new protocol for 'CPAP Intervention and Compliance Support' for patients with Sleep Apnoea was introduced and the number of patients starting CPAP increased by 8% with overall improvements in patient compliance.

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. Five nursing staff from John Houston ward completed the Post Grad Diploma in Respiratory Nursing in 2013.

Ongoing out-patient care for COPD is delivered via the Respiratory Assessment Unit (RAU). In 2013 one hundred patients were discharged on the COPD early discharge programme / outreach. The RAU continued to reach & excel National COPD Clinical Care Programme targets. The average length of stay for outreach patients was 2.4 days compared to 9.8 days for patients not on the programme.

The RAU is a nurse and physiotherapist led service. In addition to the early discharge programme the RAU provides a wide range of services for respiratory patients, including, pulmonary rehabilitation programmes, provision of palliative & supportive care visits and referral pathway to hospice & respite services, long term oxygen assessment Clinics, xolair, vaccination & mantoux clinics and telephone support. Two members of the RAU staff qualified as nurse prescribers in 2013. In September 2013, as part of the Haddington Road agreement, the RAU initiated nurse-led arterial blood gas (ABG) sampling for patients on BiPap on John Houston ward. From September to year end, the RAU has taken and reviewed 224 ABGs.

HOPE Directorate



Dr Eibhlin Conneally
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.

The HOPE Directorate would like to express our deepest sympathy to the family, friends and colleagues of the late Prof Donal Hollywood. His achievements in research, teaching and the development of the radiation services both on the national and international arenas are well documented. St James's Hospital remembers a quiet, thoughtful, courteous colleague, friend and doctor who never failed to go the extra distance for his patients. He is missed by all.

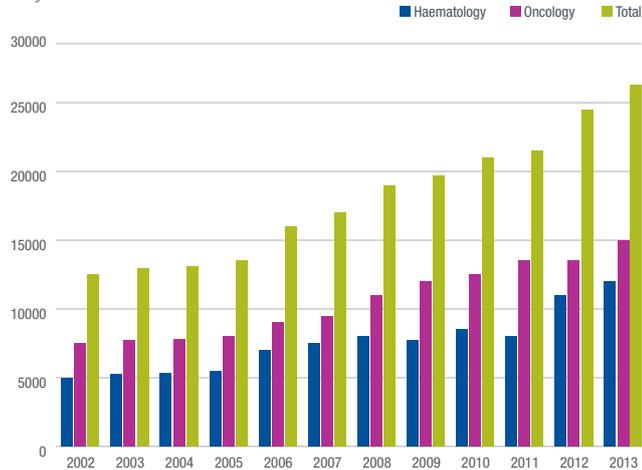


Prof Donal Hollywood

Service Trends

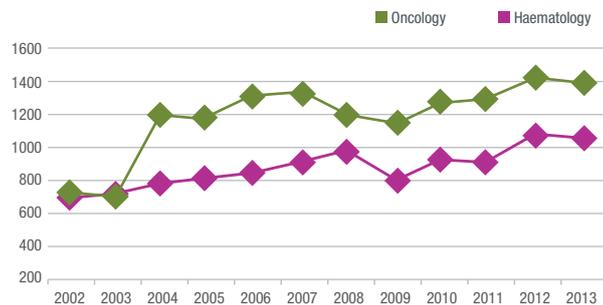
Haematology and Oncology activity continue to increase year on year with an additional 580 patients attending day services in Oncology and Haematology during 2013.

Daycare Attendances 2002 - 2013



Inpatient Activity

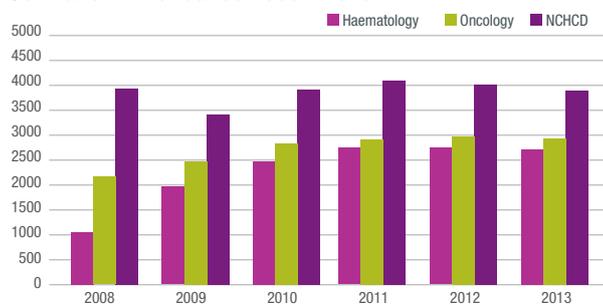
In patient activity decreased during 2013 for both Haematology and Oncology



Out Patient Activity

There was a slight decrease in out Patient attendances for Haematology, NCHCD and Oncology.

Out Patient Attendance 2008 - 2013



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.

Patients continue to benefit from the improved integration of services with the St Luke's Radiation Oncology Unit.

Dr Cliona Grant, Consultant Oncologist and Dr Sinead Cuffe, locum Consultant Oncologist joined the oncology team during 2013.

Initiatives / Developments in 2013

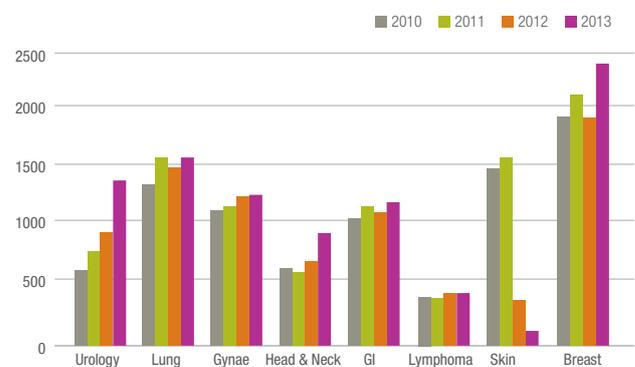
- Refurbishment of Walter Stevenson Ward.
- Preparation for opening of designated ward including refurbishment of Patrick Kavanagh ward.
- Refurbishment of patient waiting area in Day Care (HODC).

The HOPe Directorate would like to acknowledge the contribution of Prof Ken O'Byrne and wish him and his family every success and happiness in Australia.

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 specialties 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 2010-2013



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

	2010	2011	2012	2013
Upper and Lower GI	1059	1167	1109	1271
Urology	623	781	942	1320
Gynae	1136	1158	1256	1275
Breast	1947	2122	1935	2420
Lung	1357	1587	1504	1599
Head and Neck	638	599	689	871
Lymphoma	388	387	429	438
Skin	1491	1599	369	190



Developments in 2013

Set up of new videoconferencing seminar room for Cancer MDT.

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. Since the commencement of service in April 2011, there has been a steady increase in the number of patients attending the centre. 2012 saw 823 new starts (19,303 fractions delivered) and 2013 saw 1,160 new starts (23,127 fractions delivered). Of these, 10% in 2012 and 27% 2013 received VMAT (rotational arc intensity modulated radiotherapy) treatment.

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.

Dr Nazmy Elbeltagi and Dr Osama Salib commended as Consultant Radiation Oncologists.

Developments in 2013

- Utilisation of centre's GEMRI scanner for diagnostic and radiotherapy planning purposes.
- Introduction of fractionated, planned TBI. To date 27 patients have been treated.
- 4D CT scanning of patients with lung tumours has commenced. This permits greater accuracy when delivering radiotherapy by integrating respiratory motion in to target volume delineation and treatment delivery.
- MDT project team consisting of radiation oncologists, medical physics, radiation therapists and planners, commenced planning for Stereotactic Ablative Radiotherapy (SABR). This is due to commence in March 2014 and will provide a hypo (usually less than six) fractionated treatment for lung patients who are not eligible for surgery. This service is currently not available in the public system and will be a national service.

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 2013

- Additional Consultant sessions and Nursing support.
- Development of database.
- Pilot NCCP KPI.
- Implementation of purchase ordering system for cancer genetics testing.

Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

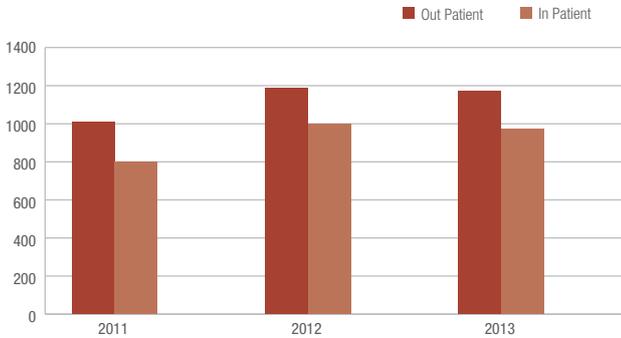
The palliative care team in St James's Hospital is multidisciplinary and supports both in-patients and outpatients. Specialist palliative care includes:

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

Service trend:

The demand for the service is increasing annually with 1049 in patient and 187 out patient referrals during 2013.

Palliative Care Reviews 2013



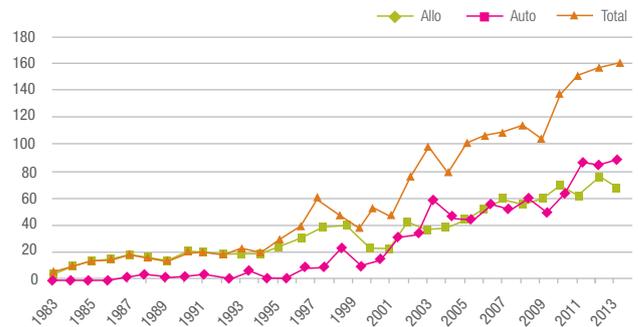
Developments in 2013:

- Inpatient and outpatient activity captured on the EPR system.
- Pilot site for the national hospital palliative care minimum data set project.
- Bereavement support evening held for family and friends of patients that died while being supported by the palliative care team.
- Clinical attachments with palliative care team offered to TCD medical students.

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 89 autologous and 70 allogeneic stem cell transplants in 2013. A dedicated data management team collects and maintains a database of all patients treated within the Haematology services in St. James's Hospital.

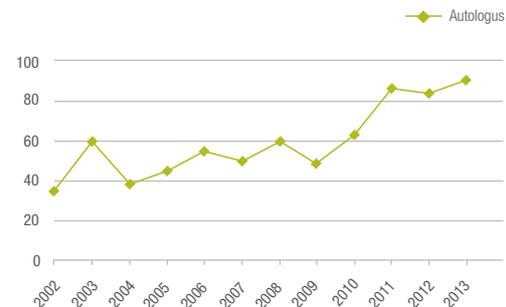
**Haematopoietic Stem Cell Transplants 2002 - 2013
St James's HSCT 1984 - 2013**



**Allogeneic Transplants 2002 - 2013
Sibling donors and Matched unrelated donors (MUD)**



Autologous Transplants 2002 - 2013



Initiatives / Developments in 2013.

- Implementation of new Web-Intellect database.
- Transfer of regional apheresis service from IBTS.
- Refurbishment of Denis Burkitt Ward (2nd phase – 1st phase completed 2012).

The HOPe Directorate would like to express our sincere thanks to the Bone Marrow for Leukaemia Trust for funding the refurbishment of the Denis Burkitt Ward and their ongoing commitment to the Transplant Service.

Cancer Clinical Trials Office

Programme Director – Dr Dearbhaile O’Donnell

Scientific Director – Professor John Reynolds

Clinical Trials Manager – Ms Ingrid Kiernan

The Cancer Clinical Trials Office administers clinical trials at St James’s Hospital and liaises with the All Ireland Co-Operative Oncology Research Group (ICORG), the HRB and the Irish Medicines Board. Audits, training, research and dissemination of resulting information form the core of the group’s activities.

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In 2013, 17 new trials opened. 97 patients were recruited to oncology and haematology clinical trials and 101 patients to 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.

New team members

Ms Noreen Waldron – **Research Nurse**

Mr Donnacha Dunne & Ms Siobhan Warren – **Data Managers**

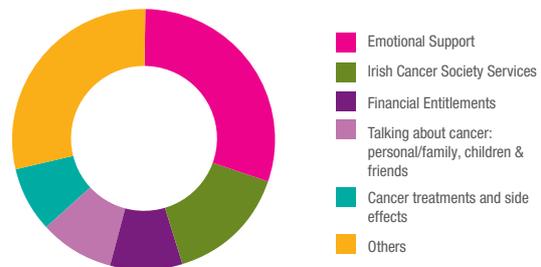
In 2013, 17 new trials opened and recruited 208 patients in total. 101 patients were recruited onto oncology/ haematology clinical trials and 107 patients onto translational research and QOL studies. Trials continue to be conducted with many major pharmaceutical companies and international co-operative groups in the areas of breast cancer, lung cancer, colorectal cancer, ovarian cancer, melanoma, lymphoma and chronic myeloid leukaemia.

Daffodil centre

The 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 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.

Most enquirers have a number of questions to ask when they visit. Most have an element of emotional support and both the nurses and volunteers provide emotional support through listening and signposting to services within the hospital and other relevant organisations.

Daffodil Centre - Most enquired topics 2013



National Centre for Hereditary Coagulation Disorders (NCHCD)

The National Centre for Hereditary Coagulation Disorders (NCHCD) provides multi-disciplinary comprehensive care and services to patients with coagulation disorders. There is close liaison with the other recognised Haemophilia centres in Ireland to promote the provision of high quality Haemophilia care nationally.

Mission Statement

The mission of the NCHCD is to promote healthy and successful living as well as providing optimal standards of medical care for people and their families living with Haemophilia and other coagulation disorders. Our purpose is to provide a hub of clinical services, research, training and education on a national basis that will enhance the medical and all other aspects of care for this service user group. We are committed to delivering a bio psychosocial model of care that is responsive to the needs and values of our service users.

NCHCD Developments 2013

- Haemophilia and Hepatology In-patient and day ward opened.
- National Co-ordinator for Coagulation Factor Concentrate appointed.
- Advisory committee for national coagulation factor concentrate budget was established.
- Introduction of a Chronic Disease Self Management Programme (CDSMP). Members of the multidisciplinary team and patients were trained in the Stanford Model of Chronic Disease Self Management.
- Significant increase in the number of patients using hand held monitoring device to capture coagulation factor concentrate usage. Thus, optimising traceability and patient safety.
- Business case for radiosynovectomy treatment in SJH for eligible patients with Haemophilia who currently either have no access to this treatment or have to obtain the treatment overseas at considerable expense has been approved. The patient pathway has been approved. An SOP has been devised and is awaiting approval.
- Annual report compiled on the monthly audits conducted to review multiple aspects of practice within the NCHCD. Following this additional key performance indicators were highlighted and introduced.
- Two nurses have undertaken the inaugural RCPI Quality Improvement in Action course. The focus of their studies will be the review and further development of the DVT pathway in conjunction with the Emergency Department.
- Annual report for Patient Partnership Panel complete.



The NCHCD was awarded a commendation in the Best Use of Technology category at the Irish Healthcare Awards. This award recognises the years of work on the part of the NCHCD, Crimson Tide and TCP Ltd to improve patient care and safety and we also acknowledge the input of the teams in OLVHC and CUH in rolling out this initiative. Clinical Nurse Specialist Eadaoin O'Shea celebrated 20 years of dedicated service to the haemophilia patient population.

Anticoagulation

- 270 patients have been established on the point of care self testing model.
- Text messaging service is now available to all self testing patients.
- Continued collaboration with the South Inner City Partnership regarding the development of anticoagulation monitoring in GP practices.
- NCHCD nursing staff undertook a comprehensive training programme and were deemed competent in anticoagulation management.
- Anticoagulation nursing staff amalgamated with the NCHCD nursing team in order to provide a safe and effective service for all.
- Audit of the Anticoagulation service revealed that greater than 95% of patients considered the service to be excellent.



Psychological Medicine Service



Introduction

The Psychological Medicine Service strives to provide expert, compassionate psychological care to patients who are attending the hospital. Within the service patients have access to a broad range of interventions and expertise including multi-disciplinary urgent and elective assessments and interventions ranging from psycho-education and self-directed learning to specific interventions provided by senior clinical nurse specialists, principal clinical psychologists and consultant psychiatrists. The service also provides innovative educational programmes for health-care students and clinicians both locally and nationally.

The team operates from within a single building on the general hospital site to foster collaboration between clinicians and to help integrate the response to psychological distress occurring within a medical setting. The team responds to patients from all areas of the hospital including the Emergency Department and all medical and surgical wards. The service also works closely with multi-disciplinary teams and colleagues in the Jonathan Swift clinic. It has developed specific expertise in the area of cancer care and to date is the only fully-integrated, multi-disciplinary psycho-oncology service in Ireland.

Developments throughout 2013

As part of the hospital-wide strengthening of the directorate structure, the Psychological Medicine Service is being integrated within the HOPE directorate while continuing to provide care across all specialities within the hospital. Building on the success of the CBT-focused manual on Cancer-Related Fatigue the team has developed an intervention based on mindfulness, running mindfulness-based group sessions throughout the year. The team collaborates closely with colleagues to provide assessment, and, where needed, intervention for patients with genetic high-risk cancer (BrCal and others).

This ranges from a simple, single-visit intervention to more complex care depending on the needs identified and this is a service planned for further development. With the development of St Luke's at St James's Radiation Oncology service the Psychological Medicine Service is also developing specific care of patients undergoing radiation therapy on the St James's site. Modelled on the existing service, a range of assessments and interventions will be provided, matched to the needs of the patients.





MedEL Directorate



Dr. Conal Cunningham
Clinical Director

Carol Murphy
Business Manager

Michelle Carrigy
Nurse Manager

Introduction

The Department of Medicine for the Elderly has admission, rehabilitation and continuing care wards and a day hospital providing 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 2013

2013 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 planning permission granted in 2013.
- The clinical activity in the Directorate continues to grow including in-patients, 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 stepped down from his in-patient role at the end of December 2013 however he will continue his work in Bone Health in the Mercer's Institute and in Trinity College.
- Dementia Services Information and Development Centre continued to expand and develop during the year.



Minister Sherlock launches the second phase of the TRIL Clinic.

The Mercer's Institute for Successful Ageing (MISA) – Capital Project

Substantial progress was made on the MISA capital project during 2013. The project team met with increased frequency in 2013 with the Health Services Executive completing the planning and tender documents.

The construction works for the main MISA project are scheduled to commence in early 2014 and the building will be open and fully functioning in early 2016.

The Mercer's Institute for Successful Ageing will consist of four main pillars or elements, each of which will be highly integrated and interactive:

- Clinical.
- Research and Development.
- Training and Education.
- Creative Life.

These pillars will form the structure of the Institute and foster strong interactions within and between areas, promoting innovation in care, policy development and research in ageing. The Clinical and Creative Life Pillars will be a local resource, championing best practice and innovation in care of the old people, leading by example and fostering and supporting development on a national scale. The Training, Education and Research and Development Pillars will be a national resource that will be rolled out to the country as a whole.

This new innovative Institute will confront many of the most serious challenges surrounding ageing.

Clinical Service developments

Stroke Service

2013 was a busy year for the stroke service with 305 patients assessed and treated by the stroke team. An additional Stroke Consultant was appointed to St. James's Hospital under the joint auspices of the National Stroke Programme and National Neurology Programme. Dr. David Bradley is a Consultant Neurologist and Stroke Physician who shares responsibility for the stroke service with Professor Harbison.

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. A comprehensive assessment is performed on all patients. This includes review of risk factors for osteoporosis, risk factors for falls and advice on diet, lifestyle modifications and education on treatments. In 2013 approximately 3,500 patients were treated in the Unit and a further 3,000 patients had DXA scans carried out.

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. The activity in the Unit increased further over the past year with over 5,000 attending. The Falls Unit now makes use of advanced technology monitoring with internal loop recorders to investigate falls in the older patients when indicated.

Mercers Institute for Research on Ageing (MIRA)

MISA Annual Lecture

The MISA Annual Lecture 2013 took place in Trinity College Dublin in September presented by Professor Stacy Tessler Lindau, Associate Professor of obstetrics/gynaecology and geriatric medicine from University of Chicago. Professor Lindau presented a fascinating history and analysis of current knowledge of sexuality in ageing entitled “Sex, Health, and the Long Life”. Professor Lindau also had numerous appearances in the media while she was in Ireland emphasising that ageing involves all areas of living a healthy engaged life.

Memory Clinic

The memory clinic had a particularly successful year with the awarding of GENIO Trust funding. Professor Brian Lawlor was awarded the GENIO Dementia Grant for Acute Hospital to develop the DemPath Project. The overarching aim of this project is to create an effective ‘dementia friendly’ integrated care pathway for all people with dementia, irrespective of age, across the Dublin South Inner City community and St. James’s Hospital.

Towards the end of April, the 3rd National Memory Clinic conference was co-hosted by the DSIDC and the Mercer’s Institute for Successful Ageing (MISA).

Local Asset Mapping Project (LAMP)

LAMP is a preventive health project aimed at older people living in the catchment area of the hospital, using a combination of asset mapping and community health assessments to create a detailed picture of the catchment area. The project has been designed in partnership with the University of Chicago.



2013 was a busy year for LAMP – with the support of St. James's Foundation our mappers documented all businesses and services in 20 electoral districts surrounding the hospital covering a population for approximately 60,000 people. The transition year students from Warrenmount School in the Liberties assisted our mappers.

The Irish Longitudinal Study on Ageing (TILDA)

TILDA continues to go from strength to strength with the Wave II data now published. The quality of the work of TILDA continues to provide collaborative opportunities nationally and internationally to deliver quality cutting edge research and innovations in technology for the older population.

The Dementia Services Information and Development Centre (DSIDC)

The Dementia Services Information and Development Centre (DSIDC) is a National Centre for Excellence and is committed to best practice in all aspects of dementia care. 2013 was a significant year for the DSIDC when new partnerships were forged with groups including engineering and architectural staff from TrinityHaus in Trinity College and staff at Genio. During 2013, the Department of Health appointed a Working Group to oversee the development of the National Dementia Strategy and this Group have met several times during the year to progress dementia policy reform here.

Promotion of Awareness

A seminar on the topic of the environment and dementia, attracting an audience of some 120 architects, planners and researchers was hosted by the DSIDC in Trinity College in early April 2013. The guest speaker was Dr Hilda Verbeek, a Neuro-Psychologist from the University of Maastricht who presented results based on her recent research, investigating the effects of small-scale design on the quality of life of people with dementia.

Education and Training

In response to family caregivers' quest for support and information services, in autumn the DSIDC launched a new extra mural course titled "Understanding Dementia". Some 20 family caregivers, including several male carers, some of whom had relatives with atypical early onset dementia, attended the course. The course was very well evaluated.

During 2013 staff from the Centre continued to provide education to healthcare professionals nationwide and contributed to a number of conferences, seminars, lectures and national and international networks. During the year an under-graduate 13 week Module on Ageing and Dementia was taught to some 40, third and fourth year Social Work and Social Policy students at Trinity College.

The DSIDC's Living with Dementia programme, funded by the Atlantic Philanthropies, came to completion towards the end of 2013. This research programme has been most proactive in raising public and professional awareness about dementia.

Governance

During 2013 Maurice O'Connell retired from the ASI and from our Steering Committee after 15 years service. We would like to thank Maurice for his support of our professional work. We would also like to welcome Mr Brian Fitzgerald who joined the Steering Committee during 2013 and new members of the Advisory Group Mr Pierce Finnegan and Fiona Crehan. We would also like to welcome back our Director Associate Professor Suzanne Cahill who has returned full time to the DSIDC having spent the last 6 years at Trinity College.



SaMS Directorate



Professor Louise Barnes
Clinical Director

Ms. Sharon Slattery
Nurse Manager

Ms. Paula Corby
Business Manager

Introduction

The SaMS Directorate encompasses nine specialties, 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 Syngé Ward and Hospital 5 Unit 3. The ambulatory day centres are the GUIDe Clinic, Health Care Centre, Diabetic Day Centre (DDC), Neurophysiology, the Day Surgery Unit and the Rheumatology Day Centre (RDC).

The SaMS Directorate focused on several major challenges in 2013

1. **The hospital 7 decant project** as a consequence of the plans to build the National Paediatric hospital. This will directly affect rheumatology, gynaecology and ENT. We worked with project lead Mr. Ciaran Faughnan to ensure an equitable transition.

2. **The Mercers Institute for Successful Ageing (MISA)** build due to commence in early 2014 involves considerable deconstruction and reconstruction of the GUIDe department. Negotiations in 2013 proposed the relocation of all 11 inpatient beds from H5U3 to Phase 1H ward in the main hospital providing a satisfactory solution for the care of this cohort of often immunosuppressed patients. The knock on effects of the building of MISA is going to be difficult for patients and staff working in H5.

3. **The SaMS Directorate faces dissolution** in 2014 after 15 years. The proposed two new major Directorates, one Medical and one Surgical are a positive development and a rationalization of patient centred services.

Staff developments

Prof. Colm Bergin terminated his 7 year term as Clinical Director and Prof. Louise Barnes took up the post January 2013. Ms. Paula Corby was appointed as interim Operation Manager of the new Medical Directorate in mid December 2013.

The Directorate would like to thank Prof. Bergin and Ms Corby for their stellar vision and hard work and wish them every success in their new endeavours.

Retirees:

Breege Connolly HCA GUIDe & Catherine Dowling CNM 1 GUIDe both retired in 2013.

The total attendance rate for SaMs Directorate Out - patients

SaMS Directorate Outpatient Activity	2011	2012	2013
DERMATOLOGY	7328	7373	7921
ENT	5006	5179	4853
ENDOCRINOLOGY	6002	5938	5677
GUIDe	17598	18544	20351
GYNAECOLOGY	5698	5045	4640
NEUROLOGY	4057	4195	4551
OPHTHALMOLOGY	2704	3222	3078
RHEUMATOLOGY	3359	3560	3590
TOTAL	51752	53056	54662

Inpatient areas

The SaMS Directorate has three acute inpatient areas each providing best practice quality nursing care. Despite daily challenges with staffing levels and skill mix each nursing team continued to embrace and implement the Early Warning Scoring system and the Nursing Quality Metrics whilst continuing to lead on education and competency developments at a local level.

St. John's and Victor Synge wards successfully embraced the philosophies and practices of End of Life (EoL) having successfully completed the EoL Practice Development programme.

Nurse education

SaMS Directorate has a large number of Clinical Nurse Specialists (CNS) providing expert knowledge, support and care to their patient groups. In recent years the introduction of the Nurse Prescribing of Medication programme has further enhanced their area of specialist practice and associated nurse led clinics.

To date ten CNS's have successfully completed the programme including CNM 2 Clara O' Neill, DNS Jean Doyle, cANP Denise Cunningham and CNS Sinead Murphy who have been successful in 2013. A further two CNS's are presently progressing through the programme. A key role of the CNS post is education and training of colleagues. All CNSs within the SaMS Directorate took part in the Clinical Skills Fair and the newly developed Medical Surgical Foundation Course.

Dermatology

Within dermatology university departments the clinical work is increasingly defined as being either medical or surgical. This separation is not absolute but it is reflected within the department by the processing of work load and sub-specialization. Skin lesions account for 60% of all outpatient referrals. In 2013 a total of 7921 patients were seen at OPD with a new to return ratio of 1.335. This is high volume work that generates significant day-case surgery reflected in our 2013 activity – 1964 including 280 Mohs micrographic surgery cases.

The dermatologic surgery component was boosted by the appointment of Dr. Rupert Barry in late 2012. Both he and Dr. Patrick Ormond are fellowship-trained Mohs micrographic surgeons. A business case was agreed with Mr. Brian Fitzgerald CEO which has increased the number of Mohs surgery sessions to 3 days per week. This expansion has necessitated additional nursing, clerical and medical scientist appointments.

The skin cancer workload is coordinated through twice monthly MDTs which include dermatology, plastic surgery, dermatopathology, radiotherapy and maxillofacial services. Dr. Bairbre Wynne is the clinical lead. The MDT meeting generates a considerable histopathological workload which is dealt with by Dr. Mairin McMenamin and Dr. Niamh Leonard, whose expertise is much appreciated.

In late 2013 a weekly skin cancer clinic and surgery session delivered by Drs Barry and Ormond was set up in Tallaght Hospital in order to tackle the long waiting lists in that hospital.

Discussions regarding equal access for patients within all the DML hospitals resulted in waiting list initiatives in St. James's Hospital and Tallaght with further sessions for those waiting over a year in Mullingar planned for 2014. More effective and long lasting solutions are necessary to reach and maintain equity of access.

On the medical dermatology side work continues at an outpatient and day –case level which requires more nursing input from our clinical nurse specialists.

It is hoped that 2014 will see the development of an improved structure for our busy department as the constant moving from Hospital 5 to different OPD suites is unsatisfactory.

Dermatology Nursing

Nurse led clinics continue to expand within the Dermatology service with the introduction of the Iontophoresis in 2013, a treatment which improves the quality of life for patients with hyperhidrosis. Katherine Sweeney, CNS attended an advanced Epidermolysis Bullosa (EB) forum in the UK and commenced a nurse led clinic in changing gastrostomy devices in EB patients. The EB CNS facilitated in meeting the educational needs of the UCD medical students.

2013 saw the transferring of Mohs microsurgery services to Hospital 5. This opportunity allowed for the development of a Mohs nursing team. The Mohs nursing and medical team in conjunction with clinical photography have created an educational DVD for patients on self screening of moles, sun protection and Mohs and dermatology services.

Endocrinology

Diabetes

There has been a significant restructuring of the department over the past 2 years. The diabetes clinics have been subdivided to incorporate two Type 1 clinics per month and six Type 2 clinics per month. 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 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 Syngé 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.

Diabetes nursing

Patient empowerment and self care are key for all patients with diabetes. Evidence based research states that structured education is an integral part of diabetes management. As a result programmes for Type 1 and Type 2 are being facilitated and ran by both nursing and clinical nutrition colleagues.

The nursing team were successful in achieving a category 1 ABA approved Diabetes study day programme which was successfully held in December 2013.

Themed cookery demonstrations continue each quarter in 2013 to promote healthy eating with great success for both patients and staff within the organisation.

World Diabetes Day in November remains a key day for the longitudinal study that is being completed year on year by the nursing team. This risk assessment continues to raise awareness of diabetes for public and staff.

Ear Nose and Throat (ENT)

The ENT service provides a supra-regional service for patients with Head and Neck cancer. There are now four ENT consultants in this team as in September 2013 Mr. Joe O'Neill joined the ranks and now four outpatient clinics are delivered weekly in suite 4.

In 2013 a total of 4,853 patients received an out-patients consultation. This service is underpinned by a multidiscipline team consisting of a Speech and Language Therapist, Clinical Nutritionist, Audiologist, CNS's and clerical officers.

Mr John Kinsella is performing Laser Vocal cord laser surgery in the surgical day centre the aim of this is to reduce the rate of in-patient admissions and this is proving to be successful to date.

Mr Brendan Conlon is the first ENT consultant in Ireland to perform Laser Stapedectomy as a Day Case in the Surgical Day Centre.

Eight new scopes were purchased in 2013 and a proposal for the development of a new decontamination area went to tender, with works expected to be underway in early 2014.

New Diagnosis Head and Neck Cancer	2008	2009	2010	2011	2012	2013
Head and Neck	195	205	240	259	285	321

In 2013 a new initiative using Tonsillectomy questionnaire was implemented providing direct access to day surgery. In 2013 this initiative has resulted in 65 patients been offered direct admission for tonsillectomy bypassing the main out-patients. In 2013 a total of 347 day case procedures were performed

ENT Nursing

Tracheostomy Safety Facilitator (TSF): 2013 saw the development and roll out of a Tracheostomy e-learning programme that is available online via the SJH learning hub for all staff to access. This initiative supports staff in maintaining their knowledge and skills for patients with a tracheostomy. Since the appointment of the TSF in 2005 there have been 0 readmissions to ICU and no delayed inpatient discharges in general ward areas from ICU. TSF Joy Norton published a research paper titled "Nurses Knowledge and Standards of Tracheostomy Care since the introduction of a Tracheostomy Safety Programme" early in 2013 in the Journal of Medical Safety.

Ms. Joy Norton contributed to the recently published book "Word of Mouth" this book is designed for patients who are coping with and surviving mouth, head and neck cancers.

This ENT Coordinator role ensures that benign ENT conditions are triaged appropriately and necessary diagnostic tests are completed prior to attending the OPD services. This service is protocol driven and also provides telephone support to patients on general lifestyle and healthcare advice which previously was being provided in the hospital setting.

The Cancer Nurse Coordinator: This post is pivotal to the coordination of care of the newly diagnosed 344 patients reviewed by the Head and Neck service with malignant diagnoses.

The Head and Neck Cancer Nurse Coordinator facilitated in meeting the educational needs of the Post Graduate Oncology Course students.

The Head and Neck Cancer Nurse Coordinator Ms Catherine O' Farrell represented the SaMS Directorate surgical oncology services in establishing the new St James's Hospital Cancer website. All the above nursing posts provide education to hospital staff both internal and external via the Tracheostomy study day (ABA category 1) which continues quarterly

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.

Clinical/IT/National Development

In 2013 GUIDe implemented a new model of STI clinics for asymptomatic patients. This is in line with increasing international experience in providing rapid access/no examination service to asymptomatic individuals requesting an STI assessment. The primary objectives of the clinic were to increase access and reduce waiting times for "walk in" STI patients.

In 2013, GUIDe continued to lead the way in developing the hospital EPR system within the clinic. Dr. Grainne Courtney has been extensively involved in showcasing EPR to departments within the hospital and external agencies, for example the National Med Lab tendering process.

The national OPAT (out patient antimicrobial treatment) Program was launched in March 2013 with Dr Susie Clarke as the National Clinical lead. In the first 10 months 10,000 bed days were saved nationally. In SJH we received funding for a full-time dedicated OPAT Nurse and Ms. Clara O'Neill (previously a staff nurse at GUIDe) took up post in October 2013.

In June 2013 a four day programme of HIV point of care testing was undertaken in the Mountjoy prison complex, testing over 500 inmates during that time. This programme was timed to mark Irish AIDS day and represented a joint initiative between the GUIDe clinic, the Irish Red Cross and the Irish Prison Service. The objectives of the programme were to reduce HIV stigma, raise HIV awareness and promote HIV testing.

A community based STI testing initiative in collaboration with Dublin AIDS Alliance was established. This initiative was awarded funding from Gilead Sciences. Ms. Sandra Delamere, Advanced Nurse Practitioner at the GUIDe clinic provides the clinical service with consultant support from Dr. Fiona Lyons.

An ED/Dept of GU Medicine & Infectious Diseases/Hepatology/ Dept of Microbiology collaborative group received approval to commence ED-based testing for blood borne viruses. Funding was secured for the initiative to commence Q1 2014.

The outreach clinic to the national Drug Treatment Centre, Pearse Street was awarded funding from Gilead Sciences, enabling Dr. Saloni Surah to continue the service until Q3 of 2013.

GUIDe involvement in the further development of the first national sexual health strategy – this process started in 2012 and is due to be presented to government Q1 of 2014.

GUIDe involvement in the Gonorrhoea Control group, convened by Public Health to investigate and appropriately manage the upsurge in reported gonorrhoea cases.

Education

Dr Lyons remains in post as National Specialty Director for Gu Medicine, RCPI and Prof. Bergin in position as Dean of Postgraduate Specialist Training, RCPI

In 2013 two BASHH approved STIF courses were run from the GUIDe clinic with excellent attendance and feedback from both courses.

An e learning module on STIs was developed in collaboration with the ICGP with financial support from the HSE Crisis Pregnancy Programme. This module went live in December 2013.

GUIDe involvement in the second Sexual Health Awareness Week, hosted by the Royal College of Physicians in partnership with the HSE Crisis Pregnancy Programme, November 2013.

Research

A number of PhDs and MDs are underway: Dr. Saloni Surah completed clinical work and data collection for her PhD thesis on providing HIV care to intravenous drug users. This thesis will be submitted for examination to the University of Dublin in September 2014.

Dr. Aisling Loy continued her work, in collaboration with Dr. Caroline Daly on cardiovascular disease in HIV infected men. This thesis will be submitted for examination to the University of Dublin in September 2014. Mr. Patrick Murphy continued his work on aspects of HIV disclosure amongst HIV positive men who have sex with men attending the GUIDE clinic. This thesis will be submitted for examination to the University of Dublin in September 2014. Dr. Ciaran Bannan was appointed as Research Fellow in Virology and Immunology, TCD and is registered for a PhD studying the Immunological interface of HIV-HCV Co-infection. Dr Jenny Kieran is registered in TCD to complete her PhD addressing Health Technology Assessments in Viral Diseases. Dr. Corrina Sadlier will submit her PhD thesis in 2014 focusing on Vaccine Prevention Strategies in HIV Positive Patients. Dr Cliona NiCheallaigh, a recipient of the NASFP Award, is completing her PhD on Mechanisms of Altered Host Immunity to TB. Ms Aline Brennan continues her PhD work addressing Models of Care Delivery in Ireland, co-supervised by Prof Horgan, UCC, Prof Bergin, TCD and Prof Charles Normand, TCD. Dr Deirdre Bennett is completing her PhD addressing Postgraduate Medical Education and Training, jointly supervised by Prof Mary Horgan, UCC and Prof Bergin, TCD. Dr Helen Tuite is Studying the Changing Epidemiology of HIV Infection in Ireland for her doctoral thesis.

The Research group submitted 4 HRB grant proposals in the 2013 HRB HRA Call.

Gynaecology

The department of gynaecology is designated as a cancer centre for genital tract malignancies and a supra-regional centre for exenterative and reconstructive surgery. Gynaecological referrals are streamlined based on sub-specialist facilities at each of the Trinity Hospitals (SJH, Coombe Women & 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 hospitals.

Designation of SJH as a Gynaecological Cancer Centre has increased the case load and complexity. 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. 545 extirpative/ reconstructive surgeries were undertaken in 2013. All cancer care is delivered through a multidisciplinary forum. Minimal access (laparoscopic) approach is now standard in endometrial and cervical cancer. Most adnexal surgery is performed through the surgical day ward facility. Gynaecological oncology consultants are Dr Noreen Gleeson, Dr Tom D'Arcy, Dr Waseem Kamran. The general gynaecologists are Dr Hugh O'Connor and Dr Mary Anglim. Dr Tom D'Arcy is the director of colposcopy for the Trinity hospitals.

The sub-specialist training programme in gynaecological oncology is approved by the Royal College of Obstetricians & Gynaecologists. Dr Feras Abu Saadeh is Subspecialist Fellow. Clinical scientific research focuses on many aspects of gynaecological cancer care especially thrombosis, biomarkers and risk reduction surgery. Dr Lucy Norris PhD & Dr Sharon O'Toole PhD are the senior scientists and Dr Nadia Ibrahim is Research Fellow.

Cancer Statistics

The Gynaecology Oncology Service in St. James's Hospital provides a local, regional and supra-regional service for patients with gynaecological cancer. 3864 patients attended the Gynae Oncology Clinics 2013 and a further 275 patients attended cancer risk clinics. There was 325 new oncology referrals were seen in 2013. 1231 cases were discussed at the gynaecology MDT of which 683 was individual patients.

New Gynaecology Diagnosis figures 2013

Gynaecology Cancer figures	2013	2012	2011	2010	2009
	304	295	297	278	285

Gynaecology Nursing

SaMS Directorate would like to take this opportunity to sincerely thank the Irish Cancer Society for their funding of a CNS post for a three year period. Unfortunately this funding ceased during 2013. The nursing team is pivotal in the coordination of care of the 3,786 patients reviewed by Gynae Oncology service. The Gynae Oncology Nurse Coordinator facilitated in meeting the educational needs of the Post Graduate Oncology Course students.

Neurology

The epilepsy service at St James's hospital has continued to develop in its role as regional centre for the Dublin Mid Leinster area. We provide epilepsy services to all the Midland and south Dublin Hospitals, more than 70% of referrals are seen in less than 4 weeks. We have a dedicated team of 4 nurses who are all either confirmed experts in epilepsy care or in a national training programme to become one. We have outreach programmes in Tallaght hospital and are developing outreach services for St Vincent's university hospital, Cheeverstown intellectual disability centre and The Coombe Women's Hospital, all of which we hope will be in place by the end of 2014. The teams approach is to concentrate care where necessary at the regional centre for the most difficult cases and the distribute care to the regions for those who can be managed at outreach centres or in general practice (aided by a management protocol). 2013 saw the full role out in St James's hospital of the Integrated Care Plan (ICP), which standardizes care at the emergency room interface. Our data shows that patients managed on the pathway, spend less time in hospital, are followed up faster in OPD and have less re-presentations to the ED.

The ICP was tested against 130 hospitals in the National UK audit of seizures in hospital (NASH II 2013) and fared extremely well scoring in the upper quartile across nearly all measures. We have the ICP now as a national tool and it is in active use in Beaumont hospital and will be rolled out nationally over the next 2 years.

Dr David Bradley joined the team in 2013, his time is divided between neurology and the stroke service. Dr Siobhan Hutchinson in September 2013 initiated two new projects, the Neurology Rapid access clinic which reduces creation of new charts, it is now paper light, all patient episodes are inserted on EPR. Dr Hutchinson also initiated work on an electronic clinic reconciliation form.

Dr Patricia McNamara completed the clinical and laboratory components of her PhD addressing the Inflammatory Neurodegenerative Continuum in HIV Related Cognitive Impairment.

Neurology Nursing

Epilepsy: As part of the model of care as designed within the National Clinical Care Programme the cANP has developed an outreach service in Tallaght hospital. 2013 saw the development of a Vagal Nerve Stimulator clinic for patients with refractory epilepsy. This outreach clinic serves the Dublin Mid- Leinster catchment area. Local nursing KPI's continue to be developed with the implementation of a ten day telephone triaging service to all new patients referred to the service with a suspected or known diagnosis of epilepsy. This quality improvement initiative received recognition for innovation and quality and was awarded the Martha McMennamin Scholarship in December. The Epilepsy cANP's continue to complete competencies and clinical skills in advance of site preparation and accreditation for ANP in 2014. Both Epilepsy and Multiple Sclerosis (MS) nursing colleagues have attended national and internal educational symposiums. Both Epilepsy and MS Neurology services provide nurse led telephone or email advice and support lines which improve the patients experience, maintain access for acute patient episodes and overall improving quality of care provision. Over 2,500 patients availed of these services in 2013.

Ophthalmology

In 2013 a total of 3078 patients received an ophthalmology out-patients consultation, which consisted 2303 return appointment and 773 new patients which is an increase of 12% when compared to 692 new patients' appointments in 2012.

The Ophthalmology department provide a comprehensive effective and efficient service hospital wide, it also incorporates as part of its remit a collaborative approach with endocrinology to provide retinal screening services for early detection of diabetic retinal screening disease.

An internal audit is undertaken to ensure that all newly diagnosed diabetic patient are offered an appointment for retinal screening and this constitutes a large proportion of work for the ophthalmology service, in 2013 a total of 1758 patients attended retinal screening.

In 2013, of all new patients seen 96% were from an internal hospital source.

Rheumatology

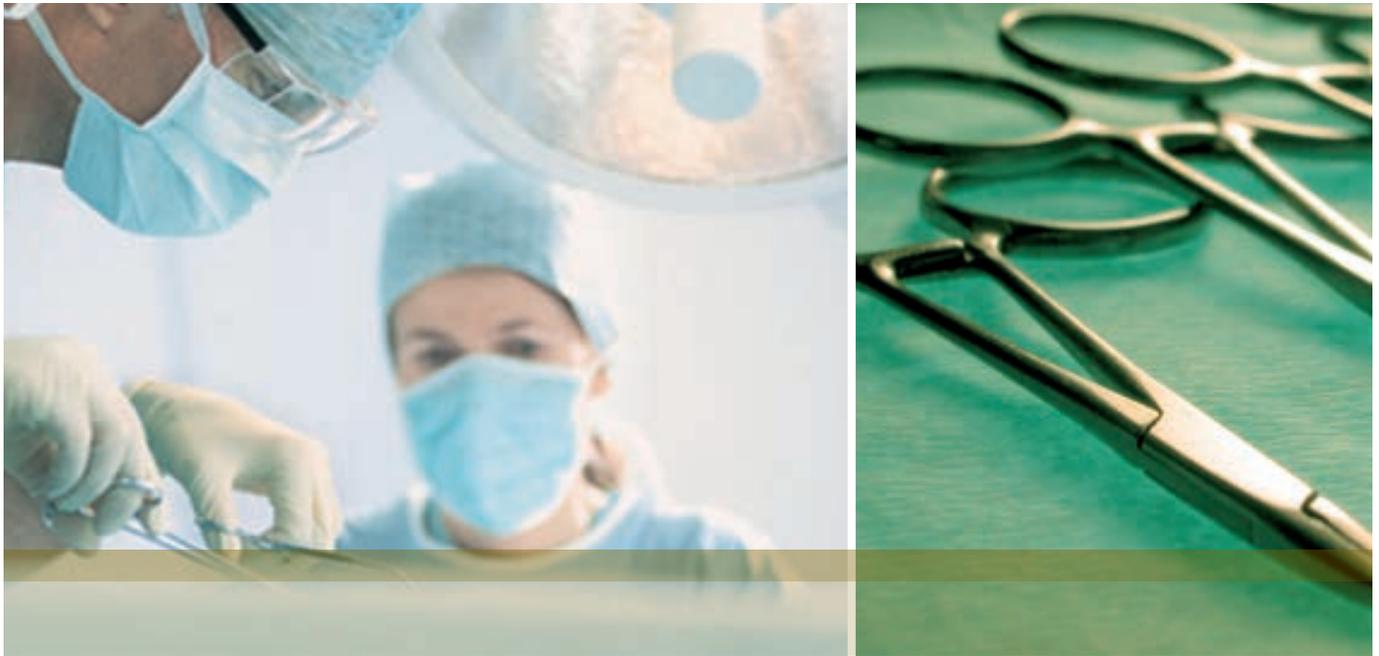
The Rheumatology service incorporates:

- 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.
- a specialized arthritis out-patient based service.
- a tertiary referral connective tissue service.
- a weekly Early Arthritis Clinic.
- a weekly procedure clinic in the Rheumatology Day Centre (RDC).
- a dedicated Ankylosing Spondylitis Clinic (RDC).
- a daily in-patient consult service.
- a specialized physiotherapy / occupational therapy service.
- a specialized 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 2013, 702 new patients (increase of 16% on 2012) and 2538 return patients (increase of 3% on 2012) attended the out-patient department, while 748 patients (increase of 3% on 2012) were admitted as General Medical patients under the care of the Rheumatology team. We welcomed Jennie Cronin as a senior physiotherapist under the HSE Musculoskeletal Programme to target patients with soft tissue or local rheumatic disease. Karen McConnell was offered the temporary post of rheumatology staff nurse to help with the specialist nursing workload. The dedicated Ankylosing Spondylitis and Early Arthritis Clinics also noted an increase in the numbers of patients attending these services, both of which help to expedite review of patients with specific rheumatic symptoms. Dr O'Shea is a co-founder and principal investigator of ASRI – the recently created Ankylosing Spondylitis Registry of Ireland, a national database of patients with AS from across Ireland. Dr O'Shea also continued his role as Regional Lead on the HSE Programme for Rheumatology. Prof Gaye Cunnane remains the Director of the Basic Specialist Training for the Trinity Scheme, Intern Tutor for St James's Hospital and Director of the William Stokes Post-Graduate Centre.



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, The Unit runs a one in nine Consultant rota with shared teams between consultants. The AMAU is overseen by General Physician, Dr Deirdre O Riordan.

Breast Care

St. James's Hospital Breast Unit was designated as one of the eight specialist centres for Symptomatic Breast Disease Services in Ireland by the NCCP in 2007. This has led to an increase in our catchment area and has resulted in a large increase in referrals for the service over the past number of years.

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

St. James's Hospital Breast Service includes:

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

The number of new symptomatic referrals to the Breast Care Department has seen a significant rise compared to 2012, with 2741 referrals received in 2012 compared with 6430 referrals received in 2013. To accommodate the additional demand for services, there was an increase in the number of Symptomatic Breast Care clinics held during the year. 8,441 appointments were offered to symptomatic patients in 2012 compared with 8,933 in 2013.

The number of patients offered appointments to attend the Family Risk Service in 2013 dramatically increased to 1,846 compared with 977 in 2012. These patients were seen in addition to the symptomatic service.

Breast Care Activity

The table below show how clinic activity symptomatic & family risk has increased over the last 10 years

Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Breast Care Activity	1,210	1,239	2,437	2,745	2,888	3,965	4,977	7,019	8,193	8,048	9,481

Number of Breast Cancers Treated over the last 10 years

Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
No of Cancers Treated	202	138	141	134	160	162	210	276	286	232	294

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.

GI Function Unit

A total of 2478 procedures were carried out in the GI Function Unit in 2013. As the only referral national investigation centre, over 55 % of our referrals came from outside St. James's 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 9 months for some procedures.

A total of 665 standard Oesophageal Manometry; 611 24h pH 's; 136 Hydrogen Breath Tests (HBT), 103 Anorectal Manometry, 663 removals, 34 24h pH impedance; 47 EGG's, 104 HRM and 19 24h Bile procedures were carried out. Overall we have a reduction in 24 h pH/ bile studies due to the fact that we have 50% of our equipment broken and irreparable due to the age of the monitors – 9 year old. The HBT service has been suspended as the monitor is also broken. However, the referrals for HRM have increased by 100%.

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, The Unit runs a one in nine Consultant rota with shared teams between consultants. The AMAU is overseen by General Physician, Dr Deirdre O Riordan.

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

The Stoma Care Department provides a service for both malignant and non malignant colorectal, gynaecology, urology diseases and disorders resulting in a patient having stoma formation. We also provide wound care and fistula management. Our service provides life long follow up of stoma care patients.

2013 saw the introduction of a trial Colorectal Enhanced Recovery Programme. For stoma patients, this has put a greater emphasis on our stoma care pre assessment clinics for patients prior to their hospital admission. The programme facilitates a shorter hospital stay and promotes recovery time at home for the patient. For the Stoma Care CNS it requires more frequent in-patient visits, often twice daily to facilitate patient stoma care skills and independence. Telephone support is now particularly important and our stoma care nurse led clinics allow the provision of more regular and prompt follow up care for these patients.

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:

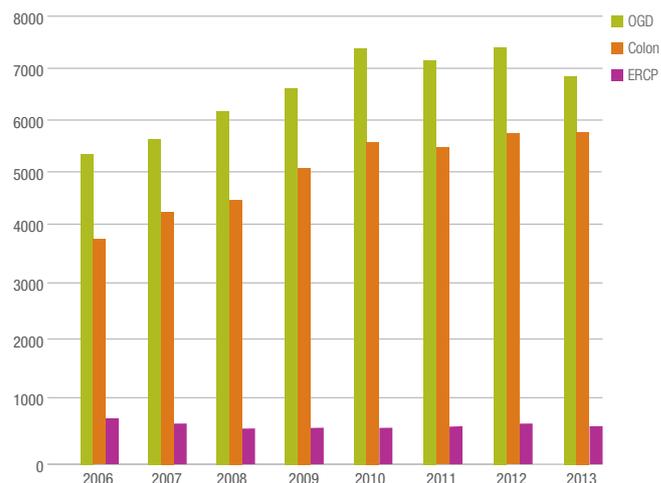
Ms AnneMarie Stuart works full time.

Ms. Anna Fearon and Ms. Siobhan McGovern job share.

Endoscopy Unit

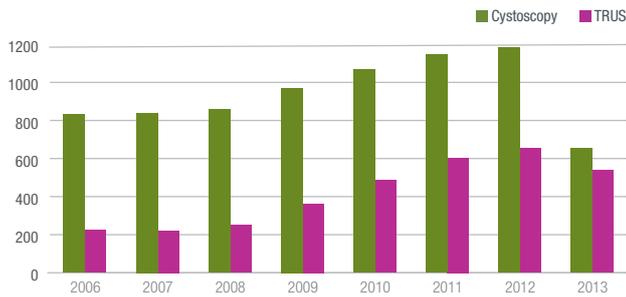
The purpose built endoscopy unit at St James's Hospital opened in 2005 providing diagnostic and therapeutic services in Upper and Lower GI, Urology, Respiratory and surgery. In addition we are a tertiary referral centre for ERCP'S, Endoscopic ultrasounds and Barrett's surveillance. This state of the art unit undertakes the following day case procedures, with attendance and activity figures increasing year on year.

Endoscopy Activity 2013



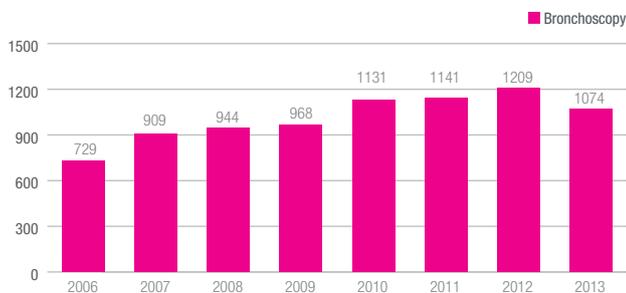
Stoma Activity	Stoma 2004	Stoma 2005	Stoma 2006	Stoma 2007	Stoma 2008	Stoma 2009	Stoma 2010	Stoma 2011	Stoma 2012	Stoma 2013
Number of patients requiring stoma surgery	111	104	137	134	144	162	159	167	198	192
Colostomies										
Permanent	20	32	29	44	41	49	28	35	39	41
Temporary	34	21	30	24	25	21	23	20	43	45
Ileostomies										
Permanent	22	21	25	22	22	53	24	31	27	20
Temporary	24	18	44	33	44	39	69	59	59	68
Urostomies	8	10	9	10	11	19	9	13	17	16
Jejunostomies	2	0	0	1	1	0	1	0	1	0
Patients who had ileo anal pouch constructions	2	2	2	1	2	4	2	0	1	0
Patients who had closure of Temporary Stomas	17	8	26	30	14	26	44	36	36	46
Patients requiring fistula/wound care	28	24	22	40	94	82	40	113	90	34
Number of Out Patients seen	332	248	380	374	330	477	509	376	528	459
Number of In Patients seen	281	225	372	376	284	243	616	350	431	430
Patients sited pre-op. No stoma formed during surgery	62	47	44	64	49	54	81	49	65	65
Patients sited pre op but no surgery preformed										13

Urology Activity 2013



This year the endoscopy Unit successfully achieved Level 2 JAG Accreditation and commenced its involvement in the National Colorectal Screening Programme, currently undertaking up to 10 Colonoscopy Procedures per week on patients that have accepted invitations from the NCCP. The service is overseen by the Endoscopy Clinical lead and facilitated by the Colorectal Screening ANP Candidate. The endoscopy unit also facilitates Rapid Access Clinic's for patient's attending Urology Consultants for assessment and same day TRUS (trans - rectal ultrasound guided) Prostate biopsies as per NCCP guidelines. St James's hospital endoscopy unit continues to proudly facilitate and run the only Post Graduate Endoscopy Course available Nationally, undertaken each Sept for 3 weeks and accommodating at least 12 external applicants.

Bronchoscopy Activity 2013



Hepatology

Introduction

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

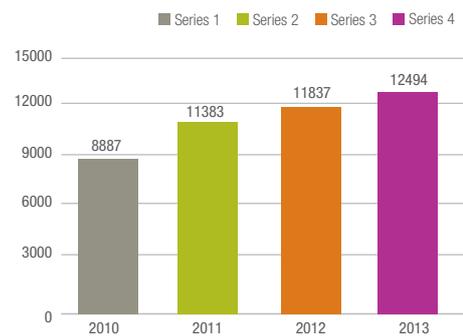
Dr. McKiernan was promoted to Ass. Professor in Medicine in TCD. She remains as clinical lead in endoscopy at St.James's Hospital, which is the biggest and busiest unit in the country, while maintaining her activity in Hepatology and notably Hepatitis C in the addiction community.

2 Clinical Nurse Manager posts created in 2013.
1 Clinical Nurse Manager embarked on the 1st year of a 2 year Clinical Masters Programme in the RCSI.

Activity

There were over 12,000 attendances to the Unit in 2013. This number comprises new referrals and return attendances to the unit, across the range of clinics provided. This represents a year on year increase in activity of 6% compared to 2012 and an overall increase of 44% compared to 2010.

Hepatology attendances (000's)



Clinical HCV programme

The Clinical HCV Treatment programme continues. 94 HCV patients commenced treatment in 2013, of which 61 patients commenced on triple therapy, including cirrhotic patients who require expert management while undergoing treatment. We are entering an exciting phase of treatment options for patients with HCV. The unit is well placed to take advantage of the latest treatments and developments in this area of liver disease.

In-Reach Prison Service

Hepatology Clinical staff continue to provide a unique In-Reach Prison Clinic to Wheatfield and Mountjoy prisons. This service provides for prisoners with HCV and HBV and minimises the need for OPD visits from the prison to the Hepatology Unit. The service enables HCV and HBV treatment delivery to patients while in custody.

Complex Liver Problems

The unit continues its close working relationship with St. Vincent's Hospital for patients referred for liver transplant. In 2013 the unit referred 17 patients to St. Vincents Hospital for assessment for liver transplant 7 patients were listed for transplant in St Vincents Hospital and 2 patients were listed for transplant in Kings College Hospital in London. 26 HCC patients attended in 2013 for locoregional therapy (TACE and immunotherapy). There were 211 cirrhotic patients attending the unit in 2013.

Patient Satisfaction Survey

In 2013 the unit through the offices of the Patient Advocacy Committee conducted a patient satisfaction survey. Overall the preliminary findings and commentary from patients was positive. There were 2 key areas identified for improvement, which the unit is working on addressing.

Research

As a teaching Hospital the unit participated in a number of international multi-centre clinical trials involving new direct acting antivirals for Hepatitis C in 2013:

Dr. Omar El-Sherif is undertaking Pharmaco-Kinetic research towards a PhD on patients undergoing treatment with the 1st and 2nd generation Direct Acting Antiviral agents for Hepatitis C.

Dr. Emma Gray is undertaking PhD in Hepatitis C outcomes based methodologies.

Prof. Norris continues as chair of ICORN (Irish Hepatitis C Outcomes + Research Network).

Renal Services

Dialysis Activity

In 2013, a total of 443 Dialysis treatments were carried out.

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 251 patients on the Predialysis programme (stage 3-5 Renal failure) in 2013.

Renal Transplant Work-up

In 2013– 11 patients were worked up for Renal Transplant. Two patients successfully received pre-emptive transplants.

Haemodialysis- 20 patients commenced long term dialysis in SJH and were transferred to Chronic Dialysis Units. 10 of these Patients were electively commenced on Haemodialysis in the Chronic Unit with pre-emptive arteriovenous fistulas and required no hospital admission.

14 March 2013 seen the launch of Trinity Health Kidney Centre: *This is 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).*

BARRETT'S OESOPHAGUS - 2013

St. James's Hospital is the lead centre for the National Barrett's Registry with the national server located in the IMS Department. This registry is funded by the Oesophageal Cancer Fund (OCF). Mercy Hospital Cork, St. Vincent's Elm Park and the Mater Hospitals input data directly on the National Server. St. James's and Beaumont Hospitals upload their data from their local database to the National Server. There are over 2,500 patients (up to December 2013) on this registry. This database facilitates surveillance, education and research into Barrett's Oesophagus. The Barrett's Data Manager at St. James's Hospital is also the System Manager and generates all reports and statistics from the National Registry. It is hoped to bring other hospitals on board in the future.





St. James's Hospital is 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). The number of patients on the St. James's Hospital database is 1,380 to December 2013.. This registry has comprehensive follow up data with detailed information on Endoscopies, Histopathology reports, Endoscopic Mucosal Resections, Radio Frequency Ablation, Physiology Studies, Surgery, treatment plans and outcomes of treatment.

A paper entitled "A Barrett's oesophagus registry of over 1000 patients from a specialist centre highlights greater risk of progression than population-based registries and high risk of low grade dysplasia" was accepted by the Diseases of the Oesophagus Journal in 2013 and will be published in 2014.

The Barrett's Clinic is held on a fortnightly basis on Tuesday morning. 32 new patients and 322 return patients attended the clinic in 2013. This is an increase of 6.5 % on 2012 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. 240 sessions of HALO treatments were performed on 96 patients (90 Barrett's, 4 Squamous and 1 GAVE patient) from March 2009 to December 2013, and 80% 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. Twenty three hospitals are involved in this registry with St. James's Hospital being the second 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

2013 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.

Nurse Education 2013

The Emergency Department continues to provide comprehensive education and training to Nursing and Health Care assistant staff throughout 2013. 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.

Three 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 Connolly Hospital were continued this year with collaboration over the two sites for the Post Graduate Diploma. St James's Educational and Clinical facilitators provided specialist lectures at both campuses.

Post Graduate Diploma Specialist strand, Intensive Care and Paediatrics students were facilitated within the Emergency Department in 2013.

Along with facilitating pre-graduate nursing students, in 2013 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.



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 2013. The acuity and complexity of the patient caseload 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 2013, three ANP candidates undertook the 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, physiotherapists and radiographers from the Diagnostic Directorate deliver the specific education module related to nurse prescribing of ionizing 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.

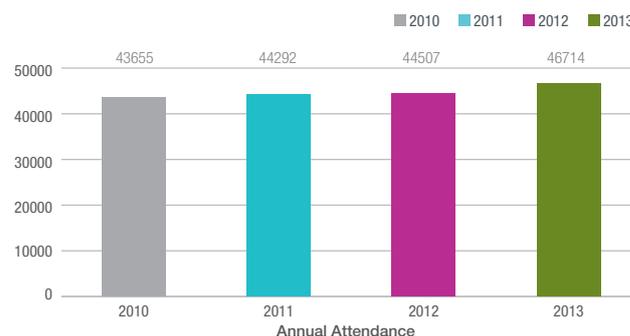
ED Activity

Year/Month	No Attendances
No Attendances	46,714
No Discharges	44,915
No Rips	136
No Admissions	12,297
No New	44,942
No Return	1,772

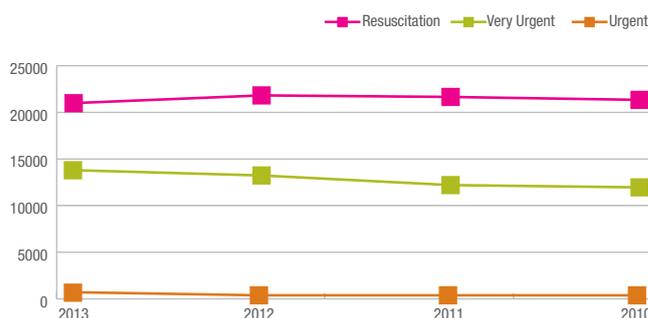
ED Activity by Triage Category

Triage Category	No New Total
1: Resuscitation	484
2: Very Urgent	13,768
3: Urgent	21,069
4: Standard	8,553
5: Non Emergency	578
6: Non Emergency (Drw)	433

New Attendances per year 2010 - 2013



Attendances per Triage Category 2010 - 2013



Professional Development Activity and Representation

- Mr Sean Farrell remains a member of the Board of St James's Hospital.
- 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.
- 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 Altranaís.



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

The refurbishment of the out patients department suite 2, inclusive of the upgrade of the existing dental surgeries and maxillofacial laboratory in suite 4 has commenced and is ongoing at present. This area has been designated as a day ward.

The National Burns Unit is also part of our refurbishment programme and is ongoing at present.

Maxillofacial Surgery

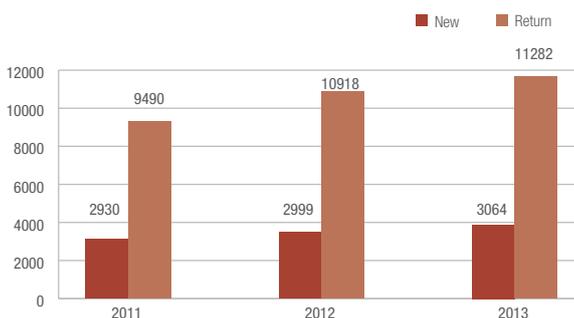
The National Maxillofacial unit is a tertiary referral centre dealing with:

- 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.

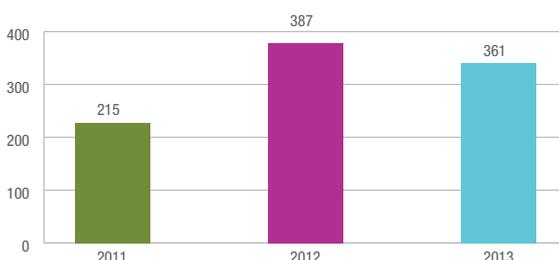
Oral and Maxillofacial Cancer

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.

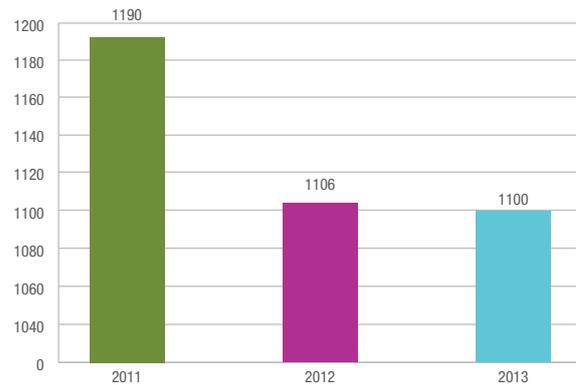
Maxillofacial Out Patients



Maxillofacial Surgery – Day Surgery



Maxillofacial Inpatient Admissions



Cleft Orthodontic Unit

The Cleft Unit acts as a tertiary referral centre for the Orthodontic and Prosthodontic (Restorative) management of patients with cleft lip and palate and craniofacial anomalies, also including a very limited service for the prosthodontic intra-oral rehabilitation of head and neck cancer patients.

Treatment clinics provide comprehensive Orthodontic and Prosthodontic care for patients with Cleft lip and Palate and developmental Craniofacial anomalies on their treatment journey from birth to adulthood. In addition to outpatient treatment clinics, regular multidisciplinary cleft clinics are held and these are co-ordinated by the Cleft Plate co-ordinator. The co-ordinator maintains the cleft database and coordinates the patients individual care pathway. Treatment outcomes are audited in accordance with current international best practice protocols.

The unit operates a 'hub and spoke' model of care in conjunction with the peripheral HSE Regional Orthodontic Units. The clinical services are provided as part of a multidisciplinary team approach. There are three full time clinicians – a Consultant Orthodontist, Dr Eamonn McKiernan, a Consultant in Restorative Dentistry, Dr Aisling O'Mahony and a Specialist Orthodontist, Dr George Takla. One session per week is provided by Consultant Orthodontist Dr Therese Garvey.

Treatment Clinics are located in the Outpatients Department in Suite 4 adjoining the National Maxillofacial Laboratory which provides comprehensive technical laboratory support.

In-patient facilities for children with clefts are located in Our Lady's Hospital for Sick Children, Crumlin and The Children's University Hospital, Temple St.

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.

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.

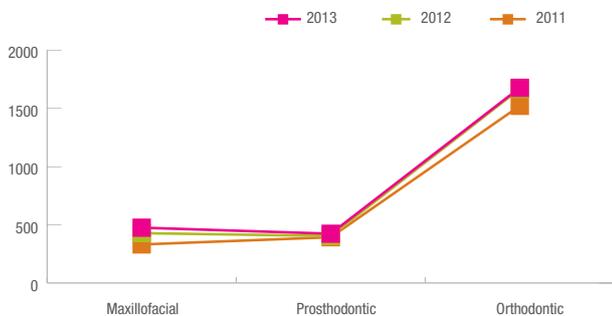
The Laboratory provides patients with ear, eye, and nose prosthesis.

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.

OPD Procedures



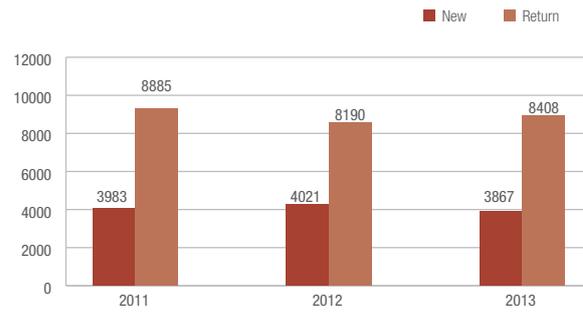
Orthopaedic Surgery

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

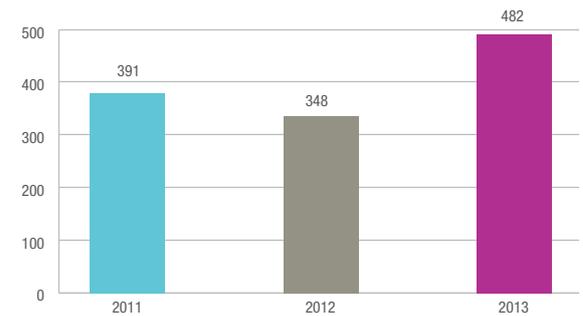
- Orthopaedic service for Haemophiliacs.
- Complex foot and ankle surgery.

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

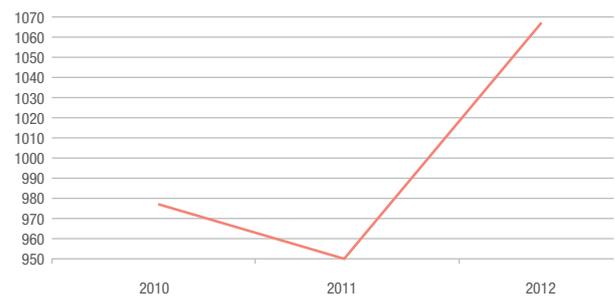
Orthopaedic Out Patients



Orthopaedic Surgery – Day Surgery



Orthopaedic Inpatient Admissions



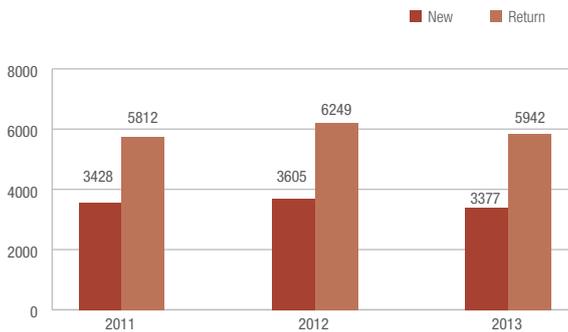
Plastic and Reconstructive Surgery

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

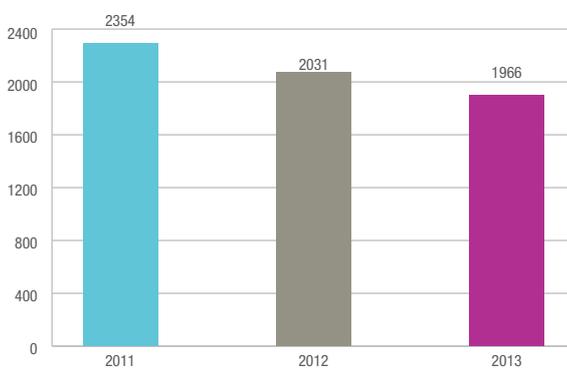
- Hand Surgery.
- Facial Surgery.
- Burns.
- Skin Cancer.
- Head and Neck reconstruction.
- Breast surgery and reconstruction.
- Ear Surgery.
- Cleft lip & palate.

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.

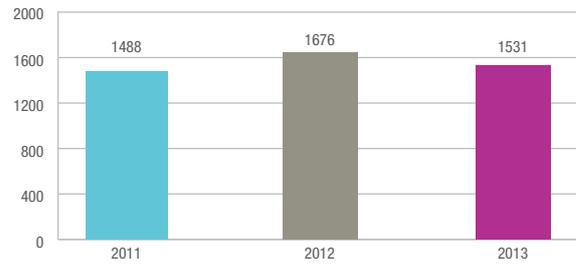
Plastic Out Patients



Plastic Surgery – Day Surgery



Plastic Inpatient Admissions



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

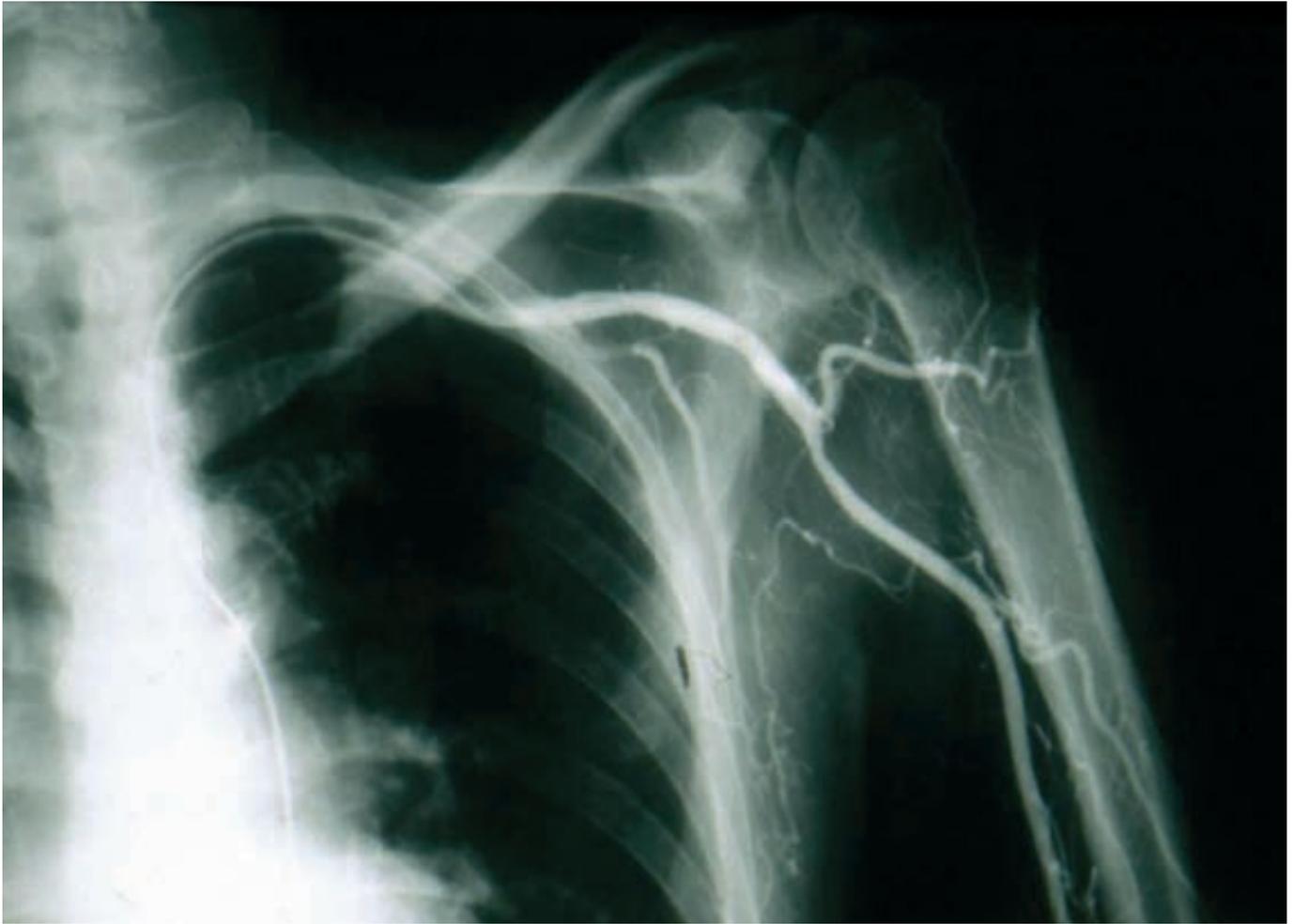
Introduction

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.

2013 was marked by the retirement of Dermot Moore. Dermot has been an integral part of this unit and has been instrumental in advancing the unit to where it is today. Mr. Adrian O'Callaghan has been appointed as his replacement and is due to join the service in July 2014 having completed an endovascular fellowship in the Cleveland Clinic.

The endovascular management of a wide range of patients with aneurysmal disease of the abdominal and thoracic aorta continues to expand with excellent results. The unit works in close collaboration with the cardio-thoracic department to offer endovascular treatment or hybrid repairs to patients with acute aortic syndromes or thoraco-abdominal pathology. The department and the hospital continues to attract referrals from around the country for patients with complex aortic pathology

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.



Bernadette Hannon has joined the department as the Veins Clinical Nurse Specialist in October 2013. She has set up and commenced the outpatient varicose vein treatment program in St. James's Hospital. This is an enormous achievement given the financial constraints in the Health Service. We anticipate that close to 400 patients will be treated in a calendar year. This will significantly reduce the waiting times for patients who need treatment.

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.

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.

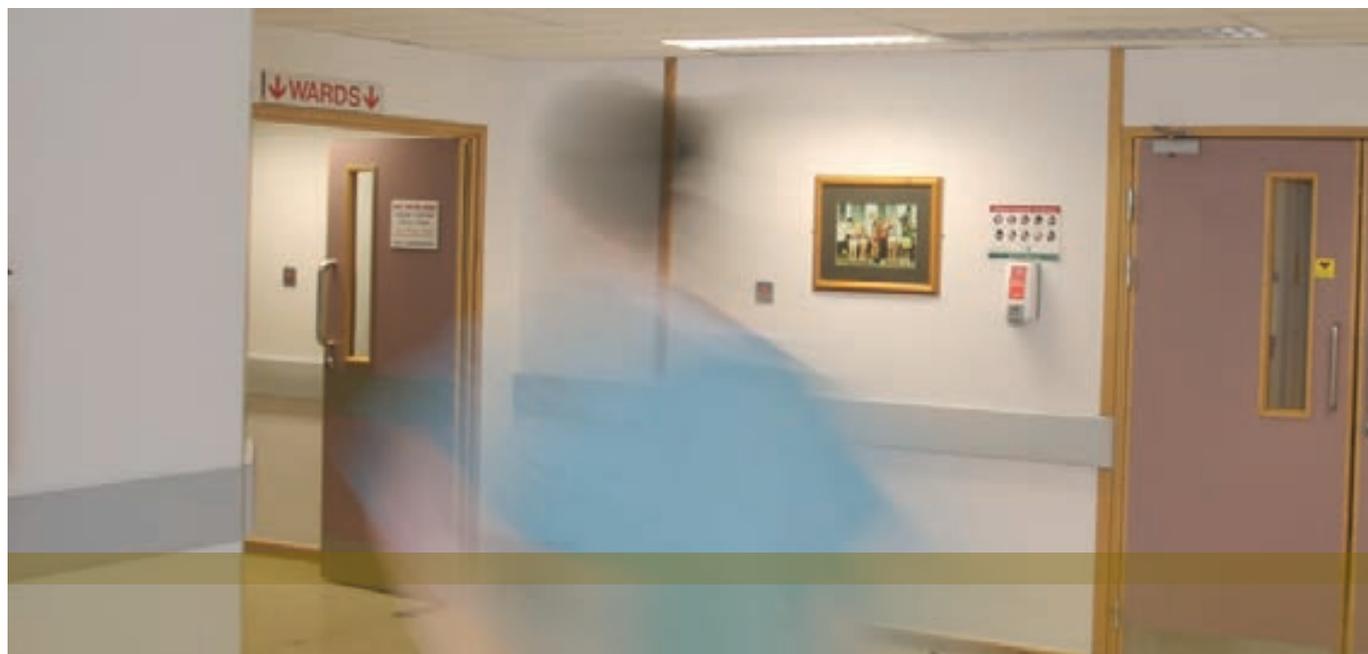
The department is part of a large multi-centre study in collaboration with Prof Peter Kelly in the Mater Hospital looking at carotid plaque morphology.

In the last year the department has in collaboration with the department of cardiology been part of a study evaluating a large hole closure device.

Plans are in hand to replace the existing hybrid vascular theatre. The theatre was the first of its kind in the UK and Ireland and this work will see the existing equipment be replaced with state of the art imaging machinery. This has the potential of significantly reducing radiation dosages to patients and clinicians. It is anticipated that the new theatre will treat the first patient in early 2015.

With the National Paediatric Hospital moving to the St. James's site the existing veins unit will have to be relocated to enable building of the new hospital to commence. Discussions are ongoing to find a new site that will serve the needs of a huge volume of patients that go through the department

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 (Owendocher) 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 individualized treatment plans.

There were 452 admissions to the Jonathan Swift Clinic in 2013. 184 were new admissions. In General Adult Psychiatry, there were 330 new outpatient assessments.

Developments in 2013

The service commenced discussion with Tallaght Mental Health Service on amalgamating in line with National policy (Vision for change). As part of enhancing the mental health teams, four psychologists and two occupational therapists commenced working in the service.

There were changes in personnel in 2013. Dr Siobhan Ni Bhriain took up position of Clinical Director with Dr Ian Daly continuing as Executive Clinical Director.

The service commenced participation in the Advanced Recovery Initiative, a genio funded project which is taking place in seven mental health sites throughout the country aimed at improving key concepts under "Vision for change". Staff commenced training in Eating Disorder and First Episode Psychosis as part of the national programmes.

Social Work 2013

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.

Old Age Psychiatry 2013

Introduction

In Psychiatry for the Elderly there were 318 new outpatient assessments and 832 new Liaison assessments including 785 new hospital liaison and 47 new community liaison cases seen. 114 new patient attended the memory clinic.

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. There were 2236 day hospital attendances during the year. There were 1763 community nurse home visits.

Research and Teaching

NILVAD is an investigator led trial investigating the efficacy of Nilvadipine to treat mild to moderate Alzheimer's Disease. The trial is funded by the Framework 7 Programme and is being coordinated by Trinity College Dublin, St James's Hospital is the sponsor for the trial. The project commenced in January 2012 and will run until the end of 2016. This Phase 3 trial will perform a double-blind, placebo controlled study to test the efficacy and safety of Nilvadipine in 500 subjects with mild to moderate Alzheimer's disease over a treatment period of 18 months. The trial is being conducted in 23 study sites in 9 EU countries. There are two Irish study sites; St James's Hospital, Dublin and St Finbarr's Hospital, Cork.

The trial is being coordinated from the NILVAD Project Office in MIRA. The trial coordination team consists of Prof Brian Lawlor (Project Coordinator), Ms Fiona Cregg (Scientific Project Manager), Ms Sinead Larkin (Project Assistant) and Dr Sarah O'Dwyer (Study Clinicians). Dr Sean Kennelly is the Medical Advisor for the trial. The coordinating team is managing the trial across Europe, providing medical advice to study sites, maintaining the central study files and continuously driving recruitment forward.

In addition, to being the coordinating site, the Memory Clinic in MIRA is also one of the 23 recruiting sites. The recruitment is being lead by the NILVAD study nurse, Ms Lisa Crosby and supported by the study clinician Dr Sarah O'Dwyer and Research Assistant Jennifer Rogers. The trial is currently in the recruitment phase and to date 392 of the 500 patients have been recruited across the 23 study sites. There have been 60 patients recruited to date at St James's Dublin and 34 at St Finbarr's, Cork. Recruitment will end at the end of March 2015 and there will be a follow up period until September 2016.

LabMed Directorate



Dr. Brian O'Connell
Clinical Director

Mr. John Gibbons
Laboratory 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 2013:

- 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 2013.

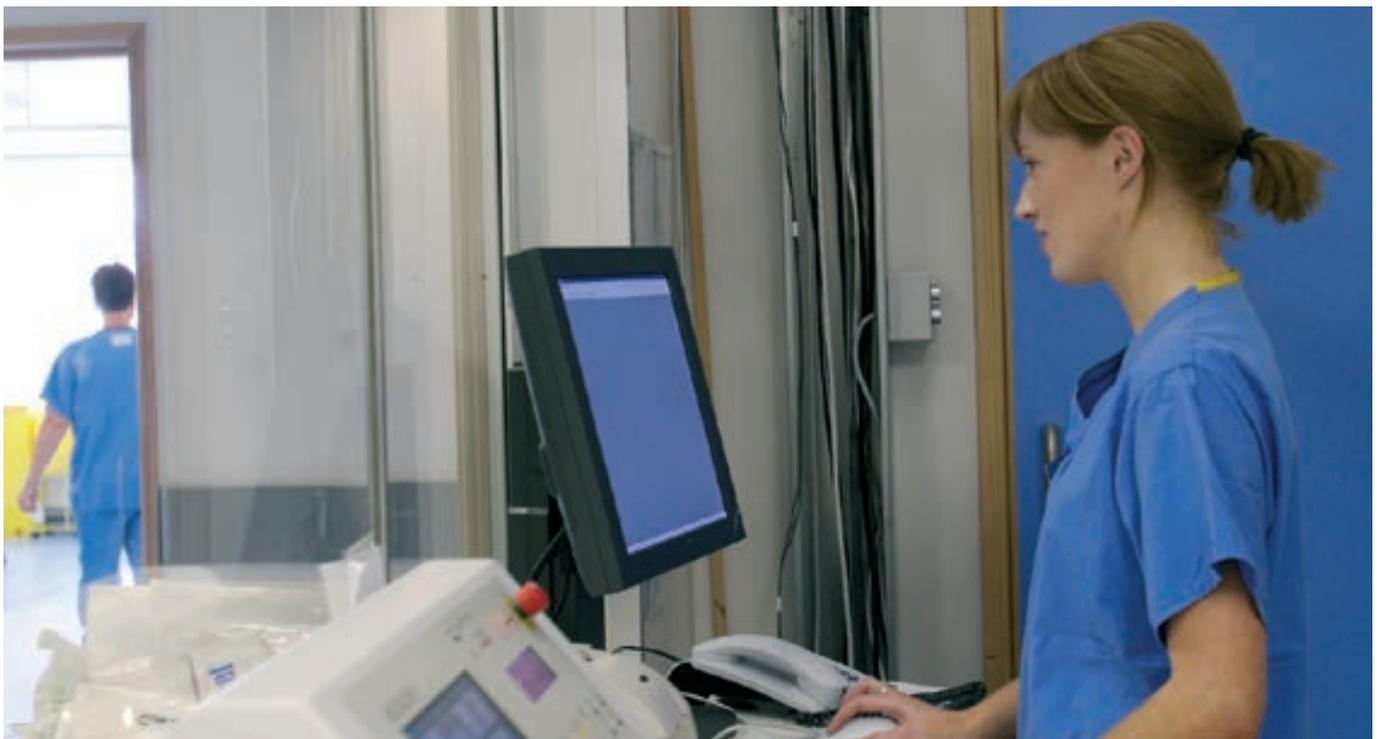
St. James's Hospital Tissue Establishment incorporating the **Cryobiology Laboratory** has received their license to operate as a Tissue Establishment from the Irish Medicine Board (IMB) following inspection in accordance with EU Directives 2004/23/EC; 2006/17/EC and 2006/86/EC (SI 598 of 2007 and SI 158 of 2006). It has retained its license in 2013.

Developments/Projects

Projects

The internal consolidation and integration of laboratory services continued within the department in 2013 in line with the Laboratory's strategic plan and laboratory modernisation's principles. Projects completed in 2013 include:

- The re-organisation of laboratory central reception to optimise the processing of samples, which involved the consolidation and merging of a number of functions within the laboratory and centralisation of these services. This improved the efficiency and effectiveness of the pre-analytical processing of samples to meet high quality criteria for overall laboratory services. This involved three main sub projects:
 - Merging of three clinical databases into one.
 - Merging of MLA staff from three areas into one-central reception.
 - Merging of administration staff from three areas into a central area.
- GVPN line for Medibridge results to improve speed of electronic reporting to external client hospital laboratories;
- Histopathology OCM to optimise efficiency and effectiveness in delivery of histopathology services to SJH hospital clinical teams;
- LIS2LIS extension to client laboratories, which is an order communication system for electronic ordering and results reporting from and to these external laboratories;



- GP Phlebotomy appointment system to streamline and improve efficiency for this service;
- Single sample project in Biochemistry to reduce the number of sample tubes used in phlebotomy, thereby reducing the volume of blood sample required from the patient.
- Optimisation of the 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.

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 two 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 7% over 2012 levels. Work from GPs was up by 11% and work referred from AMNCH was up by 4% on 2012 levels. The total number of test requests carried out was 7.8 million.

The percentage of tests carried out by the laboratory by source is St James's Hospital 64%; GPs is 30% and external hospitals at 6%. It is important to point out that comparing gross test activity numbers in the absence of an appropriate workload unit measurement system does not reflect complexity and resource consumption. The 2013-workload figures, based on laboratory test requests, are outlined in Table 1.

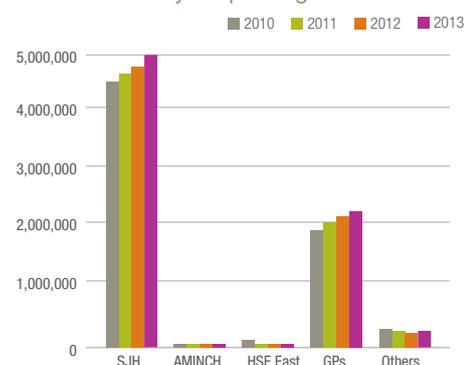


Table 1

Test Workload 2010 - 2013

	2010	2011	2012	2013	% increase 2013/2012
HAEMATOLOGY	563,788	591,272	614,882	638,080	4
COAGULATION	195,427	189,817	182,347	182,557	0
BL. TRANSFUSION	61,696	58,539	58,943	59,822	1
BIOCHEMISTRY	5,168,631	5,417,229	5,670,696	6,250,639	10
MICROBIOLOGY	367,910	377,244	385,112	383,069	-1
HISTO - BLOCKS	87,229	89,985	93,174	99,295	7
CYTOLOGY	5,652	5,975	6,291	6,349	1
IMMUNOLOGY	292,225	311,491	256,596	188,522	-27
CMD	4,889	5,243	5,970	6,453	8
TOTAL	6,747,447	7,046,795	7,274,011	7,814,786	7

Test Workload by Requesting Source 2010 - 2013



	2010	2011	2012	2013	% Incr/ decr 2012/ 2013	2013 % of Total
SJH	4,436,862	4,631,077	4,759,881	5,017,967	5%	64%
AMNCH	43,244	45,509	55,349	57,546	4%	0.75%
HSE East	113,392	93,319	89,206	101,093	13%	1.3%
GPs	1,861,285	2,019,968	2,136,618	2,380,683	11%	30.5%
Others	287,775	251,679	232,937	257,426	11%	3.45%
Total	2,305,696	2,410,475	2,514,110	2,796,748	11%	100%

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.

The laboratory 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, the general coagulation laboratory, clinical cytometry and haemoglobinopathy laboratory, and the haematinics & transplant drug-monitoring laboratory.

Developments

In the clinical cytometry and haemoglobinopathy laboratory, use of infinity analysis software for flow cytometry developed by the Euroflow scientific consortium was introduced in 2012, with further introduction of Euroflow panels planned. The laboratory was also chosen as a Beta testing centre for lyophilised antibody reagents based on Euroflow panels developed by BD. 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). Further developments included the introduction of a Multiple Myeloma MRD panel and further refinement and development of current CLL MRD service. 2013 saw the introduction of a second eight colour BD FACSCanto flow cytometer and an automated antibody aliquotter. A bi-directional interface purchased in the same tendering process is currently being installed, allowing for primary sample handling and identification of flow cytometry tests. Significant financial savings were also made during the flow cytometry equipment tender process.

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 2013 compared to 2012. 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.

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 comprehensive panels for Multiple Myeloma 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 testing service for hospital inpatients and outpatients as well as for General Practitioners and external hospitals. The laboratory at the NCHCD is part of the overall multidisciplinary team at the centre. Samples are received from patients attending the NCHCD, from other patients within the hospital and also from referrals locally and nationally. 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 2013

In Coagulation, there has been a slight increase (2%) in overall test numbers in 2013 compared with 2012, notably this was within the routine coagulation service. There were almost 186,000 tests performed in 2013 (166,000 tests in routine coagulation and 19,000 tests in NCHCD).

Within the NCHCD, analyses were carried out for 60 different locations throughout Ireland as well as for the NCHCD and St James's Hospital.

Sample referrals from external agencies accounted for 74% of the investigations carried out for thrombophilia disorders and 25% of the investigations for bleeding disorders. The number of requests for thrombophilia testing reduced in 2013 (4700 tests in comparison with 8300 in 2012) following the introduction of clinical guidelines for testing in the last quarter of 2012. These guidelines have facilitated an improvement in the appropriate selection of patients for testing.

A diagnostic algorithm for laboratory testing for Heparin Induced Thrombocytopenia (HIT) was introduced in 2013 whereby the protocol was amended to include an algorithm for testing which takes into account the pre-test clinical probability (4T) score. This algorithm ensures the laboratory is compliant with international guidelines published by the British Committee for Standards in Haematology and it also allows the laboratory to introduce interpretive comments for reports. The request form is available on the hospital intranet / internet and is also a required form for completion when placing an order for HIT screening on the EPR.

The testing profile for molecular analysis of haemostatic disorders was expanded to include genetic testing of fibrinogen deficiency. Patients with reduced levels of fibrinogen can have an increased risk of bleeding or thrombosis depending on the underlying molecular lesion.

Presentations by the laboratory were given at national and international meetings including the Haematology Association of Ireland annual meeting and the XXIV Congress of the International Society of Thrombosis and Haemostasis in Amsterdam.

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 888 procedures in 2013; 97 Allogeneic transplants were performed in St. James's Hospital in 2013. A total of 207 bone marrow and apheresis products units were harvested and processed in 2013. The transplant service at St. James's Hospital has carried out 1962 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

Requests from clinical centres external to St. James's Hospital 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 and is negotiating a role as a European reference laboratory for ETOP associated predictive clinical trials.

Research and Development

Several new molecular tests were developed in 2012-2013 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.

Over the last year the CMD staff has worked to prepare for coming wave of novel markers specifically by developing a sound business case for Next Generation Sequencing based diagnostics. The Ion Torrent (Life Technologies) Next generation platform has been sanctioned and will be delivered second quarter of 2014 as a result of this planning. Critically this new capacity will be a first nationally and will allow up-skilling of staff, broader arrays of cancer predictive assays (cost neutral) and the ability to deliver a responsive clinical Next Generation sequencing capacity for cancer in our networked hospitals and for Ireland. This is the key strategic development for the CMD lab.

The laboratory has led the development of educational frameworks and inter-laboratory networking for other sister labs in the country.

Biochemistry Department

The Biochemistry Department provides a comprehensive diagnostic support service for St James's Hospital, a number of external healthcare institutions and an extensive primary care base. The laboratory medical staff also participates in the management of metabolic diseases including Diabetes, Endocrine disorders, CVD risk factor management, Osteoporosis and operates specialist clinics for Acute Porphyrrias 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.

2013 was the year that would see our CPA accreditation status ceasing at the end of the year and preparation for an INAB inspection to ISO 15189 standards was ongoing with the inspection for January 2014.

Further developments continued in the Core Lab with the transfer of the antimicrobial Therapeutic Drug Monitoring from Microbiology Department to the Core Biochemistry laboratory in February 2013.

The Biochemistry laboratory continued with its plans to internally modernise and consolidate with the introduction of a single blood sciences database in May 2013. This involved the integration of 3 previously separate departments Haematology, Biochemistry and Immunology onto one single database and as a result of this implementation the concomitant consolidation of administrative and MLA functions.

This was a major change and helps the laboratory in preparing for its strategic plan for 2014-2019 and the hospitals re-configuration to include laboratory hub and spoke models and the citing of the National Children's Hospital in SJH.

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.

Developments

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 eight separate poster communications were presented by members of staff at the ACBI national meeting in October 2013.

Point of Care Testing (POCT) is an important component of the test repertoire and service provided by the LabMed directorate, 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 2013 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 2013. In addition, a procurement process designed to standardise POCT blood gas analysis was implemented on a phased basis in the 4th quarter in 2013 and fully implemented by Qtr1 2014.

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 235,845 tests in 2013. 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 throughput automated tests. There has been an increase of 4% 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 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 published on the HSE/ST James's Hub in 2013.

In 2013 three members of staff successfully completed MSc courses, one PhD and FRCPATH was awarded and three PhDs were awarded to Research Staff. At present there are nine postgraduate students in the Immunology Department including five involved in research at PhD level, two studying for Master of Science and one Diploma in Biomedical 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 eight peer-reviewed publications as well as oral and poster presentations at a number of international conferences in 2013.

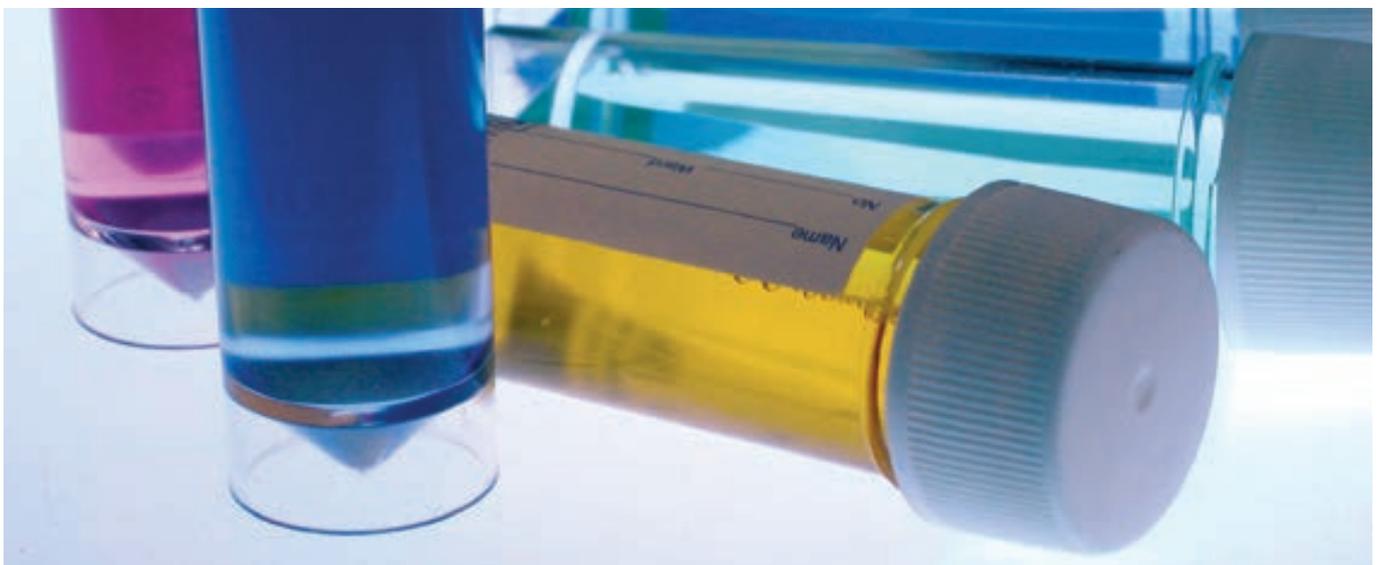
Transfusion Medicine Department

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.

The department maintained ISO 15189 and AMLBB Accreditation in 2013 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.

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 30% 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 2013

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 increased again in 2013. There was a 10% increase in workload in 2013 over 2012. This was accounted for by a 7% increase in virology requesting and 16% across general microbiology. Areas of significant increase 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%.

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.

In spite of increased workload and particularly in the high cost areas of virology and molecular diagnostics the Microbiology Laboratory managed to contain spending in 2013. Our overall spend in 2013 was less than 2012.

Antibiotic assays transferred to the Biochemistry platform in Q1 2013. This has ensured improved TATs and has resulted in significant cost savings.

The laboratory completed the EUCAST implementation and introduced the MALDI-TOF for bacterial identification. This technology allowed further workflow re engineering in order to maximise resources.

The virology laboratory introduced EBV, Hepatitis A & Rubella assays on Architect i2000 SR. We also introduced the CE marked CMV, EBV & ADV assays as well as qualitative in-house Realtime PCR assays for the detection of VZV and BK virus, HSV antiviral resistance and RT PCR to detect serine (KPC and OXA-48) and metallo β lactamases (VIM, IMP and NDM-1). An assay to detect LGV serotype of *C.trachomatis* was begun.

Quality Indicators for the laboratory i.e. compliance with expected TATs of Key Examinations was:

- *C. difficile* Studies 87%.
- CT/NG PCR 98%.
- HIV Serology 99%.

- MRSA Screen 87%.
- Auramine 89%.

The departmental target for compliance in 85% so that 100% of the key examinations were within target.

Translational Research:

- Molecular and immunological aspects of Adenovirus associated disease in haematopoietic stem cell transplant recipients - In progress.
- Detection of Azithromycin resistance and molecular characterisation of *T. palladium* in syphilitic samples from across Europe (POETS)- In progress.
- Evaluation of the Abbott IMDx *C.difficile* assay in conjunction with Abbott Molecular.
- Design of a real-time PCR assay for the detection of Norovirus & Rotavirus and the molecular characterisation of Norovirus using sequence analysis of specific genes and Whole Genome Sequencing.
- Molecular and immunological aspects of Adenovirus associated disease in haematopoietic stem cell transplant recipients.
- Evaluation of commercial liquid transport medium for the recovery of pathogens.

Irish Mycobacteria Reference Laboratory

The main achievements of the IMRL in 2013 were:

- Provision of a diagnostic service. There was a 10% reduction in the specimen workload compared with previous years with 5,444 specimens cultured. There was a 52% increase in the number of rapid diagnostic molecular tests (GeneXpert system) performed compared to 2012.
- Provision of a timely reference and advice service. There was a 27% increase (compared to 2012 figures) in the number of cultures referred to the IMRL for identification and/or susceptibility testing and/or epidemiological typing.
- Monitoring resistance of *M. tuberculosis* complex isolates to anti-tuberculous drugs. There is a need for continued vigilance in this area to detect emerging resistance.
- Continued surveillance of the epidemiological types of *M. tuberculosis* complex isolates circulating in the population. Epidemiological typing was performed on 265 *M. tuberculosis* complex isolates identified in 2013. These figures are in-line with previous years. Typing results were reported weekly to Public Health through the CIDR (computerised infectious disease reporting) system. Retrospective MIRU-VNTR typing was performed on an additional 134 isolates as part of continued surveillance and research interests in the IMRL.

- Structural and organisational changes made in the laboratory include:
 - Change to TB investigations selected on the LIS and workflow algorithms.
 - Introduction of Rees temperature monitoring system.
 - Introduction of Epicentre incorporating TBeXist (computer software) for BACTEC MGIT 960 system.
- In July 2013, the Specialist Medical Scientist position in the IMRL was filled by Philomena Raftery.
- Continued strengthening of academic links between the IMRL and the Dept. of Clinical Microbiology, Trinity College Dublin.
 - PhD study on “Molecular characterisation and resistance mechanisms of *M. tuberculosis* isolates collected in the Republic of Ireland from 2009-2014” in the IMRL continued in 2013.
 - The IMRL and Dept. of Clinical Microbiology, TCD, participated in an international collaboration, led and coordinated by a group in Oxford, to validate Next Generation Sequencing (NGS) as a diagnostic technique that could decrease turnaround times to identification and susceptibility-testing of mycobacteria.

The IMRL performed a specimen and culture referral service for TB culture to 18 hospitals throughout the country.

Four multi-drug resistant *M. tuberculosis* isolates, two susceptible *M. tuberculosis* isolates and one *M. bovis* BCG isolate were sent to the Scottish Mycobacteria Reference Laboratory and/or the PHE National Mycobacteria Reference Laboratory in London for second line anti TB drug susceptibility testing.

Thirty-four non tuberculous mycobacteria (NTM) isolates were sent to the SMRL for susceptibility testing.

Service Developments

- Specialist Medical Scientist post was filled in July 2013.
- Continued surveillance of the epidemiological types of *M. tuberculosis* complex isolates circulating in the population -there was a 5% increase in the number of isolates investigated by MIRU-VNTR typing.

Education

The IMRL plays a prominent role in the education of laboratory staff and clinical staff including Public health physicians throughout Ireland and this is achieved by regular feedback, presentations and reports.

In particular, IMRL staff gave lectures to undergraduate and post graduate students in the Dept. of Clinical Microbiology, TCD and the Dublin Institute of Technology. Scientific staff shared techniques used in the IMRL with staff from other hospital laboratories, research facilities, undergraduate students, transition year students and provided expert knowledge to students of other laboratories completing higher degrees. The IMRL accommodated and provided a six week training placement to a Spanish clinical research student who wished to learn and gain experience in the MIRU-VNTR typing technique. The laboratory facilitated an undergraduate student from DIT, Kevin St. in completion of a six month work placement as part of the BSc Pharmaceutical Healthcare course. The IMRL also facilitated a post graduate student studying MSc in Healthcare Management (TCD) in completion of a research project.

IMRL staff completed internal training courses in areas such as fire safety, chemical safety, manual handling, waste management, computer skills, management skills, the quality management system and attended journal clubs organised within St. James's Hospital. One member of staff continued through second year of 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.

Research and Developments

Internal Research Projects

- A staff member continued through second year of 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.
- “The Extraction of Mycobacterial DNA from a Bank of Solid Media Isolates (LJ slopes) & the Subsequent Development of a Database in the IMRL” was performed by an undergraduate student on 6 months work placement as part of the BSc Pharmaceutical Healthcare course.
- “To investigate the performance of GeneXpert MTB/RIF assay in routine diagnostic testing of both pulmonary and extra pulmonary specimens in the Irish Mycobacteria Reference Laboratory”. This work was performed by a post-graduate student as part fulfilment of MSc in Healthcare Management.
- “Retrospective MIRU-VNTR typing of recurrent cases of tuberculosis-new infection or re-activation?”. This collaborative project between the IMRL and clinical respiratory team (SJH) is led by Prof Joe Keane.

National Collaborative Work

IMRL maintains contacts with researchers and colleagues in other laboratories. A collection of *M. abscesses* isolates were investigated in a study led by Professor Mike Prentice at the Dept. of Clinical Microbiology, University College Cork at Cork University hospital for epidemiological links. The IMRL facilitated this study by providing the *M. abscesses* isolates from the archival collection of isolates stored at -80°C in the IMRL. Whole genome sequence analysis of *M. tuberculosis* isolates (n=14) involved in an outbreak in one institution was performed by a group in the School of Veterinary Medicine, University College Dublin led by Professor Steve Gordon.

National Committees

Prof Tom Rogers and Dr. Margaret Fitzgibbon continue to represent the IMRL at the National TB Advisory Committee meeting.

New laboratory Design

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

International Forum

In May 2013 the IMRL was present and participated in the annual European Reference Laboratory Network for Tuberculosis in The Hague. The IMRL was represented at the annual European Society for Mycobacteria (ESM) meeting in Florence, Italy. In 2013, Lorraine Montgomery graduated as a European Laboratory Support Expert. One IMRL member of staff performed a country visit to Romania as part of her role as a Support Expert. This mission involved a laboratory visit to the two National Reference Laboratories in Romania (Cluj and Bucharest). The purpose of the mission was to assess and discuss (i) implementation of rapid molecular tests for diagnosing MDR-TB and (ii) WHO drug resistance survey –the Protocol and Quality assurance scheme.

A follow-up visit was performed in June 2013 to provide laboratory training in the implementation of techniques. The IMRL participates in the ongoing ECDC project on the molecular surveillance of multi-drug resistant tuberculosis (MDR TB) strains in Europe. The IMRL and Dept. of Clinical Microbiology, TCD, participated in an international collaboration, led and co-ordinated by Oxford, to validate Next Generation Sequencing (NGS) as a diagnostic technique that could decrease turnaround times to identification and susceptibility testing of mycobacteria. This project will continue in 2014.

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.
- Sub-specialised 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 2013.
- 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. A small group visited a Roche laboratory at the end of 2013 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.

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 2013, the NMRSARL characterised 206 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 21.4% in Q3, 2013. One particular strain type, AR06 (ST22-MRSA-IV), continues to predominate among blood-stream isolates accounting for 80% of isolates investigated.

In addition to the EARS-Net project, the NMRSARL also investigated 485 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 2013, the number of isolates investigated for the presence of the Panton Valentine Leucocidin (PVL) toxin increased however the percentage of those positive at 18.5% of isolates (67/362). Molecular characterization of PVL-positive MRSA isolates using DNA microarray confirmed that several genotypes (ST30, ST8, ST80 and ST772) were represented among these isolates.

Service Development

During 2013 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*³.

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: ²EARS-NET Report for Quarter 3 2012. http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanAntimicrobialResistanceSurveillanceSystemEARS-NET/ReferenceandEdEARS-NET%20EducationalResourceMaterial/SaureusMRSA/LatestSaureusMRSAdata/File_3989_en.pdf (Accessed 07/02/2013).

Note 2: ³Shore *et al.*, 2011 Antimicrob. Agents Chemother. 2011. **55**: 8; 3765-3773

DiagIm Directorate



Dr. Niall Sheehy
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 2013

Radiography

The MRI scanner in the St. Lukes' Radiation Oncology Centre, St. James's Hospital Campus opened in 2013. Geraldine Redmond was appointed to the position of Clinical Specialist Radiographer in MRI in the Radiation Oncology Centre.

The national extended working day for radiographers was implemented in the Directorate in 2012. Further extensions of the working day were implemented during 2013 in other imaging areas including MRI, PET/CT, ultrasound and mammography to meet service requirements.

On-going clinical training of undergraduate and postgraduate radiography students by the radiographers is undertaken within the Directorate. In 2013 the Nuclear Medicine and Radiation Safety strands of the MSc in Medical Imaging, Trinity College were co-ordinated by radiographers at St. James's Hospital.



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.
- Interventional radiology study day.
- Nuclear medicine study day.
- Radiation protection for Non-Radiology Medical Practitioners and Hospital Personnel.
- IV skills training for radiographers.

Service Delivery

There was a continued focus on improving our Wait Times for all procedures in 2013. The continuation of the national extended day for radiographers and the addition of The Haddington Road Agreement presented further opportunities for the department to improve access for all patients attending DiagIm.

In 2013 we were able to roll out earlier opening times in many of our clinical areas. This gave us more capacity and also was beneficial to our inpatient and outpatient services. Our colleagues in the outpatient departments are now in a position to access our services before 9am which has helped their patient flow as a result.

This is also the case for our inpatient procedures. The earlier starts have seen our inpatient wait times dramatically improve which has had a positive influence on our ability to aid in the discharge of patients. It was a year that saw DiagIm become more involved in the Hospital Discharge Process. We are now heavily involved in the discharge team and play a pivotal role in prioritising patients for scans which helps avoid delayed discharges.

Comparable Activity Analysis by Modalities

Imaging Modality	2012	2013	Variance
General Radiology + Max Fax	113,022	112,574	0%
G.I. (including IVP)	1,286	1,243	-3%
Mammography	6,449	7,057	9%
Ultrasound	18,461	19,434	5%
C.T.	20,021	21,662	8%
Interventional Radiology: Therapeutic	1,982	1,913	-3%
Interventional Radiology: Diagnostic	250	236	-6%
Nuclear Medicine	3,064	3,149	3%
M.R.I	6,765	9,281	37%
PET/CT	2,583	2,850	10%
TOTALS	173,883	179,399	3%

Clinical Director

In 2013 Dr Niall Sheehy took over as Clinical Director. He replaces Prof Mary Keogan who presided over 6 years of continuous growth of the department. The radiology service expanded to cover outpatient imaging for the St Luke’s network and several new specialist conferences have commenced including a radiation oncology conference and an intensive care conference. There has also been a steadily increasing demand from a number of services in the main hospital, in particular oncology. The department has continued to pioneer a number of new techniques. In particular this year saw the commencement of a large volume of MRI breast biopsies under the leadership of Dr Susannah Harte and a significant number of radiofrequency ablations of lung tumour by Dr Peter Beddy. The main focus of the department over the coming year will be to maintain existing high standards of care in the face of a further predicted rise in demand.



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. During 2013 there were 2887 scopes cleaned.

In 2013 there were 8,987 procedures performed in the Theatre Suite.

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.

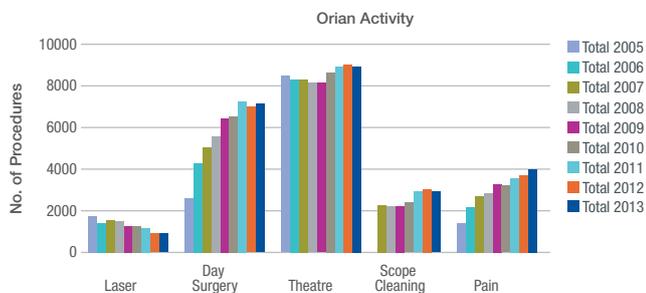
The Day Surgery centre provides services for patients undergoing day surgery procedures under general, regional or local anaesthesia for General Surgery, Plastic Surgery, Gynaecology, Urology, E.N.T., Orthopaedics, Maxillo/Facial, Vascular Surgery, Pain Management, Cardiology Dermatology and Bone Marrow 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 6,964 attendances in the Day Surgery Centre during 2013. At the end of 2013 waiting lists achieved an 8 month waiting period.

CNM 11 F Lyons Anaesthetics & Recovery appointed March 2013.

Orian Activity



ICU and HDU

The 17 Bed ICU had a bed occupancy of 99.66%. There were 922 admissions (AVLOS 6.34). The 4 bed HDU had 559 admissions with a bed occupancy of 92.88%. The department strives to roster two consultants in intensive care daily.

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

During 2013 680 patients received mechanical ventilation for an average of 7.4 days, days and 173 patients were dialysed.

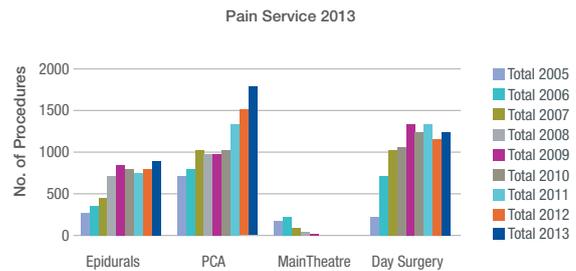
323 people completed the ALERT™ course in 2013.

13 staff completed the foundation course in Intensive Care Nursing. 8 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 1,686 in 2013.

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.

The service offers expertise in the following treatments: rhizotomy-cervical- thoracic-lumbar, spinal cord stimulation, pulsed radiofrequency nerve and nerve root therapy, trigeminal neuroablation, intrathecal therapy and interventional cancer pain management, in addition to epidural and PCA therapy, interventional pain therapies, consultant outpatient clinics, a mindfulness clinic and a nurse-led education clinic.

Laser Unit

The Laser unit is an outpatient service coordinated by a CNS for Plastic Surgery and Dermatology consultants and provided 949 treatments in 2013. It comprises of Consultant led and Nurse led clinics.

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.

A Business plan was put forward for the replacement of the VBeam pulsed dye laser as it is at the end of its life span.

Professor Alan Irvine from dermatology joined the service last August to address their lengthy waiting list.

The eLearning Course called the 'Core of Knowledge' can be accessed through 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 ear, nose & throat instruments from the Outpatients Department in 2013. 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 2013 having decontaminated 31,139 sets of surgical instruments over the 12 months. This represents a 21% increase on the workload in 2008.

The HSSU continued to develop the national tracking and traceability system which had been piloted in 2011 in St James's Hospital. The HSSU Manager, Andrew Smith, gave presentations on this system to Healthcare conferences in Glasgow in April 2013 and in Munich in September 2013.

HSSU Workload 2008 to 2013



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. Niamh Murphy
Physiotherapy Department Manager (0.5 wte) &

Ms. Marie Byrne
Acting Physiotherapy Department Manager (0.5 wte)

Introduction

SCOPe Health and Social Care Professions' 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 2013 SCOPe provided 20,533 New Inpatient and 119,016 Return Inpatient contacts and 12,431 New Outpatients and 31,185 Return Outpatients contacts.

New Developments/Quality Initiatives

- Risk register established and reviewed quarterly.
- SCOPe service was introduced as part of the eLearning Hospital Induction Programme.
- SCOPe PR Group and Research and Innovation Group organised teambuilding, presentations and health promotion events.
- To encourage more research and innovation within the health and social care professions, SCOPe Research and Innovation Group awarded 2 staff a bursary for their research/audit projects on "The role of the MDT in the older patients journey in the Emergency Department" and "Fatigue and the energy expenditure of gait post-stroke" The theme for the 2013 SCOPe Research and Innovation annual presentations was "Improving Patient Outcomes".
- SCOPe commenced a 10 week health and fitness programme - SCOPe Fitness King & Queen for 10 lucky staff participants in St. James's Hospital.

- SCOPe participated in a number of newly formed hospital groups such as the Daily Discharge Group, Communications Group, eLearning Group.
- SCOPe organised an information session on registration with CORU for all health and social care professions.
- A number of SCOPe Staff undertook Lean Sigma White Belt Training with CLD and led out on a number of time and cost saving initiatives.
- SCOPe worked with IMS on many projects including towards paperless records.

Clinical Nutrition

Service Trends

Clinical Nutrition activity increased in upper gastrointestinal cancer surgery outpatients and head and neck cancer surgery outpatients in 2013.

New Developments/Quality Initiatives

- Clinical Nutrition staff actively participated in the St. James's Hospital Nutrition Steering Committee. Patient information leaflets "Eating well in hospital" and posters were developed. Other quality initiatives led by this committee were the introduction of nutrition risk screening on admission and the completion of a St. James's Hospital nutrition policy.
- Recruitment continued to a follow up clinical trial investigating the effects of prolonged EPA-enriched enteral nutrition on body composition, physical activity, immune function and quality of life in oesophagectomy patients.
- A malabsorption study screening oesophagectomy and gastrectomy patients at 4 months post-surgery was conducted from November 2012 to October 2013. Results are being analysed at present.
- A prospective randomised case control trial in AMAU and Emergency Observation ward examining the effect of a probiotic drink on the incidence of antibiotic-associated diarrhoea was completed.
- Clinical Nutrition participated in the 2013 international survey in critical care nutrition, benchmarking practice against international guidelines.
- The Gastroenterology outpatient service was restructured in May 2013 to optimise access for high priority patients. Transfer of care pathways for appropriate patients to community services were developed. Group education sessions for patients referred for the low FODMAP approach were piloted to address waiting lists developing in this area with positive outcomes achieved.

- Clinical Nutrition staff participated with Medicine for the Elderly consultant and physiotherapy colleagues in a study of sarcopenia status and outcomes in a day hospital population.
- Pictorial resources for patients requiring modified consistency diets following oesophageal cancer surgery were developed and published. Positive patient feedback was received. Educational resources on portion sizes following oesophagectomy and gastrectomy, pictorial education tools for renal patients with learning difficulties and poor literacy skills and low salt resources for cardiac rehabilitation patients were among the resources developed this year.
- The senior Clinical Nutritionist and Diabetes Nurse Specialists successfully ran 5 BERGER programmes in 2013. This structured education programme for Type 1 Diabetes patients increases patients' knowledge in carbohydrate counting and insulin dose adjustment and focuses on enhancing diabetes self management skills. Participants provided very positive feedback.

Education / Continuous Professional Development

- Four undergraduate students of BSc (Hons) Human Nutrition & Dietetics completed the new clinical practice C placement. A placement was provided for a University of Ulster undergraduate student.
- Clinical Nutrition staff attended adult literacy awareness "Plain English" training and incorporated this into educational resources developed.
- A number of staff members attended Non-Managerial Professional Supervision and Behaviour Change skills training.
- The department was also involved in medical and nursing undergraduate and post-graduate and catering staff training.
- Staff presented at Irish Cancer Society educational meetings, the International Palliative Care conference and a number of oral and poster presentations at the Irish Nutrition and Dietetic Institute Research study day.
- Patient group education was provided in many areas including new sessions for patients with prostate and breast cancers.

Medical Social Work

Service Trends

- 2013 saw the number of patients requiring long term care increase significantly, resulting in social work providing a service to 394 listed patients under the Nursing Home Support Scheme. 45 Child protection reports were made to the HSE. 6 student Social Workers were provided with placements in 2013.

New Developments/Quality Initiatives

- Reconfiguration of posts in SAMS to provide an increased service to Neurology and Endocrinology patients.
- Reconfiguration of posts in MEDEL to increase time available to patients, through ward based working.
- Provision of an outreach service to patients in the new St Lukes re-ablement unit from April 2013 (activity not recorded on EPR).
- Organised visit and talk by Wards of Court Office regarding Wardship applications.
- Delivery of a MSW module to Senior Freshman Year for Social Work students at Trinity College.
- Participated in joint collaboration between St James's Hospital and SDU to establish a computerised delayed discharge reporting system.
- Bereavement evening held in June 2013.
- Successful submission in May 2013 by all social workers of applications for Social Work Registration with CORU.
- Amelioration of processing time for Nursing Homes Support Scheme (NHSS) financial forms by auditing process, improving information, closer liaison with NHSS office in Naas and Tullamore, and staff training.
- Development of a national NHSS loan information leaflet with HSE Naas.
- Communication agreed with HSE Tullamore regarding NHSS loans via signed consent form from patients.
- Completed Process Mapping of Organ Retention Communication Process within the Hospital.
- Provided a 6 week "Peer Support group" for people living with HIV.
- Funding was secured to employ a part-time MSW to undertake research in the area of TB.
- Membership of CORU accreditation team for UCC masters in Social Work course.

Education/Continuous Professional Development

- 1 social worker attended Parents Empowering Parents training (PEP) Haemophilia.
- 2 social workers attended the Stanford Model training with NCHCD.
- 4 staff attended Assist training.
- 2 social workers attended Leadership and Management training.
- Social workers attended brief encounters training.

- Senior social workers attended Supervision Skills with Medical Social Work Managers.
- 3 social workers attended training for trainer's course on 'Chronic Disease Self Management'.

Occupational Therapy (OT)

Service Trends

- As compared with 2012 inpatient activity increased with heightened patient complexity noted in many clinical areas.

New Developments/Quality Initiatives

- The occupational therapy department was the recipient of a charitable donation from Footsteps which provided essential funding for specialised wheelchairs and postural pressure relieving cushions for hospital inpatients.
- The OT department continued to work with community OT colleagues referring on xxx patients and providing essential enabling equipment to 87 patients to facilitate a timely discharge home from hospital.
- The department implemented a lean project whereby rotations were initiated for all Occupational Therapy Assistant staff, creating greater efficiency and improving skill-mix.
- An inter-disciplinary learning forum was developed for Occupational Therapy, Speech & Language Therapy and Physiotherapy students with Practice Tutors from, Occupational Therapy, Physiotherapy and Speech & Language Therapy in St James's Hospital.
- The OT practice tutor was principally involved in the production of the Practice Education Team Newsletter for dissemination to all Practice Educators across the Leinster region.
- The OT department facilitated ten undergraduate OT student placements and four site visits for Singapore Occupational Therapy students as part of the Singapore Institute of Technology and Trinity College Dublin overseas immersion programme.
- St. James's Hospital Foundation provided a small grant to facilitate community outings with Home from Home residents to Dublin Zoo, the National Botanic Gardens, Afternoon tea and Christchurch Christmas Carols recital.
- In conjunction with primary care partners in Dublin South City, an energy conservation patient information booklet was developed.
- The OT department negotiated access to the community stock of recycled specialised seating equipment to enable more timely discharge facilitation of inpatients to long term care facilities.

- The OT department published energy conservation patient information booklets in collaboration with community colleagues in Dublin South City.

Education/Continuous Professional Development

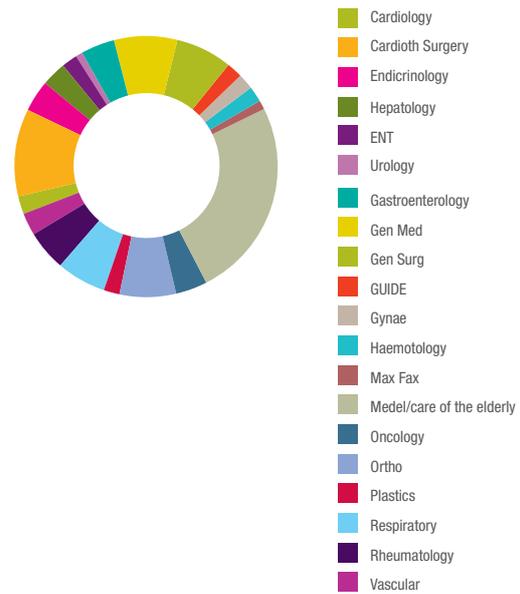
- The OT practice tutor was involved in the re-design and delivery of the Practice Educator Study Day, Trinity College Dublin.
- The clinical specialist OT (hand therapist) coordinated and implemented a programme of competency based inservice training on upper limb assessment and splinting skills.
- The Rheumatology OT received training in the Alison Hammond joint protection programme and completed a site visit to an NHS trust rheumatology service.
- Occupational Therapy staff attended the European Seating Symposium, falls prevention therapy training, perception and cognition assessment training, capacity and consent in the older adult, palliative care advisory group meetings.
- The clinical specialist OT (hand therapist) attended the International Federation of Societies for Surgery of the Hand and the International Federation of Societies for Hand Therapy conference in India.

Physiotherapy

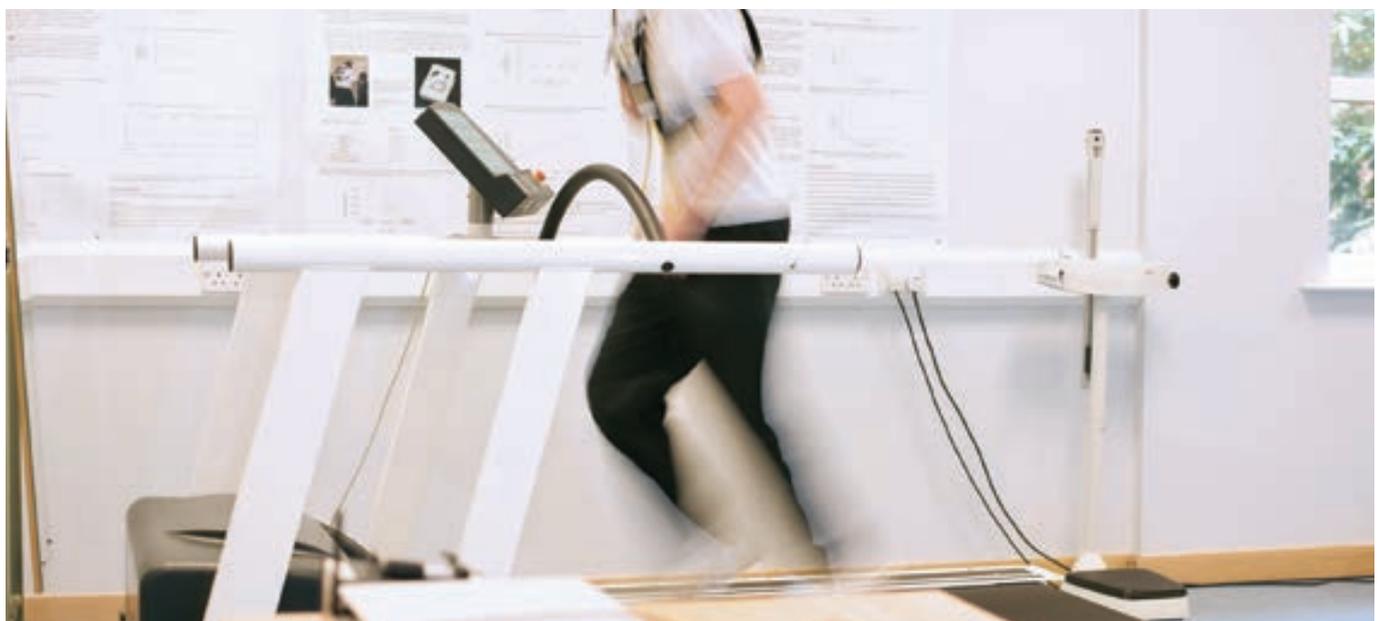
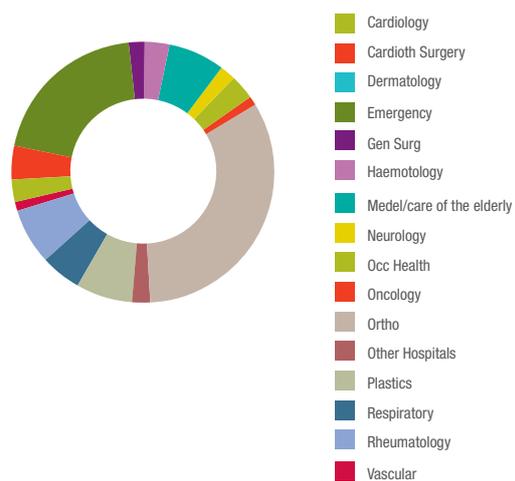
Service Trends

In 2013, 26,558 out-patient (increase of 10%) and 71,035 inpatient (increase of 3%) physiotherapy treatments were delivered. Waiting list target of no patient waiting greater than 6 weeks for an outpatient appointment was achieved.

Inpatient Physiotherapy Activity per Specialty 2013



Outpatient Physiotherapy Activity per Specialty 2013





New Developments/Quality Initiatives

Quality Service Provision

- A senior physiotherapist post was upgraded to a Clinical Specialist Physiotherapist Post in MedEL.
- A senior physiotherapist became a Hand Hygiene Champion.
- An Orthopaedic Saturday service began in December 2013 to ensure all day one post-op Hip fracture patients were seen in line with the National Hip Fracture Database recommendations.
- Two managers completed the Quality Improvement course; the project with the aim that no patient would wait longer than 6 weeks for a physiotherapy appointment has been achieved with the co-operation of the OPD team.
- Service user involvement was strengthened this year with the publication of a physiotherapy patient/ referrer feedback newsletter with the focus 'What you Told Us' and 'What we did'?
- A department falls pathway was introduced so every patient referred to physiotherapy was identified and managed to see if they were of risk of falls. Compliance with this pathway will be audited in 2014.

- A new Heart Failure rehabilitation class was introduced within the current cardiac rehabilitation service.
- The 'Make every step count' How physically active are you? Health promotion initiative was introduced successfully based on the concept of a teachable moment.
- Early Supported Discharge initiative was progressed in collaboration with our colleagues in AMNCH, Tallaght.
- Research interns (JobBridge) were facilitated throughout 2013;
- 3 physiotherapists and 1 clerical intern.
- Rehabilitation consults continued with the MEDEL team with physiotherapy and Occupational Therapy having a key role.
- Foundation grants were awarded to the Robert Mayne Day Hospital Physiotherapists to purchase a treadmill for Parkinson's Disease patients and to the main physiotherapy outpatients to purchase equipment for patients with muscle pain.

Non-pay budget

- Mobility aids account for a significant portion of the department's non-pay budget and are essential to facilitate timely discharge. An initiative to recycle frames with Home Care Medical services was implemented with PCCC in early 2013.

Physiotherapy Committees

- 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. CPD – 230 days study leave/ conference leave/exam leave were allocated to staff without any backfilling, demonstrating the departments commitment to CPD despite challenging times -

ICT and removal of waste

- The department continued to strive towards a reduction in paper use; Annual leave cards were eliminated. Inpatient documentation is now all done in the medical charts and outpatient front sheets are no longer printed. The internal CPD application process was revamped, streamlined and made paperless.
- The department's relationship with IMS continued to be strengthened with a number of projects progressed – on-line triage, an acute rehab form, ICIP clinical notes.
- A Standard Operating Procedure (SOP) for use of mobile devices developed in conjunction with SLT.

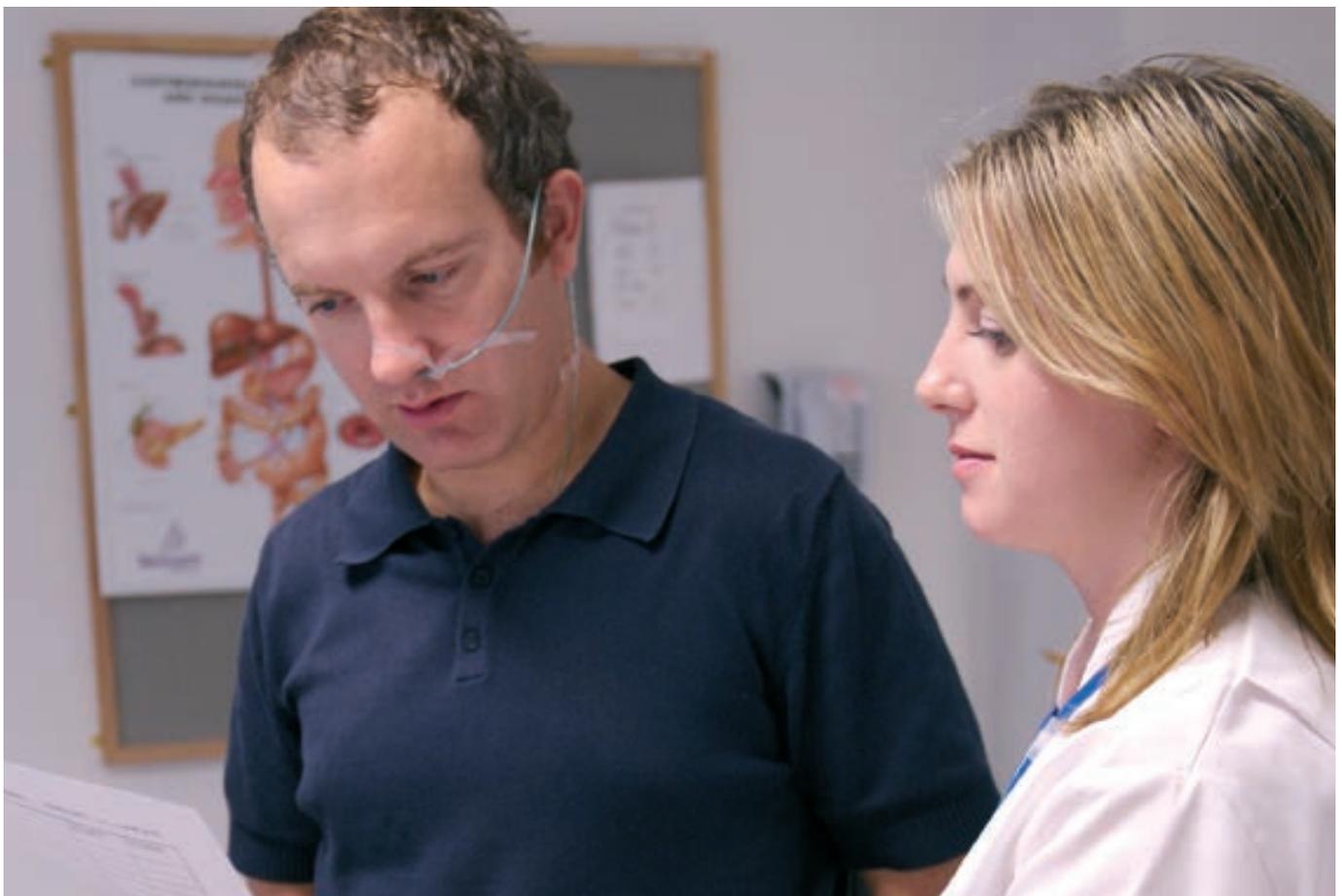
Education/Continuous Professional Development

- 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 for the 9th year at which 24 staff presented on service development projects they had undertaken. The quality of presentations continued to be very high.
- Physiotherapy staff also took part in 13 national and international conferences presenting 38 oral and poster presentations.
- 3 staff finished post graduate higher degrees with Declan O Hanlon, acting deputy physiotherapy manager awarded a PHd for Mechanisms of Skeletal Muscle Metabolic Responses to a Diet and Aerobic Exercise Intervention in Early Onset Type II Diabetes Mellitus.

Speech and Language Therapy (SLT)

Service Trends

- SLT activity increased by 4.34% in 2013. There was an increase of 3.5% in inpatient referrals. There was an increase of 45% in outpatient activity.



New Developments/Quality Initiatives

- A Dysphagia Action Group was launched to target improved safety for patients in Mary Mercer's ward and a "dysphagia link nurse" role was established.
- Funding has been secured from the Foundation for provision of picture menus in Hospital 2, to allow for improved patient choice / autonomy at mealtimes.
- Development of the communication app 'ConversAble' has been ongoing version 1 ready for use with patients.
- Roll out of newly designed user friendly swallow chart initiative across the hospital in December 2013.
- Two SLT's who have been trained by ENT have now achieved competencies in independently passing flexible scopes to allow for SLT led FEES clinic.
- Videofluoroscopic examination of swallow images now stored in PACS.
- following installation of specialised recording equipment.
- Streamlining of SLT clinical documentation. Clinical notes now documented in the medical charts only for in and the majority of outpatients.
- Progression of SLT departmental initiative towards a paperless department in conjunction with IMS.

- An audit of Laryngectomy equipment stock has led to improved efficiency of stock management / enhanced service provision to this long term out-patient caseload.

Education/Continuous Professional Development

- One therapist trained as facilitator in Dealing with Bad news.
- Senior SLT trained as a trainer for Toronto Bedside Swallow screening test and trained 2 Stroke Clinical specialists in swallow screening.
- Therapists attended a variety of courses/study days.
- Manager participated in St James's Senior Leadership Quality Improvement training programme and senior therapists attended the Leadership and Management programme and Lean training.
- Therapists were involved in the provision of ongoing education sessions/lectures to: relevant hospital staff including undergraduate and post graduate medical/dental and nursing staff and held out of hours sessions focused on supporting carers of patients with communications disorders post stroke.



Pharmacy Department



Mrs. Veronica Treacy
Director of Pharmacy Services

Ms. Gail Melanophy
Chief 1 Pharmacist

Ms. Sandra Conaty
Business Manager

Introduction

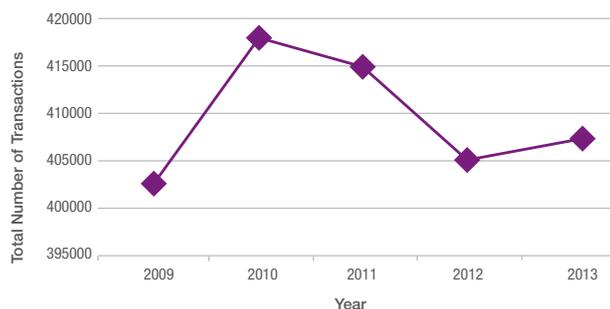
The Pharmacy Department sources, purchases, reviews, dispenses and distributes pharmaceutical and para-pharmaceutical products within the Hospital. A clinical pharmacy service is provided to all wards and a number of specialist areas to ensure safe, effective and economic use of these products. Clinical 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 2013

Dispensary and Distribution Services

- The Dispensary continued to provide the top-up service to the Hospital in 2013.
- Drug shortages were again a problem this year. Alternative licensed and unlicensed products were procured in most cases, often with cost implications.
- The Hospital's drugs spend was 10% higher than in 2012, while the volume of drugs dispensed stayed constant.

Cumulative number of transactions 2009 to 2013



Projects undertaken during 2013 included:

- Audit of missed and delayed doses. We are working with medical, nursing, medication safety and logistics staff to implement processes to reduce quantity of missed and delayed doses.
- Completed paperless invoice querying project in conjunction with Finance, IMS and SAP.
- Worked with bowel screening CNS to review and dispense for patients enrolled in HSE bowel screening initiative.
- 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 2013, similar to 2012, it represented almost 5% of the total activity of 406,879 transactions.

Aseptic Compounding Services

Mission Statement

“The Aseptic Compounding Unit (ACU) in SJH undertakes to compound sterile medicinal products in a ready-to-use form so as to ensure that they are fit for their intended use, comply in so far as is possible with the principles of good manufacturing practices and avoid placing patients at risk due to inadequate safety, quality or efficacy. The ACU aims to compound, label and package a patient-specific product for delivery to the relevant ward not later than two hours from receipt of a completed and verified prescription.”

The 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. The ACU dispensed 20239 individual patient specific products in 2013. This represents an increase of 2.8% when compared to 2012. The difficulties of continuing drug shortages and no additional staff resources challenged the ACU in 2013.

Aseptic Compounding Figures 2009 to 2013



In 2013 the main achievements in the ACU were:

- The ACU was nominated and short-listed for the annual HPN Hospital Pharmacy Awards.
- The increase in the number of patients treated in the haematology / oncology day ward presented challenges to the ACU. The management of work in the ACU planning office was analysed. Changes to work practices increased the efficiency of the ACU production ensuring all patients are treated in a timely manner.
- An audit of interruptions / distractions for staff in the ACU planning office was undertaken in quarter 4, 2013. This resulted in an increase in the use of the intranet haematology / oncology treatment planner for communication between the ACU and the clinical pharmacy services.
- The risk-based audit process, established in 2011, was further progressed.
- An IT system was developed to help the timely review and update of ACU SOPs and other quality assurance documentation.
- Aisling Collins (ACU Chief Pharmacist) lead and co-chaired a national project to develop guidelines for aseptic compounding in Irish hospital pharmacy. The guidelines were completed in 2013 and launched on 14th November 2013.

Clinical Pharmacy Services (incorporating medicines information service) 2013

Clinical Pharmacy involvement at ward level is aimed at promoting the safe, effective and economic use of drugs. Clinical pharmacists provide medicines reconciliation on admission, a clinical review of medication for inpatients, medicines information, promote cost effective use of medication(i/v to oral switch of antibiotics), and patient medication education. This service is provided on a Monday to Friday basis and faced serious challenges in 2013.

Service improvements in 2013 included:

- **Clinical Pharmacy service review**
Benchmarked pharmacy services in SJH vs international services from UK, US and Australia.
- **Novel Oral anticoagulants(NOACs)**
A clinical decision aid and guidelines for the safe prescribing of Novel Oral anticoagulants for inpatients were compiled and introduced in 2013. NOACs has required continuous education and monitoring by clinical pharmacists at ward level. The use of NOACs in inpatients was evaluated in a 6 centre study led by the Royal College of Surgeons and the Pharmacy Department, St James's Hospital. The findings were presented at the Irish Gerontological Society Annual Conference and the Irish Medication Safety Network Conference.
- **IV Drug Administration Guidelines**
The SJH Intravenous Drug Administration Guidelines for use by multidisciplinary staff were reviewed and updated. The revised version contains monographs for 113 intravenous medications. A hard and soft copy is available to every ward.
- **Medicines Reconciliation**
The cost effectiveness of the clinical pharmacist led medicines reconciliation service on admission was examined in an MSc thesis. This peer reviewed study identified estimated cost savings of approx €500,000 from the medicines reconciliation process in AMAU.
- **VTE prophylaxis**
The effectiveness of pharmacy led initiatives to improve prescribing of VTE prophylaxis in medical patients was further demonstrated from an audit completed in July 2013. Appropriate VTE prescribing rates have increased from 37% in January 2009 to 88.9% in July 2013.
- **Prescribers Guide Mobile Application Development**
Presentation of proposal to SJH Innovation Committee resulted in the creation of a steering group with IMS/Facilities management to lead mobile application development in 2013-14.
- **Prescribers Guide updates:**
Prescribing alerts for NSAIDs and metoclopramide. Incorporated new NOAC prescribing recommendations, updated hypoglycaemia guidelines, new information on QTc prolongation with medications.
- **Falls Management**
Joined multidisciplinary team with enhanced hospital focus on Falls Management.
- **Hepatitis C**
A pharmacist post was approved and appointed into this growing outpatient dispensing service. She provides specialist clinical knowledge in an area of complex drug interactions and adverse drug effects, and supports the medical, nursing and, most importantly, the patient.

• Additional work

In cooperation with medication safety facilitator, Clinical Pharmacists in the Keith Shaw Unit and MedEI revised inpatient prescription charts.

Contributed to new format for Heart failure patient rehabilitation.

Audits in Psychiatry, and paracetamol and lidocaine patch use were also completed.

HOPE Clinical Pharmacy Services

A series of service improvements were implemented in 2013 by the HOPE Pharmacy clinical team. These included:

- Development and introduction of a new Anti-emetic policy for Radiation Oncology, Medical Oncology and Haematology.
- Participation in antimicrobial ward rounds in Medical oncology.
- Participation in bed management meetings to optimise bed usage within the Directorate.

Two members of staff successfully completed their post-graduate qualifications in Cancer Studies at Newcastle University. One team member was awarded Oncology Pharmacist of the year. Team members lectured to the Clinical Pharmacy Masters programmes in both TCD and UCC and to the Post graduate Nursing programme in TCD. Programme of haematology prescribing protocol meetings continues.

GUIDe Pharmacy Services

The GUIDe pharmacy, an onsite satellite pharmacy, provides a comprehensive pharmacy service to the GUIDe clinic, the largest STI, HIV and Infectious Diseases service in Ireland. The increase in workload due to increased patient numbers and the staff shortages due to unfilled posts were the main challenges faced by GUIDe pharmacy in maintaining and developing the service during 2013.

Inpatient Work: (ID, HIV)

GUIDE pharmacists continued to provide a clinical pharmacy service to inpatients under the care of the HIV and ID teams (i.e. patients for whom these teams were their primary caregivers and also patients who received consults from the ID and HIV service).

The number of inpatients under the HIV service remained constant (224 in Jan-Dec 2013 vs 232 in Jan-Dec 2012), but there was a significant increase in the number of inpatients (186 in 2013 vs 153 in 2012) and patient consults (545 in 2013 Vs 477 in 2012) under the ID service, which was an additional workload for the pharmacy.



Many of these patients (who included HIV positive patients presenting with a range of opportunistic illnesses), were on combinations of medicines which have complex pharmacokinetic and pharmacodynamic profiles. The clinical pharmacists supported the safe and effective use of these medicines to maximise benefit, minimise adverse effects, avoid drug interactions, reduce the emergence of antimicrobial resistance and prevent avoidable wastage.

Outpatient Work: (ID, HIV, STI, Viral Hepatitis)

The total number of patients who were individually dispensed medicines by GUIDE pharmacy in 2013 was 2,282 and there were 9,724 dispensing episodes and a total of 20,433 items dispensed. This represents a 41% increase in the number of patients and a 30% increase in the number of dispensing episodes, compared with 2009.

37 patients received treatment for Hepatitis C from GUIDE pharmacy during 2013. This included 20 patients who received triple therapy (including a directly-acting-antiviral) and 17 patients who received dual therapy.

GUIDe pharmacists continued to be involved in clinical trials and practice research within the department.

Achievements:

- The GUIDE pharmacy was involved in a multi-disciplinary initiative which resulted in the establishment of a new joint service between SJH and the National Drug Treatment Centre (NDTC). This service (an additional clinic) was established to facilitate access to new Hepatitis C medications by patients infected with Genotype 1 Hepatitis C and attending the addiction services in the NDTC.
- A quality improvement initiative was successfully introduced to reduce the amount of preventable wastage of anti-retrovirals by avoiding excessive supply at out-patient appointments. The value of ARVs “not-dispensed” to accommodate supplies remaining unused at home in the months from July to December 2013 was €363,997.79.
- A new process for managing prescription pads was introduced.

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 co-ordinated from St James’s hospital/TCD. Seven 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 2013

Miriam Coghlan & Deirdre Smith MSc Hospital Pharmacy (TCD)
Emily Ahern MSc Clinical Pharmacy (UCC).

Intern Projects for 2013 were:

“A Clinical Audit of Novel Oral Anticoagulant Prescribing in SJH”
“A study of lidocaine 5% w/w medicated plaster usage in two hospital settings”.

National Medicines Information Centre (NMIC)



Prof. Michael Barry
Medical Director

Dr. Mary Teeling / Dr. Mary Jo MacAvin
Medical Adviser

Ms. Claudine Hughes
Chief II Pharmacist

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

In 2013, over 75% of enquiries to the NMIC enquiry answering service originated from primary care, with information in relation to administration/dose of medicines, choice of therapy and drug interactions the most common types of information sought.

In addition, the Centre proactively provided medicines information through its two publications, a monthly current awareness newsletter "Therapeutics Today" and a bimonthly therapeutics bulletin. Topics covered in the NMIC bulletin 2013 (Vol.19) included Atrial Fibrillation, Osteoporosis, Multiple Sclerosis, Chronic Obstructive Pulmonary Disease and Asthma. 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 in 2013 played a pivotal role in the development of the National Medicines Management Programme. The Centre continues 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 mission of the National Centre for Pharmacoeconomics (NCPE) is to facilitate healthcare decisions on the reimbursement of technologies, by applying clinical and scientific evidence in a systematic framework, in order to maximise population wellness.

The Centre conducts the health technology assessment (HTA) of pharmaceutical products for the Health Service Executive (HSE) in Ireland and makes recommendations on the cost effectiveness of products seeking reimbursement. The Centre aims 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 2013, the NCPE conducted 43 rapid reviews and 15 full HTAs.

Education and Research Activities

The NCPE runs an annual two-day training course in Pharmacoeconomics. In addition, the NCPE is involved in ongoing teaching for undergraduate and postgraduate pharmacy students, nurses and medical students. The NCPE has a strong research portfolio and collaborates with international as well as national researchers (<http://www.ncpe.ie/publications/>). The unit also has a formal collaboration with the University of York.

Successful post-graduates in 2014

Dr. Emer Fogarty successfully defended her PhD the economic evaluation of new agents for the treatment of Multiple Sclerosis.

Ongoing Research

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

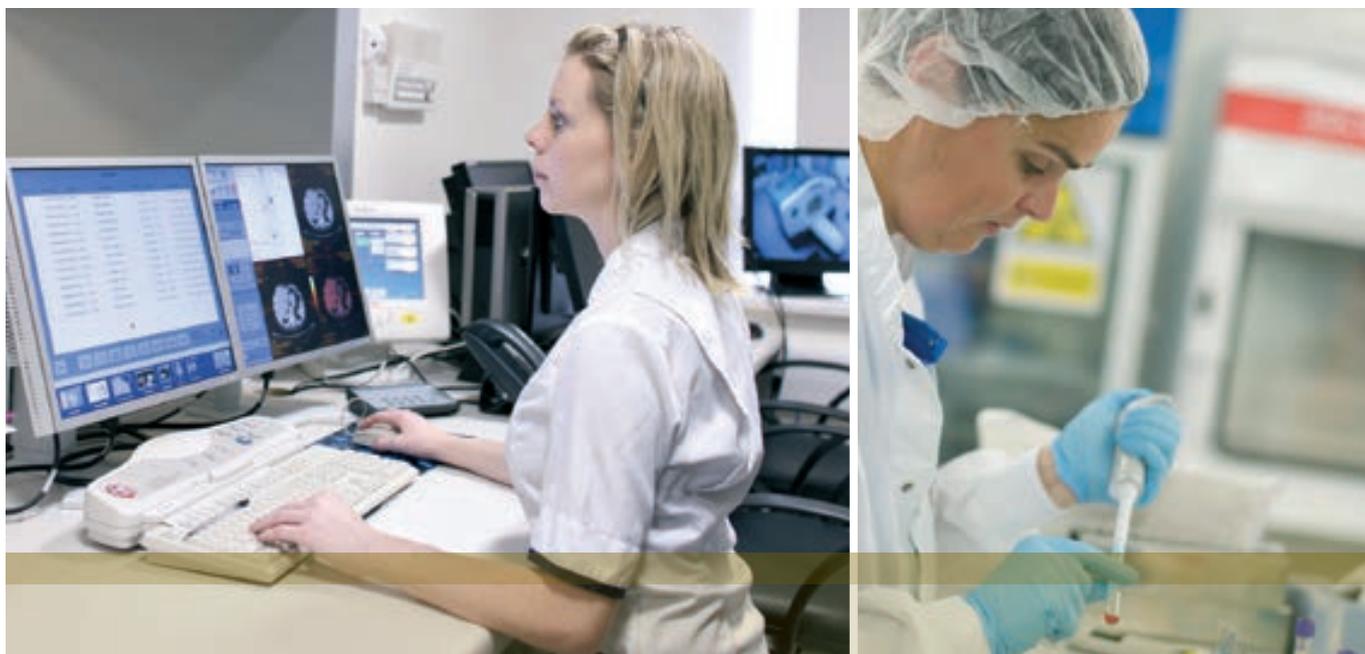
Clare Walsh is undertaking her PhD in Patient Involvement in Healthcare Decision Making.

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

Dr Roisin Adams is leading a National Study to evaluate Irish Population Preferences for Health using the EQ-5D health profile (awarded by the HRB).

Prof. Cathal Walsh was awarded a five year Research Leader Award from the HRB for which the NCPE are primary partners.

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 Department of Medical Physics and Bioengineering (MPBE) supports the application of technology in the provision of care at St. James's Hospital. MPBE is a long established Department offering a range of services unique in Ireland with respect to their breadth and depth.

The Department provides scientific/engineering consultancy services and healthcare technology management services to almost all of the clinical facilities and users of high technology at St. James's. Technologies within the Department's remit include imaging systems, life support, physiological monitoring, lasers, endoscopic systems and surgical technology.

MPBE staff have expertise in the fields of physics, electronic and mechanical engineering, computer science and other related disciplines. Together they work in interdisciplinary groups dedicated to seeking, exploring and delivering solutions to technical and scientific problems in health care.

Services are provided by MPBE through five working groups: Clinical Engineering, Imaging, Endoscopy & Optical Systems, Sterilisation Services and External Services. The External Services Group provides Radiation Protection, Quality Assurance and Sterile Services advice to other hospitals and dental services.



Departmental Strategic Review

In order to keep pace with changing medical technology and with the growing demand for that technology, MPBE routinely reviews its day to day services and operations. The pace of change is such that in 2013, it was felt that a formal, comprehensive, Strategic Review was warranted to help provide overall direction to the Department for the next 5 to 10 years. A Strategic Review was initiated by MPBE through the CEO, drawing in input and expertise from across the hospital. The objective of the review was to determine how best MPBE can be aligned with the longer term operational and strategic objectives of the hospital. The review was co-ordinated by a review group with corporate, clinical and MPBE representation. Consultation took place using structured engagements designed to best facilitate feedback from the Department's users and staff. The process was very positive and stimulating and may well serve as a template for others considering similar exercises in the future. The review group is due to report its findings to the CEO in 2014.

Services & activities 2013

- MPBE currently supports over 4,300 assets with a capital value of approximately €54m and an annual support budget of over €2m.
- MPBE responded to over 6,500 medical equipment management events in 2013.
- MPBE provided technical and scientific support in the delivery of over 17,000 flexible endoscope procedures in the Endoscopy Unit. MPBE provided Radiation Protection Advisory (RPA) services to 25 external HSE Hospitals and 163 dental practices through its External Services group.
- The Department acted as advisors to HSE Procurement in relation to purchasing electromedical equipment.
- MPBE carried out evaluations of novel techniques and technology (including 3D surgical camera systems, green light lasers, transmission of video via wifi).
- MPBE contributed to the development of a new ENT decontamination facility, which will be completed in 2014.

Contributions to International & National Bodies

MPBE personnel contributed to a number of national and international advisory bodies and groups including:

- As the Irish expert on the Article 31 Group, the advisory group to the European Commission on radiation safety. This group has drafted the revised and recast European Directives on radiation safety for workers, patients and members of the public.
- As members of the eye dose working group of EURADOS (European Radiation Dosimetry Group, a network of 50 institutions and 250 scientists). This working group is looking at the issue of patient and staff eye doses during interventional radiology.
- As a member of joint Standards Group 7 of the ISO (International Standards Organisation) and the IEC (International Electrotechnical Commission). This group is devising standards for securely placing medical devices on an IT network.
- As a group member of the IEC TC 62 Software & Network Advisory Group.

Education/Training Activities

Activities in this area included:

- Co-ordination and delivery of the M.Sc. Physical Sciences in Medicine at TCD.
- Co-ordination of the physics programme for Part 1 FFR Radiology, RCSI.
- Supervision of a number of Ph.D. and M.Sc. students.
- MPBE staff lectured/ examined 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)
 - M.Sc/ P.Grad.Dip in Medical Imaging (Trinity College).



- Co-ordination of a Laser Safety Course for Medical Specialists in November 2013, with guest speaker Dr. Harry Moseley from the University of Dundee. The e-Learning Laser Safety course developed by MPBE in co-operation with the Centre for Learning and Development (CLD) was hosted on the HSEland training website.
- Delivery of modules in Medical Physics & Imaging to a number of academic institutions including UCD, DIT & TCD.
- Completion of the SJH Quality Improvement training programme by three MPBE staff.
- Facilitation of a number of work experience placements including extended placements of third year students from DIT.
- Coordination and delivery of Medical Imaging Module for MSc Health Informatics, TCD.
- Provision of a number of Radiation Protection courses for hospital and dental staff nationally.
- Provision of the External examiner for MSc Medical Physics (Aberdeen)

Research and Developmental Activities

MPBE staff carry out Research and Development in areas such as Diagnostic Imaging, Radiation Protection, Device Development, Ultraviolet Radiation Dosimetry and Magnetic Resonance Imaging. In 2013 MPBE staff published over a dozen peer reviewed papers in scientific journals. In addition, MPBE staff supported wider R&D activity at SJH by acting as contributing authors in publications with other clinical and scientific personnel.

At Mercer's Institute for Research on Ageing (MIRA)

MPBE continued to support research and development of technology relevant to the care of older people. The work carried out in 2013 ranged from the development of mobile apps to the mathematical analysis of gait patterns in older fallers. Developments at MIRA included:

- MPBE co-ordinated the highly successful ActivAge Public Engagement 2013 conference "Technology and Successful Aging", in association with the Digital Hub.
- Dr. Emer Kenny was awarded a Ph.D for her research on ocular microtremor.
- MPBE received an SFI Technology Innovation Award (TIDA) to support development of ocular microtremor technology at Mercer's Institute for Research on Ageing (MIRA).
- An iPad app to record gait speed and time taken to complete a 'timed up and go' test was created.
- Technical support was provided by MPBE to the LAMP (Liberties Asset Mapping Project) to enable maps of the services available to the local community to be created and analysed.

At TILDA (The Irish Longitudinal Study of Ageing) MPBE provided scientific support in the collection, interpretation and analysis of physiological measurement data.

At CAMI (Centre for Advanced Medical Imaging) MPBE continue to provide significant input to this facility with a full time research physicist positioned in the centre.

Fran Hegarty was asked to lead on the development of a proposal for a new Art in Health programme for the hospital. He was also nominated to act as interim Chair of an ad hoc Art Committee pending the tabling of the new proposal to the Hospital Board in the first half of 2014.

Facilities Management



Mr. Vincent Callan
Facilities Management Director

Introduction

As part of the Hospital's restructuring programme, the Facilities Management Directorate was established in November 2013 comprising the previous corporate functions of General Support Services and Technical Services Department. In addition, Fire Safety Services, Organisational Health and Safety and Medical Records Management have also been included in the new Directorate Structure. The FM Directorate will provide the full range of non-clinical services in an integrated manner that will enhance the patients experience and support the hospital clinical staff in treating our Patients.

The FM Directorate now comprises of the following disciplines:

- Patient Hygiene Services including Housekeeping & Cleaning, Waste Management & Sharps, Linen, Laundry & Scrub Suits, Gardening & Grounds, Pest Control and other miscellaneous hygiene services.
- Concourse.
- Chaplaincy.
- Catering.
- Portering.
- Telecommunications.
- Facilities Management Administration.
- Security & Car Parking.
- Logistics.
- Fire Safety Services.
- Medical Records Management.
- Health & Safety.

Patient Hygiene Services

As in previous years the focus in 2013 centred on identifying and implementing quality improvement initiatives, ensuring efficient use of resources and compliance with specified quality parameters.

Key changes in 2013 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 2013 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 2013, performance indicators (based on average monthly scores from local assessments) for 2013 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 2013, assessments are unannounced and comprise 16 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. It also highlights consistency in standards and validation as average scores for 2013 mirrored 2012.

Chaplaincy & Pastoral Care

When patients are admitted to hospital in need of healing for a physical or emotional illness, they often bring with them other concerns that range over the psychological and spiritual dimensions of their lives. The Chaplaincy department provide spiritual care and counselling, especially at times of great anxiety and, above all, with the terminally ill.

The Chaplaincy Department continues to provide a twenty-four hour service to the hospital. In 2013 the Chaplains office moved to a new location and is situated off the Quiet Room. The team consists of Ordained and Religious along with Church of Ireland Chaplains. The Department is very fortunate to have over 36 volunteers who serve as Ministers of Eucharist and assist in bringing communion to patients on a daily basis.

During 2013 the chaplains attended over 1000 deaths and made 200 pre-operation visits per week to patients who had requested a visit. Added to these are the informal visits made on wards by all Chaplains. The members of the Chaplaincy department work closely with the other health care professionals. Should the need arise; counselling help is extended to other carers for the sick.

A Special Mass of Remembrance was held in November for deceased members of Staff, their families and friends which gave bereaved Staff and their families and friends an opportunity to come together and remember their loved ones in a 'Candle Ceremony of Remembrance'. In December we were delighted to have as our guests the Guinness Choir who sang at our Carol Service which was held in the concourse.

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.

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 2013 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 31,000 product lines to 175 internal customers were fully managed while supplying a logistics service to Pharmacy Department for the delivery of all products.

Operational Activity 2013

	QTY/Value
Total Receipt Value Goods & Services	€ 108,923,211
Stock Receipt Value	€ 10,670,501
Consignment Managed Stock Value	€ 1,491,588
Consignment Issue Value	€ 5,400,569
Stock Issue Value	€ 16,025,536
Stock Product Lines Managed	4229
Stock Vendors	128
Stock P/O's	6,112
Stock Orders Processes	28,128

End of Year Stock take 2013

The Department is charged with the responsibility of managing non fixed assets for the Hospital and safeguarding such assets, with the exception of Pharmacy and Blood products. The annual stock take was carried out on the 29th November 2013, with representatives from the Logistics Department, Finance Department, Internal Audit, clinical users and the Comptroller and Auditor General present.

The stock take comprised identifying, counting and recording in excess of 4,000 products across 4 inventory managed areas and 79 non inventory managed areas.

Inventory Valuation 2013	
Inventory Managed Value	€ 812,269.79
Non Inventory Managed Value	€ 2,626,460.04

Fire Safety Services

Fire Safety Services ensure the safe day-to-day implementation of fire safety procedures, prepare training programmes for all staff working in the hospital and investigate and prepare reports on all fire incidents. A total of 2,573 staff participated in fire safety training in 2013 through either face to face training or on the Hospitals elearning fire course.

The function continued to assist management in terms of compliance with statutory obligations and ensure appropriate fire safety measures were implemented. In addition, the function continued with supporting co-ordination and direction of staff action in an emergency and ensured staff emergency preparedness by testing local emergency fire plans during routine fire evacuation drills. A total of 75 separate fire evacuation drills were carried out during 2013.

Two major drill exercises were carried out in conjunction with Dublin Fire Brigade in 2013, the purpose of these exercises was to test the hospitals preparedness in a major emergency and to test the agreed command and control procedures to ensure all Hospital fire and security personnel have a clear understanding of what is expected of them in an emergency situation.

The Fire Services Manager continued to work closely with the District Fire Officer to review current fire procedures and to ensure that fire escape routes and services are available. The fire escape route strategies for all renovation and new building projects are agreed at these meetings.

Medical Records

Staff within the Medical Records Department continued to provide a vital service by seeking to ensure the proper creation, updating, maintenance, archiving, security, distribution, confidentiality and protection of all Patient Records in accordance with established best practice. In addition, the department continued to ensure release of medical records in accordance with statute, (F.O.I., Data Protection) and routine requests. The registration of all new attendances at hospitals main out patients department and registration of all hospital births and deaths were also carried out by the department.

Security

The Security Department continued to ensure a safe environment is maintained for patients, staff and public. This is achieved through a combination of highly skilled security officers and advanced IT Security systems such as CCTV cameras, access control, intruder detection, panic alarms, and patient wandering systems. This enhanced technology, coupled with a highly trained security team and a dedicated fully functional Security Control Room supports the hospital 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 Gardai Siochana through our dedicated Garda Liaison Officers.

Enhancements to access control continued in 2013, which has delivered an additional 58 access controlled doors bringing the total access controlled door to 388. In addition IP CCTV equipment was introduced which provided enhanced functionality. Further innovation was introduced through the trialling of a real time wireless electronic lock that can be installed within minutes on most European doors.

Environmental Services

The Environmental Department ensures the safe removal of all hospital waste in accordance with national guidelines and legislation. Waste segregation continued to be a key focus in 2013, recycling rates improved by 20% in comparison with 2012.

Risk Waste Audits' continued in 2013, the results serve to support the development and improvement of segregation of the various waste streams.

The department continued to work closely with the hospitals authorised service providers to keep up to date with best practice and latest innovations.

Portering Services Department

Portering Services continued to provide its services 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. The Patient Transport Services is responsible for all Patient Transfers from outer lying areas of the Hospital to the Main Building by means of a Patient Transport Vehicle.

Technical Services Department

The department's key focus is to ensure hospital building services, plant and equipment are fully maintained to ensure safety of staff, patients and public while complying with legislative and regulatory requirements.

The department received 20,000 helpdesk calls and over 400 new work requests during 2013.

The reduction in financial allocation placed additional pressure on the department, which resulted in reduced new works and constraints in programme developments. Limited minor capital funding was supplied by the HSE, as a result works were prioritised on requirement of critical need, The Hospitals risk register was revised accordingly and services delivered within the available resources.

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

Notwithstanding the significant financial constraints to the hospital maintenance budget, the department undertook and managed 32 medium to large scale minor capital projects at a cost of more than €2.0 million. The following projects are a sample of the projects undertaken in 2012 moving into 2013.

- Refurbishment of water boiler in energy centre.
- Refurbishment of feedwater system to all boilers.
- Replacement of Steam Traps.
- Repair and replacement of mains cables to Hospital 1, CEO Building, Trinity Building and Orthodontic clinic.
- Ongoing commissioning and testing of replacement Vacuum Pumps.
- Provision of temporary Cath Lab facilities to allow for replacement of Cath Lab No 3.
- Phase 2 of a planned repair and upgrade program was initiated on the Emergency lighting throughout the hospital.
- Refurbishment of Maxillo Facial facilities.
- Refurbishment of shower rooms in Private Wards.
- Installation of fall protection in a number of locations as part of a new rolling program.
- Equipment & environment improvements as part of a minor capital spend includes:
 - Upgrade and improvement program of the site wide Building Management system.
 - Upgrade of Hygiene related facilities including, hand hygiene facilities, bedpan washers replacement programme, painting programme including ward and outpatients department.
 - Temporary relocation of MRI cooling system to allow for roof repairs.

Energy Centre Services

Energy Services is responsible for the secure, safe and efficient supply of utility services to the Hospital site. Steam generated 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.

Developments

Further repairs were carried out to the Steam services infrastructure during 2013 to manage recurring leaking services ducts and condensate loss. The network of the steam ducts are almost thirty 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.

Facilities Management

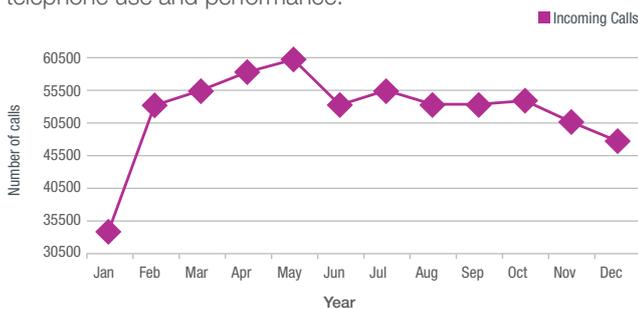
A pilot programme was established in 2013 to educate staff in terms of lowering carbon emissions and activities to reduce energy consumption. This initiative will be rolled out in 2014 through a 'champions' programme in each directorate. In addition, the hospital continued to work with external agencies in an effort to replace inefficient energy systems with lower consuming systems on an annual basis.

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 St. James's Hospital telephone network processes approximately 20 million calls each year, over 50,000 calls per day, including incoming, outgoing and internal calls. The Telecommunications centre switchboard deals with over 2,000 of these calls per day.

During 2013, our telecommunications and call report systems were further developed in order to monitor and report on our telephone use and performance.



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

As part of the Hospital's Major Incident Plan testing, regular audits and checks were carried out during 2013 on all emergency and back up phone systems, internal bleeps and long range bleeps. The department also manage, maintain and test the Major Incident Plan contact list.

During 2013, the Interactive Voice Response (IVR) system, already successfully in operation in many departments, was reviewed for our main switchboard. The response was amended and re-recorded to allow callers to select the most appropriate department / person to deal with their query, in a timely manner, to improve patient services. There is also an option to hear the greeting in the Irish language.

In an ever evolving technological environment, the Telecommunications Department must also be able to evolve and adapt to new and improved technologies to constantly maintain and improve its service.





FM Admin

Facilities Management Administration provides the administration function and support to all sections of the Facilities Management Directorate. The FM Admin team manage calls coming into the department including, almost 20,000 calls to the Technical Services Helpdesk. In addition to logging helpdesk calls, the department carries out Catering administration functions, NSV coding, patient car-parking concessions. The FM Administration team look forward to the development of the new Facilities management Directorate and continuing to provide their valuable services and support to patients, staff and external organisations.

Catering

The Catering Department, as part of its food safety management system, ensured throughout the year that operational procedures, including the materials used in the production of meals, were systematically checked as a matter of routine. In addition, further validation of HACCP compliance was ensured by the local Environmental Health Officer and the department continued also to perform weekly ward pantry audits as part of the hospital ward assessment process and our own quality control measures.

To ensure that our staff are equipped with the knowledge, skill, and attitude to meet the ever changing demands of the service, appropriate training courses were delivered throughout the year as part of the departments on going programme. Courses were provided covering such areas as operational and technical skills in addition to mandatory training, and education/ information sessions on matters pertaining to the wellbeing of patients were delivered by our colleagues from clinical departments we work closely with.

As a member of the SJH nutritional steering committee, the department actively participated in the patient's protective mealtime's pilot project whose aim is to protect patients from routine interruptions when dining and to give assistance to those who may have difficulty in eating thus aiding their nutritional care.

The Department in conjunction with others in FM were involved in meeting the challenges posed by infrastructural projects which occurred during the year and ensured that patient services were not compromised while improvement works were taking place.

Capital Projects Office



Mr. Niall McElwee
Director of Capital Projects

Introduction

The Capital Projects Office was established following the restructuring of the Technical Services Department, Planning Department and Facilities Management Administration functions in November 2012.

This restructuring was put into place to amalgamate administration departments under the Facilities Management Administration department (FM Admin) and to align those administration functions responsible for managing the help desk, budgetary and general support services of the various departments.

The Capital Projects office was established from this to oversee the capital programme being developed by the hospital, including the Mercer Institute for Successful Ageing (MISA) and National Paediatric Hospital Decant Programme.

This Decant Programme required the facilities and infrastructure to be prepared to allow the timely clearance of the site designated for the new National Paediatric Hospital.

The Capital Project office commenced with Niall McElwee as Director who in turn worked with the SJH Decant Programme team on behalf of the Hospital Board. This Decant Programme Team consisted of Ciaran Faughnan and Terry Kearney representation the National Paediatric Development Board (NPHDB) who together brought a tremendous wealth of programme experience and drive to allow the project to get started.

Capital Projects Office

A recruitment process for the decant program commenced and John O Dwyer was also engaged to provide Architectural Technician assistance in delivering the planning permission of the Clinical Directorate Building, the first of a series of new development required for the Decant Programme.

The Decant Programme Team processed several business cases to the interim National Paediatric Hospital Board while the Minister James Reilly put into place the newly formed National Paediatric Hospital Development Board.

The Business cases included the incorporation of the following developments;

- A formal Decant Strategy including the Project Execution Plan,
- The replacement Hospital Chapel,
- Replacement Speech & Language services facility,
- The Clinical Directorate Building.

The decant team also was tasked to search and provide acquisition proposals for sites and properties for use as locations for decanting of hospital services from the designated site of NPH.

Sites acquired included;

Bow Lane – Records Storage Facility – currently under refurbishment and providing relocation of medical records scanning and archiving services.

Brandon Terrace – Future potential for specific Out Patient Facilities, subject to planning permissions.

Brookfield Clinic – Provision of former private clinic for transfer and decant of non-acute hospital services.

The Capital Project Office continued to provide management of the construction and upgrade of all new or renovated facilities on the hospital's campus. The aim of the department is to enable the delivery of optimum patient services in appropriate accommodation and the strategic management of both minor and major development and infrastructure requirements.

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

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



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

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

Developments in 2013

- Following the completion of the National Programme for Radiation Oncology (NPRO) (Phase 1) Building, the National Cancer Control Programme advised the hospital that the Phase 2 of this development would be deferred while national service was under review.
- Haemophilia & Hepatology In-Patient Facility and Clinical Research Facility was formally opened by an Taoiseach Enda Kenny TD at a ceremony in July. The H&H ward and Clinical research facility were put into operation. The H&H ward was used for decanting purposes until the designated services were transferred July 2013.
- The Capital Project Office, the Mercer Institute for Successful Ageing (MISA) in conjunction with the clinical directorate of the hospital Medical Elderly (MedEL) continued to work with the design team and HSE to secure the contract award for the building to commence. In February the works commenced on site for this 13,500sqm seven storey development. The MedEL directorate with MISA will be providing the main four pillars of services within the facilities; including Clinical, Research & Technology, Education and Creative Life.
- To accommodate the MISA development several services and buildings were required to be relocated and some demolished. Included among these buildings was the former matron's house, Occupational Health, Doctors Residence and a wing of the Hospital 5 which houses the Guide Clinic.
- A purpose designed and newly constructed On Call Accommodation block was developed for the Non Consultant Hospital Doctors (NCHD). This facility provided 22 new bedrooms each with ensuite, canteen, TV room and IT research studio. This facility was been the subject of several positive comments due to the long wait for the NCHD to relocate from their last temporary (28years) accommodation.

- The Occupational Health department was relocated into purpose designed refurbishment of Brookfield Clinic adjacent to the hospital at Rialto entrance. This premises also provided the location for the new Speech and Language out patient's facility.
- New Cleft Pallet Out Patient suite for Children in Suite 2 – Out Patients Department for Maxillo facial services.
- 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 plantrooms.
- 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.

Future Developments Include:

- Clinical Directorate Building and the full Decanting programme of 26 projects for the National Paediatric Hospital Development Board.
- Progression of Tuberculosis Regional Facility and Laboratory facility with HSE.

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 sad loss of passing colleagues is also to be mentioned including James Hawkins who served as painter in the hospital up until his sudden passing. I extend our thoughts to his family and friends from his past colleagues.

The department extends the best wishes to the personnel, who have moved through the department, including Alan Sharp, Anthony Byrne and Barry Pittman.

I also wish to acknowledge the support and professionalism of each member of the team in the Technical Services Department and look forward to the challenges ahead in 2014 under the new Capital Projects Office.

Niall McElwee
Director of Capital Projects

Nursing Services



Director of Nursing
Paul Gallagher

Introduction

2013 posed many opportunities and challenges for Nursing and Health Care Assistant (HCA's) staff throughout the hospital. I wish to express my sincere gratitude and appreciation to our staff for their continued loyalty, dedication and professionalism that has been demonstrated during the year and for ensuring the delivery of safe care to our patients and their families.

Throughout the economic crises our nursing and HCA teams have responded admirably in the midst of significant resource restrictions. This is reflected in the wide variety of initiatives, projects and developments that have been introduced during the year, some of which are summarised in this report.

Staffing Levels and Skill Mix

Approved WTE at 31st December, 2013	1341.9 WTE
Annual turnover	5.9%
Hires and rehires	127
Leavers	157

The hospital experienced significant challenges relating to increased activity, staffing levels and skill mix during the year. Consequently the hospital has had to introduce escalation measures necessitating the opening of overflow areas including John Cheyne Ward, the Transition Unit and the Day Surgery Centre. It is acknowledged that the increase in activity and acuity has placed a significant burden on nursing and HCA staff within the clinical setting.

Every effort was made to expedite the recruitment of staff to address vacancies in a number of clinical areas. Staffing levels and skill mix were monitored on a daily basis by nursing management to ensure that optimal use of available resources supported the delivery of safe patient care.

During the year the HSE announced two initiatives to reduce the requirement for agency and overtime and focussed on Internship recruitment as follows:

- **Graduate Recruitment Scheme for Nurses:**
the HSE approved the recruitment of 70 WTE graduate nurses and by year end 35 newly qualified staff were in post. The lack of uptake by graduates to this programme posed a significant concern to the hospital as this scheme did not yield the volume of staff required to significantly offset agency and overtime.
- **HCA Internship Recruitment Scheme:**
The hospital had received approval for 120 HCA Interns and by year end 25 HCA's commenced employment and a further 41 contracts were being processed.

Undergraduate Nursing and Midwifery National Review

The Department of Health published the *Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes* (December 2012). The report has identified 16 recommendations to be actioned by the NMBI, third level colleges and the HSE. St. James's Hospital has worked in partnership with the NMBI, HSE and the School of Nursing and Midwifery (Trinity College Dublin) in the context of implementation of these recommendations. The Director of Nursing was nominated to the *Department of Health Monitoring Group* to oversee implementation of the recommendations at a national level.

Early Warning Scoring System (EWSS)

Following the successful completion of the EWSS pilot project and discussion with the Medical Board in December, 2012, it was agreed that this initiative would be introduced throughout the hospital on a phased basis. This project has required extensive education and support for nursing and medical staff and this has been provided by the Nursing Practice Development Unit (NPDU). By year end, the majority of clinical areas had implemented the use of the EWSS.

Nurses and Midwives Act, 2011

Dr. James Reilly T.D. Minister for Health, appointed Paul Gallagher (Director of Nursing) to the Nursing & Midwifery Board of Ireland (NMBI) formerly known as An Bord Altranais. In April 2013, following the establishment of the new Board, Paul was elected as President for a minimum period of three years. The primary objective of the new legislation requires the Board to enhance the protection of the public and in part, this will be achieved by formalising a competency framework

for all registered staff. The hospitals NPDU will continue to develop nursing competencies in preparation for the formal introduction of this aspect of the Act.

The NMBI also launched Guidance for Nurses and Midwives on Social Media and Social Networking and the hospitals Nursing Executive adopted the use of these guidelines for our nursing staff.

Medical/Surgical Clinical Skills Programme

Following completion of a hospital-wide needs analysis a project group was established to develop a Foundation Programme to support and up-skill nurses working in general medical and surgical areas of the hospital. This new model of education is based on the success of the foundation programmes that have been established in other Clinical Directorates. The curriculum was developed during the summer and the education programme commenced in October. By year end twenty members of staff completed this programme and a further 21 had commenced this important skills training.

Nursing Key Performance Indicator (KPI) Programme

The Department of Health selected St. James's Hospital as a pilot site for the National Nursing KPI Project. The purpose of this initiative has been to measure patient outcomes specifically in relation to the following:

- Falls prevention.
- Pressure area management.

Since the establishment of this pilot scheme, the nursing staff at St. James's have included the following KPI's, all of which are measured on a quarterly basis as follows:

- Peripheral Venous Care.
- The Patient Experience.
- Nursing Documentation.
- Early Warning Scoring System (EWSS).

Audit completed	Falls	Pressure ulcers	PVC care	Nursing Documentation	EWSS
Jan-13	67%	77%	62%	NA	NA
Apr-13	80%	80%	72%	NA	NA
Jul-13	81%	88%	81%	81%	81%
Oct-13	84%	80%	85%	77%	76%

Results are distributed to individual wards and action plans/educational supports are established as required. It is planned that the suite of KPI's included in the quarterly audit programme will be expanded during 2014.

Haddington Road Agreement

Senior nursing management conducted extensive discussions with staff to facilitate the introduction of the recommendations of the Haddington Road Agreement. The majority of our staff were required to increase their working hours and this necessitated extensive discussions to ensure that revised rosters would achieve either of the following:

- Reduction in the need for agency and overtime.
- Favourably impact on productivity.

The Assistant Directors of Nursing played a significant role in co-ordinating discussions and establishing agreement with staff in relation to this important requirement.

Nursing Case Study – Respiratory Assessment Unit

St. James's Hospital was invited to submit a nursing case study (Chronic Obstructive Pulmonary Disease) in Q4 2012, to the Nursing Policy Division, Department of Health in preparation for the Ireland's Presidency of the European Union in 2013. This report was completed by Ms. Maria Lawlor (CNM 3, Respiratory Assessment Unit) and I am pleased to report that this exemplar was presented at the EU meeting of Government Chief Nurses that took place in Dublin, April 2013. Subsequently the World Health Organisation was given permission by St. James's Hospital to place this case study on its website to demonstrate how evidence based practice can favourably impact on health outcomes.

First Dose Administration of IV Medication

The administration of first doses of IV medication by nursing staff was introduced on a phased basis through out the hospital. The purpose of this initiative was to facilitate the timely administration of medication by nursing staff and is done so in partnership with NCHD's.

Advanced Practice (Breast Care).

The Nursing and Midwifery Board of Ireland (NMBI) conducted a site inspection of the hospital's Breast Care service. The purpose of this inspection was to approve the hospital as a suitable site for the development of an Advanced Nurse Practitioner - Breast Care. NMBI approval was received in July to proceed with this post.

Nursing Research

The Nursing Research Access Committee had another busy year and granted approval for 21 researchers to access nursing and HCA staff.

The St. James's Hospital, Trinity College Nursing Research Collaborative was established in January, 2011 and the following outlines the successes in this regard for 2013:

Peer reviewed papers published	3
Oral Presentations (National and International)	8
Poster Presentations (National and International)	6

As part of the initiative Hospital 5 Unit 2 was successful in securing €30,000 funding from the *Royal City Hospital Trust* for a research project to develop a recreational room for patients on the unit. €50,000 was also awarded to conduct research that will explore the experience of patients with TB attending the hospital and local community services.

Research conducted by Ms. Catherine O'Brien (CNS - Chemotherapy) entitled '*Febrile Neutropenia Risk Assessment: An integral part of chemotherapy treatment in oncology patients in Ireland*' was highly commended at the *Quality in Care (QiC) Excellence in Oncology Awards* in Westminster in December 2013.

End-of-Life-Care (EOLC) Annual Report

Corporate Lead for EOLC: Mr. Paul Gallagher
Chair of EOLC Standing Committee: Ms. Margaret Codd

End of life care is recognised by St. James's Hospital as a core element of the service provided to patients and their families. The Hospital is committed to providing high quality care for all people at the end of life, regardless of diagnosis, so that dignity, choice and comfort are achieved based on patient preferences, cultural and religious beliefs. The Hospital acknowledges the role of clinical, administrative and support staff in improving the experience of patients and their families. Unfortunately, funding for the hospital's End of Life Care Co-ordinator's position ceased on 31st May, 2013. The Director of Nursing explored internal and external funding streams to re-establish this important position and it is planned that funding will be identified in Q1 2014. In the interim, the hospital's Standing Committee will continue to co-ordinate the End of Life Care Programme.

Initiatives to improve all aspects of EOLC are led and co-ordinated by the EOLC Standing Committee working in partnership with the National Hospice Friendly Hospice Programme. The activities of St. James's EOLC Standing Committee utilize a person centered framework for care and are underpinned by the values of: patient centeredness, respect, dignity, quality, equity, palliative care and professional development.

EOLC initiatives & developments in 2013 included:

- Development of a Viewing Suite in the Emergency Department (Design & Dignity initiative funded by the HFH/HSE).
- Refurbishment of Mortuary facilities.
- Expansion of the EOLC practice development programme to an additional 6 wards /units.
- Participation in specific multidisciplinary EOLC education programmes.



- Final Journeys: 68 staff attended in 2013, bringing the total number of participants since 2010 to 390.
- Introduction of Dealing with Bad News workshops – 84 staff attended.
- Lunch & Learn EOLC updates – 246 attendees.
- Three multidisciplinary focus groups were convened to discuss 'Building Resilience for EOLC' to inform the support structures for staff.
- Participation in the national pilot of EOLC audit and review.

14 death reviews were conducted in St. James's and feedback from 7 bereaved relatives was collated. Overall, findings were quite positive. Feedback from bereaved relatives was generally quite favourable when compared to national feedback and more positive generally than staff ratings. Opportunities for further improvement were also identified and these will inform the work of the EOLC Standing Committee for the coming year. They include:

- Care planning, including preferred place of care, pain and symptom management.
- Use of single rooms (in 2013, 71.4% of patients died in single rooms which is 17% higher than 2008/9 audit).
- Team working.
- Facilitating relatives.
- Education and training.

Nursing Practice Development Unit (NPDU)

The NPDU team continued to drive quality improvements in nursing practice in order to meet our patient's needs in an ever-changing environment. The team is also responsible for overseeing and supporting 283 undergraduate student nurses during their clinical placements. The annual nursing graduation ceremony took place on 26th November and 60 newly qualified nurses and 18 post graduates received their hospital badges and certificates.

The key nurse practice developments in 2013 included:

- Implementation of the Early Warning Score System to all ward areas.

- Participation (one of 17 sites) in the National Nursing and Midwifery KPI program. Addition of the Patient Experience, Early Warning Score and Nursing Documentation to the nursing metrics.
- Introduction of the Medical/Surgical and Tissue Viability Foundation Courses.
- Implementation of a new 8-paged nursing document 'Patient Assessment Sheet'.
- Replacement of oral care packs with toothbrush & toothpaste as part of a hospital wide cost savings initiative.

In tandem with new developments the team continue to support and maintain the following:

- BSc Undergraduate Degree Programme – (72 new undergraduate students in 2013).
- Graduate Nurse Recruitment Scheme – (37 graduates enrolled).
- Nurse Prescribing of medicinal products – 3 New RNP's processed in 2013 (total RNP's = 17).
- Nursing Research Access Committee - research colleagues (n=21) given access to carry out research at St. James's Hospital.
- Partnership with NMBI and TCD to maintain the standards of a quality clinical learning environment.
- Quarterly audits of nursing metrics and dissemination of findings as part of the overall quality improvement process.
- In-service education (Annual MDT Research Quality and Audit Seminar, IV Study Days, Clinical Skills Fair, ALERT course, Student Nurse Induction, Medical Intern Induction, Clinical Audit Study Day, Poster & Abstract workshop, Gerontology Conference, Perceptorship Study Days, NG Awareness week, International Pressure Ulcer Awareness Week, Skin Care Fair).
- Standardisation of all on-line nursing care plans, competencies, policies, procedures and guidelines.

Educational Activities



Prof. Gaye Cunnane
Director

William Stokes Postgraduate Centre

The William Stokes Post-Graduate Centre provides support for a wide range of educational activities linked to St James's Hospital, Trinity College and the wider local medical community. The facilities include weekly scheduled teaching events, such as Grand Rounds (8am each Friday), Medical Update (1pm each Wednesday), Intern Teaching (1pm each Tuesday and Thursday) 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/July), ACLS courses and MRCPI clinical teaching throughout the year as well as SpR study days in many specialities. Formal annual Intern reviews, under TCD supervision, take place in September every year, while SHO assessments are held 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 2013 included the annual GP Study Day on , which saw the largest number of GPs attend to date (>210). The 2nd annual Eoin B Casey award, 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, took place on 19th January 2013.

First prize was awarded to Dr James Close (SHO) while Dr David Kelly came second. Dr Karla Lee and Danielle Courtney won the annual Intern Medals which recognise clinical or scientific research performed by Interns at our institution. In September, Prof Brian Lawlor, Professor of Psychiatry, won the 3rd annual William Stokes Award and gave an excellent lecture to hospital staff on his work and international recognition in dementia. The Medical Teacher of the Year Award was established and Dr Rachel Kidney was the worthy first recipient.

The post-graduate centre would particularly like to acknowledge Dr Judith Lyons who ran 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)

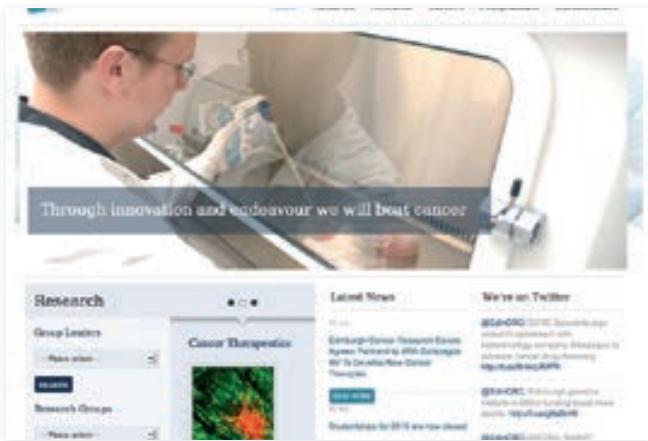
Regional networking of services was one of the key recommendations in the National Cancer Strategy. It states that in order for patients to have the optimum care, streamlining of cancer services on a regional basis is essential. As such the development of the Regional Oncology Programme Office (ROPO) 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 optimize 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/communication 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

Cancer Website

International Standards



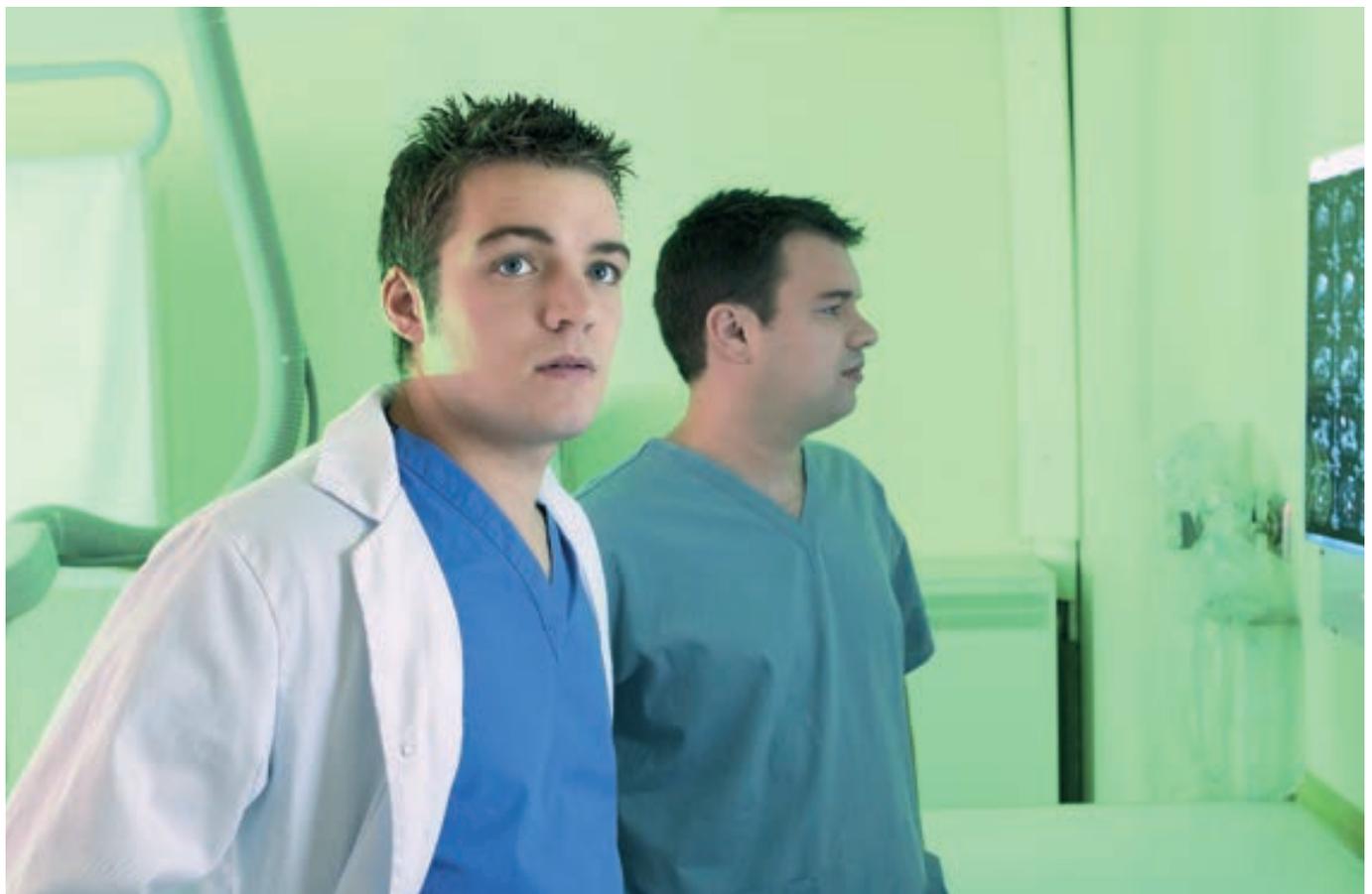


St. James’s Hospital is a major cancer centre. The building of the National Pediatric Hospital on this site, and the development of the Trinity Translational Medical Institute will further define this campus as a comprehensive cancer centre. The cancer workload in SJH has increased significantly with an 86% overall workload in the last ten year period. The largest increase in activity has been seen in lung, urology, head and neck and melanomas. Accordingly there is a current need to better define the cancer function at SJH and all its elements, clinical, education/training, and research, and to address real gaps in existing structures.

One initiative is to improve communication and information to our patients and families, and to this end the Regional Oncology Programme Office are committed to developing a comprehensive cancer website. Once content is agreed, the project will be developed by ROPO utilizing the expertise of IMS and Medical Illustration.

Overall Aims

- Build awareness about SJH – how it works, what services available for patients and their families enabling them easy access to information on prevention, treatment and services.
- Treatment and Research – to distribute information on new developments and discoveries, progress in research and treatment.



- Educate – primary care teams in services to them and enabling them to have quick access to the referral process.
- To manage communication and evaluation – to ensure we can measure that our client's perceptions of the service is correct.
- To provide online news on press releases and audio/video resources on educational items that maybe available.
- To raise SJH brand profile as one of the biggest cancer programmes in the country.

The project naturally depends on buy-in and significant input from a wide range of health care professionals and departments to ensure we are providing our patients with the most accurate and up to date expert information available.

This large project commenced in 2013 with multiple teams with anticipated conclusion and launch scheduled for 2014/2015.

Health Education and Service Improvement

Cancer Audit Programme

The goal of cancer audit within SJH is to provide comprehensive prospective data on the structures, processes and outcomes of cancer care provided by the many national, supra-regional and regional cancer programmes in the Hospital.

Outcome data provides information to patients, enables audit and continuous quality improving of services, and benchmarking against best international data. It also informs the Administration and Board of the Hospital, the Health Service Executive and the Department of Health on quality aspects of cancer care, and allows estimates of cost. In 2013, the CAP is also integral to the provision of information to the National Cancer Control Programme (NCCP) and the Health Information and Quality Authority (HIQA).

In December 2013, The Minister of Health, Dr. James Reilly launched a ten-year cancer audit report for SJH. The primary objective of this report was to present a comprehensive audit of cancer care undertaken at St. James's Hospital from 2003 to 2012, inclusive. The unique dimension in the Irish context is the focus on outcomes of cancer care, stage by stage for each individual cancer. The report also includes patterns in patient volumes and incidence trends, referral patterns, and complexity of care. The outcome and process data can be used to compare against published benchmarks from international cancer centres or national.

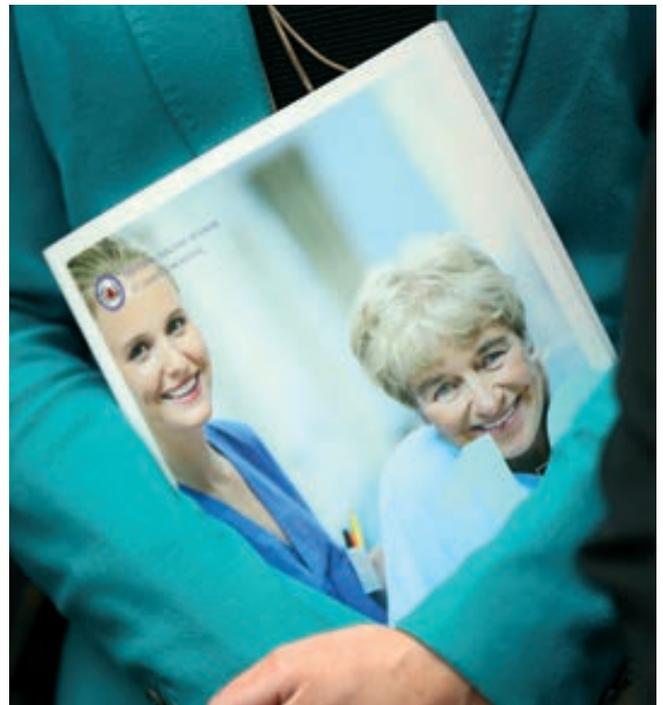
Speaking at the launch of the report Mr. James Reilly, TD, Minister for Health said:

'I welcome the launch of the St. James's Ten Year Cancer Audit report which reflects the progress being made on cancer treatment in the Hospital. Clinical audit is very

important in that it provides high-quality comprehensive data which is essential for improving patient care and safety.'

Mr. Brian Fitzgerald, CEO, St. James's Hospital said:

'St. James's Hospital has been to the forefront of developing multi-disciplinary care for cancer patients in this country for many years. This publication of our ten year cancer audit report is an essential element in driving quality improvement in cancer. The results of this audit will inform cancer care at St. James's Hospital, and our known outcomes and what it takes to achieve the best results internationally will remain a core objective and will inform strategy. The data compiled in this audit across the cancer spectrum demonstrates that the treatment programme at St. James's Hospital has achieved stage-for-stage cure rates that benchmark favorably with outcomes from the best international standards.'



- There has been a 100% increase in lung, oesophageal, head and neck, malignant melanoma and prostate cancer patients managed over the study period
- Breast cancer activity has increased by 35%, colorectal cancer by 45% and gynaecological cancer by 85%.
- 5-year survival rates for all cancers are consistent with best international benchmarks, with excellent cure rates for breast, prostate, and bowel cancer, for example, and evidence of improving cure rates for oesophageal and lung cancer.
- There is a continued increase in allogeneic and autologous bone marrow transplants for haematological malignancies.





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 Briena Meaney inspecting the dolls' house with Abigail Bernon, James Adam & Sons; the Christmas raffle grossed €9,000 for The National Burns Unit



2013 Fun Run – Dr Sylvia O’Keeffe, Miss Kate O’Neill, Dr Fiona Lyons
Fifth St. James’s Hospital Liberties Fun Run; 1,000 people took part and the event grossed in excess of €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 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	2013
Donations received and fundraising					
€411,452	€570,260	€545,067	€633,744	€531,623	€440,668
Disbursement from donations					
€184,089	€709,138	€240,730	€312,238	€260,895	€226,853
Research grants received					
		€1,249,452	€1,208,969	€1,359,655	€2,044,964
Disbursement from research grants					
		€525,934	€1,331,543	€1,382,886	€1,472,719

Public and corporate generosity towards St. James's Hospital in 2013 continued to be extraordinary.

€1,699,572 was disbursed from the Foundation during 2013 in relation to research work, education of staff, and enhancing the facilities and the environment for patients and visitors.

Research at St. James's

During 2013 the Foundation actively managed 52 Research Funds on behalf of consultants and other members of staff at St. James's Hospital. €1,472,719 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 neurological disorders and infectious diseases.

New equipment for Stroke Service and Cardiology Department

During the past year the Foundation continued to support the development of the stroke and heart failure services through supporting education and providing equipment. Donations raised specifically for the Heart Support Unit fund contributed to a new Cardiac Echo Ultrasound Unit for the Cardiology Department and the Stroke Service received a new transcranial imaging system.

Special focus on cancer

Donations received for cancer were used throughout the year. Seating in the Haematology Oncology Day Ward was reupholstered and new chairs for patients and their relatives were purchased for the Denis Burkitt Ward, the national adult bone marrow transplant centre. 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 emergency department

General donations were used to refurbish quiet rooms for patients diagnosed with mental health related illness, enhancing the environment. Radios and CD player were purchased for isolation rooms in the intensive care unit and small items of nursing equipment were provided.

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 a specialist shower chair to provide for the safety and comfort of elderly patients to the installation of a car pod to enable Department of Occupational Therapy to facilitate patients requiring practice in car transfers as part of rehabilitation. A range of small items of equipment for use by the Departments of Clinical Nutrition, Occupational Therapy, Physiotherapy and Speech and Language Therapy and the Surgical Day centre was provided for their hospital-wide service. In addition, alarms and a chair sensor were provided to aid patients who are at risk from falling.

Wellbeing – for patients, their families and staff

The enhancement of the physical environment continued including a contribution to the upgrade of the relatives' room on St John's Ward and the upgrading of wheelchair access points within the main hospital. With regard to services, the Jonathan Swift Clinic continued its emphasis on innovation for mental health patients; cookery demonstrations were held in the Diabetes Day Centre the Department of Occupational Therapy's continued its gardening programme and days out for the benefit of elderly residential and day patients. Funding was provided for fold out overnight chairs to facilitate relatives of critically ill patients as well as for a remembrance service organised by the Palliative Care team for friends and families.

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

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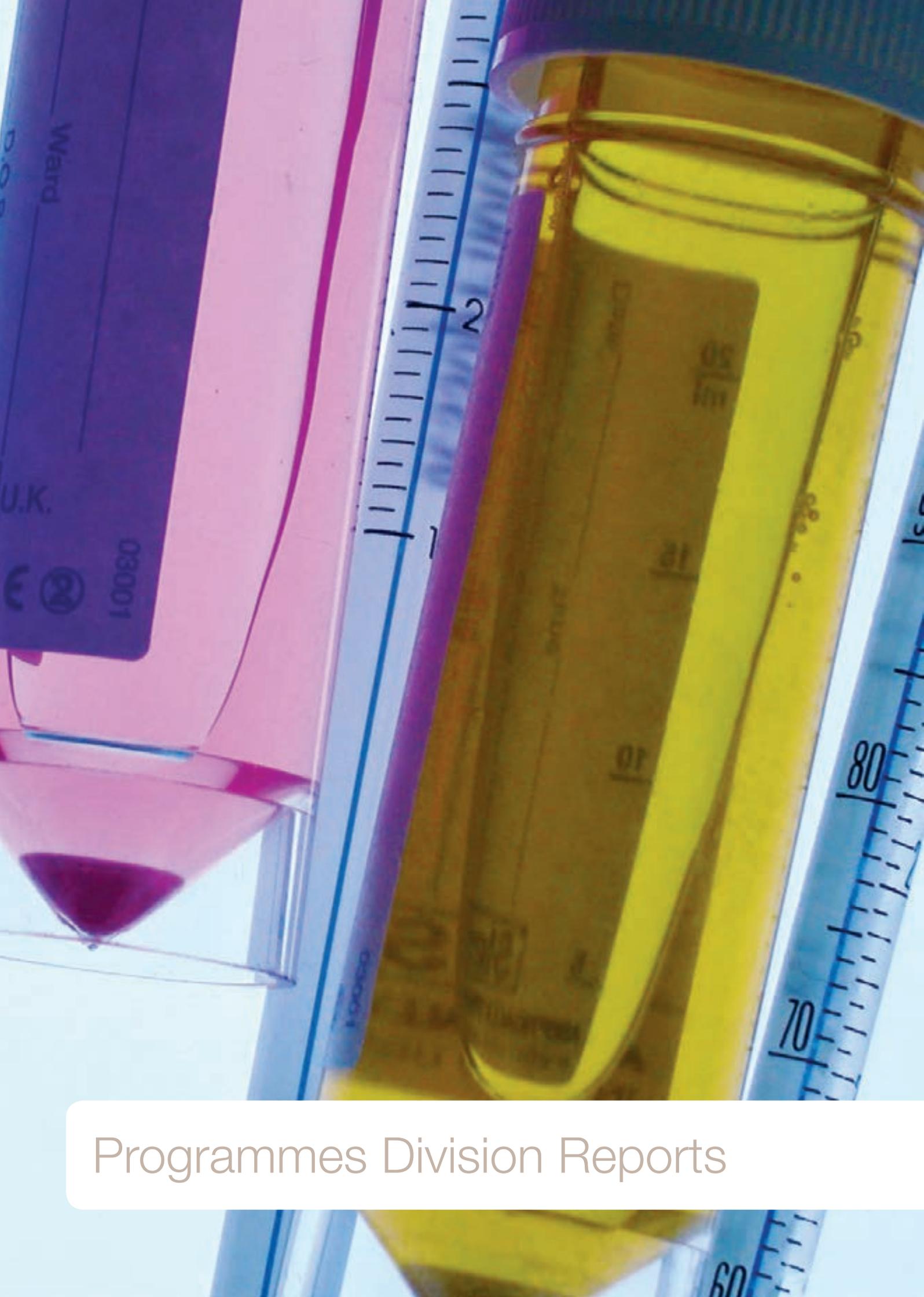
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Programmes Division Reports

Quality Programme



Ms. Angela Fitzgerald
DCEO/Operations Manager (Jan - Sept 2013)

Ms Ann Dalton
Chief Operations Officer (Sept - date)

Ms. Una Healy
Risk Manager

Ms. Muireann O'Briain
Legal & Insurance Manager

Ms. Mary Fogarty
Accreditation Manager

Quality / Accreditation (2013)

National Health Care Standards - Safer Better Healthcare
(Health Information & Quality Authority 2012)

In 2013 St. James's Hospital commenced working on self-assessment against the National Health Care Standards (Safer Better Healthcare) which were launched by the Health Information & Quality Authority (HIQA) in June 2012.

These standards have been developed to underpin the proposed licensing of designated healthcare providers and apply to all public funded healthcare services (excluding mental health) i.e. hospitals, ambulance services, community and primary care and general practice. As a result they do not provide a lot of specific detail and so during 2013 St. James's commenced work on building a framework that the Hospital can use to assist staff in self-assessing to determine their current level of compliance and identify priority areas for improvement.

While HIQA had stated that they would commence monitoring compliance with the standards in 2013, no methodology or schedule was communicated during the year.

The Hospital continued its self-assessment and quality improvement activity ensuring that all developmental and improvement undertaken referred and is in accordance with the National Standards.

HIQA undertook an unannounced hygiene inspection in St. James's Hospital in August 2013 (13.08.2013 to assess

the Hospital's compliance with the Environmental and Hand Hygiene aspects of the National Standards for the Prevention and Control of Healthcare Associated Infections (NSPCHCAI).

The inspectors selected and visited two sites. In their findings (published 19.09.2013) HIQA reported that hand hygiene practices observed in St James' Hospital were poor. They acknowledged that the hospital had implemented initiatives to improve hand hygiene compliance, but reported that these were not operationally embedded.

The Hospital was disappointed with HIQA's findings as the internal audits and closely monitored infection rates had indicated satisfactory compliance. A focused programme of improvement based on the World Health Organisations (WHO) Multimodal Hand Hygiene Improvement Strategy was developed and implemented. The programme overseen by a senior executive-led Hand Hygiene Steering Committee included initiatives such as the introduction of mandatory hand hygiene training for all staff, the introduction of a Hand Hygiene Champion programme, increased audit and dissemination of findings and additional and improved Hand Hygiene reminders and signage. Some improvement in training and in audit findings had been identified by year-end and the work continued into 2014. It was identified and the work continues.

Department / Service Specific Programmes

Endoscopy: Colorectal Cancer Screening

The Hospital's Endoscopy Service was awarded Accreditation Level 2 by the Joint Advisory Group on GI Endoscopy (JAG) UK in December 2012. In October 2013 JAG undertook a scheduled accreditation review based on data submitted by SJH. The Endoscopy accreditation status was upheld.

MedEL: Residential Age Care

The MedEL Residential Units continued with their Quality Improvement Programme throughout 2013. In November 2013 The Health Information & Quality Authority (HIQA) announced a revised thematic approach to their inspections and published regulatory guidance on Food / Nutrition & End-of-Life care specific to residential aged-care centres. Accordingly staff from St. James' Residential Units undertook a self-assessment against the standards which was submitted to HIQA and incorporated the corrective actions and improvements they identified in the Quality Improvement Plan.

No external site inspection was undertaken in 2013 but an announced inspection is due in 2014 as the centre is due for re-registration.

Patient Advocacy Programme

The Hospital's Patient Advocacy Programme is overseen by a Patient Advocacy Committee (PAC) which 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 2013 the committee oversaw the undertaking of patient satisfaction surveys in the following areas:

- In-Patient – General Patient Experience Survey.
- Endoscopy Unit.
- MedEL - Hospital 4 Residential Unit.
- Hepatology Service.
- Breast Care Services.

The Patient Advocacy Committee published two 'Welcome' Newsletters in 2013, which aim to provide the surrounding community with information on the Hospital's activities, new initiatives and key developments at St. James's.

In 2013, St. James's Hospital attended two Community Consultation Forums 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.

Risk Management Programme

The Risk Management Programme within St. James's Hospital continues to promote a proactive risk management culture in the organisation. It incorporates the Risk Management Committee who receives information and reports from sixteen sub-groups in respect of all clinical and non clinical 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 timely reporting and management of identified 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 2013

Near Miss and incidents are reported electronically across all areas of the hospital and this allows immediate notification to the Risk Manager, Line Manager and relevant departments and safety groups responsible for the specific incidents. Reports are risk rated and return to line managers who are responsible for ensuring preventative measures and actions are closed out.

Adverse Incident data and reports are provided to both internal and external departments and agencies for notifiable reports such as Mental Health Commission, HIQA Residential Care as well as the Radiation Protection Society of Ireland.

- Falls Prevention Programme Slips / trips are the most frequently reported risk to patients but few result in serious harm or injury. Falls in in-patient areas continued to be monitored on a quarterly basis using the international benchmark of falls per 1000 bed days. This allows monitoring of the target of patient falls of less than 5 per 1000 bed days in all areas. The aim is to reduce the number of patient falls and focus education and training on areas of concern.
- Needlestick Prevention Taskforce The EU Directive on prevention of healthcare sharps injuries through the introduction of safety devices is now in place and as a direct result the hospital is seeing a significant reduction in needlestick injuries. It is envisaged that the number of reported injuries will continue to reduce as additional sharps are engineered out of the system.

- Violence and Aggression Staff exposure to aggressive and intimidating acts continue to pose a threat to the safety and welfare of staff. The Violence and Aggression Safety Committee has been re-convened in order to develop strategies to manage this unacceptable risk with advice from An Garda Síochána.

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.

The Joint Hospital Health & Safety Steering Committee continues its governance function to oversee the activities of the Local Safety Steering Committees at department level. Part of this role is to review data, including organisational performance indicators in Health and Safety (eg. accident/incident figures, mandatory training; compliance with relevant policies, procedures, protocols and safety meetings etc). Compliance with the Hospital Safety Statement is measured through the weekly unannounced ward assessment process.



Publications

HOPe Publications

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(2013) Third Åland island conference on von Willebrand disease. *Haemophilia*. 19 Suppl 3:1-18.

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Baird AM, Dockry E, Daly A, Stack E, Doherty DG, O'Byrne KJ, Gray SG. IL-23R is Epigenetically Regulated and Modulated by Chemotherapy in Non-Small Cell Lung Cancer. *Frontiers in Oncology* 3:162, 2013.

Mangan BA, Dunne MR, O'Reilly VP, Dunne PJ, Exley MA, O'Shea D, Scotet E, Hogan AE, Doherty DG. Cutting edge: CD1d restriction and th1/th2/th17 cytokine secretion by human $\nu\delta$ T cells. *Journal of Immunology* 191: 30-34, 2013.

Murphy N, Petrasca A, Murphy NM, O'Reilly V, Evans P, Doherty DG, Zhu X. Synthesis and immunostimulatory activity of two α -S-galactosyl phenyl-capped ceramides. *Arxivoc* 2013 (ii) 363-377.

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Shore AC, Tecklenborg SC, Brennan GI, Ehricht R, Monecke S, Coleman DC. (2013) Panton-Valentine Leukocidin-Positive *Staphylococcus aureus* in Ireland 2002-2011: Twenty-One Clones, Frequent Importation of Clones, Temporal Shifts of Predominant Methicillin-Resistant *S. aureus* and Increasing Multiresistance. *J Clin Microbiol.* 2013 Dec 26. [Epub ahead of print]

Kinnevey PM, Shore AC, Brennan GI, Sullivan DJ, Ehricht R, Monecke S, Slickers P, Coleman DC. (2013) Emergence of sequence type 779 methicillin-resistant *Staphylococcus aureus* harboring a novel pseudo staphylococcal cassette chromosome mec (SCCmec)-SCC-SCC-CRISPR composite element in Irish hospitals. *Antimicrob Agents Chemother*, 2013 Jan; 57(1):524-31.

Posters:

Leonard, FC, Abbott, YA, Burns, A, Coleman D.C., Leggett B, Brennan, G.I., Malhotra S, Markey B, Sabirova, J, and Shore A.C. First identification of CC398 methicillin-resistant *Staphylococcus aureus* in Irish livestock: valuable lessons. Presented at the 3rd ASM-ESCMID Conference on methicillin resistant *Staphylococci* in Animals: Veterinary and Public Health Implications, 4-7 November 2013, Copenhagen, Denmark

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).

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

Oral Presentations by IMRL staff

National Meetings

- Molecular genotyping of *M. tuberculosis*: know your enemy! Public Health Group Meeting, March 2013 (Emma Roycroft)
- “Molecular detection and identification of *Mycobacterium* species”, MSc in Molecular Pathology, DIT, April 2013, (Margaret Fitzgibbon)
- “Epidemiological typing of *M. tuberculosis* complex isolates”, MSc in Molecular Pathology, DIT, April 2013, (MF)
- “Laboratory detection of *Mycobacterium* spp”, Journal club, Blackrock Clinic, April 2013 (MF)
- “Romania Country Visit”, Microbiology Journal club, SJH, April 2013 (MF)
- “Biological safety Awareness”, LabMed Journal club, SJH, July 2013 (HB & MF)
- “TB Diagnostics”, MSc in Healthcare Management, TCD, Oct 2013 (MF)
- “Whole genome sequencing for rapid susceptibility of *M. tuberculosis*”, Medical Journal club, SJH, November 2013 (MF)
- ‘PhD Research: Progress Report’, TCD Clinical Microbiology Research Group, Sir Patrick Dun’s Research Laboratory, December 2013 (ER)

International Meeting Presentations

Oral Presentations

- “Key principles of NRL operation-planning, accreditation, training, quality control”, ERLN-TB Meeting, The Hague, May 2013 (Margaret Fitzgibbon)
- 27th Meeting of the Working Group on Prolamin Analysis and Toxicity Darmstadt, Germany October 10 - 12, 2013
Antibodies and Myofibroblasts is there a connection. (Jean Dunne and C Feighery)

Poster Presentations

‘A “snapshot” of genetic lineages of *M. tuberculosis* in the Republic of Ireland, 2010-11’

- Molecular Medicine Ireland Annual Scientific Meeting, March 2013
- SJH Centre for Learning and Development Clinical Audit and Research Seminar, April 2013

Flavin T. 1, Hennessy M. 1, Patterson A. 1, Gibbons, J. 2, Maher N. 2
An assessment of medical students: competent and confident performance of phlebotomy skills

- Clinical Skills Education Centre, School of Medicine, Trinity College Dublin
- 2 Phlebotomy Department, St. James’s Hospital, Dublin 8

ORIAN Publications

K. McCarthy, T. Connor, C. McCrory

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 PMID: 23136965 (epub ahead of print)

K. McCarthy, C. McCrory

Cerebrospinal Fluid levels of glial derived neurotrophic factor correlate with spinal cord stimulation frequency in patients with neuropathic pain. *Spinal Cord* 2014 (in press)

H. Gopal, C. McCrory

Coccygodynia treated by Radiofrequency to the Ganglion of Impar. *Journal of Back & Musculoskeletal Rehabilitation* 2014 (in press)

V. Ward, C. McCrory

An assessment of intrathecal catheters in the perioperative period: an analysis of 84 cases. *Irish Journal of Medical Science* 2013
DOI: 10.1007/s11845-013-1008-9

P. Duff, C. Daly, C. McCrory

Ambulatory postoperative ward-based epidural analgesia: a retrospective review of 1147 cases. *Ir J Med Sci* 2013;182 (1):139-41

Also

Cervical Rhizotomy; A one year outcome study. Duff P, Das D, McCrory C. Awarded 2nd place Poster prize at Faculty of Pain Medicine Annual Scientific Meeting 2014

Dr. Kevin McCarthy successfully defended his PhD in September 2013

Pharmacy Publications and Posters, 2013.

Ennis Niamh, McDonald Colm, Treacy Veronica,
“Development of TB information leaflets and treatment record”

Reynolds K, Varden SJ, Treacy V, King F.
“Antifungal use in haematology patients-a clinical audit”

Wilson, A, Henman, M, Treacy, V, and McMahan, N.”
Paracetamol Prescribing in Patients Under the Care of the Medicine of the Elderly (MedEl) Service in St. James’s Hospital”

Gray Sarah, Carr Bernard, Barbosa Teresa, Treacy Veronica
“Current prescribing practices for the management of alcohol withdrawal syndrome in St. James’s Hospital and determination of the suitability of a symptom-triggered regimen using the Clinical Institute Withdrawal Assessment for Alcohol (revised) scale.”

GUIDe Publications:

C Sadlier, C Bergin, C Merry.
The Globalisation of medicine (correspondence); – In press, *Clinical Infectious Diseases* 2014.

C Sadlier, D Rowley, S Surah, D Morely, S Delamere, S O’Dea, P Smyth, O Sheils, C Bergin.

First evidence of prevalence of Human Papillomavirus infection in men who have sex with men in Ireland; a stimulus for vaccine review – Manuscript in press - *HIV medicine* 2014.

S Keavney, C Sadlier, S Delamere, C Bergin.

High prevalence of asymptomatic sexually transmitted infections (STIs) in HIV-infected Men who have Sex with Men (MSM) in Ireland: a strategy to improve screening – *Int journal of STD/AIDS* Jan 2014.

C Rock, C Sadlier, J Fitzgerald, C Dowling, S Kelly, C Bergin.

The high associated mortality with invasive pneumococcal disease; why are we still not vaccinating? – *Eur J Clin Microbiol Infect Dis*. 2013 Mar 24.

Publications

- C Rock, E de Barra, C Sadlier, C Dowling, S Kelly, C Bergin. Impact of a new vaccine clinic on hepatitis B vaccine completion and immunological response in a HIV-infected cohort – *Journal of Infection and Public Health*, March 2013.
- D. O Shea, C. Keane, G. Farrell, T. Reiberger, M. Peck, C Bergin, C Gardiner. Variation in both IL28B and KIR2DS3 Genes Allows Rapid Prediction of Pegylated Interferon and Ribavirin Hepatitis C Treatment Outcome in HIV-1 Co-Infection. *PLoS One*, 8, 2013. e66831
- C. Rock, E deBarra, S. Kelly, C. Dowling, C. McNally, C. Bergin. Impact of a new vaccine clinic on hepatitis B vaccine completion and immunological response rates in a HIV infected cohort. *Journal of Infection and Public Health* 2013; 6(3):173-8
- C. Ni Cheallaigh, I. Fitzgerald, J. Grace-Parker, G. Singh, N. El-Eraki, D. O Flanagan, N. Gibbons, J. Keane, T. Rogers, S. Clarke, C. Bergin. Interferon Gamma Release Assays for the Diagnosis of Latent TB Infection in HIV Infected Individuals in a Low TB Burden Country *PLoS ONE* 8(1): e53330. doi:10.1371/journal.pone.0053330.
- D. Morley, P. McNamara, S. Kennelly, G. McMahon, C. Bergin. Limitations to the Identification of HIV-Associated Neurocognitive Disorders in Clinical Practice. *HIV Medicine* 2013; 14(8): 497-503
- Surah S, Kieran J, O’Dea S, Shiel C, Raffee S, Mulcahy F, Keenan E, Lyons F. Use of the Alcohol Use Disorders Identification Test (AUDIT) to determine the prevalence of alcohol misuse among HIV-infected individuals. *Int J STD AIDS*. 2013. Jul;24(7):517-21. doi: 10.1177/0956462412473885. Epub 2013 Jul 19. PubMed PMID: 23970765.
- Surah S, Adams R, Townsend L, Reynolds I, Kinahan J, Keating S, Mulcahy F, Keenan E, Barry M, Lyons F. Health-related quality of life of HIV-infected intravenous drug users. *Int J STD AIDS*. 2013 Nov;24(11):867-74. doi: 10.1177/0956462413486454. Epub 2013 Jul 23. PubMed PMID: 23970601.
- Aebi-Popp K, Mulcahy F, Glass TR, Rudin C, Martinez de Tejada B, Bertisch B, Fehr J, Grawe C, Scheibner K, Rickenbach M, Hoesli I, Thorne C. European Collaborative Study in EuroCoord; Swiss Mother & Child HIV Cohort Study. Missed opportunities among HIV-positive women to control viral replication during pregnancy and to have a vaginal delivery. *J Acquir Immune Defic Syndr*. 2013 Sep 1;64(1):58-65. doi: 10.1097/QAI.0b013e3182a334e3. PubMed PMID: 23842074
- Mocroft A, Phillips AN, Gatell J, Horban A, Ledergerber B, Zilmer K, Jevtovic D, Maltez F, Podlekareva D, Lundgren JD. EuroSIDA study in EuroCOORD. CD4 cell count and viral load-specific rates of AIDS, non-AIDS and deaths according to current antiretroviral use. *AIDS*. 2013 Mar 27;27(6):907-18. doi: 10.1097/QAD.0b013e32835cb766. PubMed PMID: 23698060
- Grint D, Peters L, Reekie J, Soriano V, Kirk O, Knysz B, Suetnov O, Lazzarin A, Ledergerber B, Rockstroh JK, Mocroft A; EuroSIDA in EuroCoord (European Coordinating Committee for the Integration of Ongoing Coordination Actions Related to Clinical and Epidemiological HIV Research). Stability of hepatitis C virus (HCV) RNA levels among interferon-naïve HIV/HCV-coinfected individuals treated with combination antiretroviral therapy. *HIV Med*. 2013 Jul;14(6):370-8. doi: 10.1111/hiv.12033. Epub 2013 Mar 27. PubMed PMID: 23534815.
- Aebi-Popp K, Mulcahy F, Rudin C, Hoesli I, Gintelmaier A, Lyons F, Thorne C. National Guidelines for the prevention of mother-to-child transmission of HIV across Europe - how do countries differ? *Eur J Public Health*. 2013 Mar 11. [Epub ahead of print] PubMed PMID: 23478206.
- Muldoon E, Mulcahy F. Dilemmas in the management of syphilis. *Ir Med J*. 2013 Feb;106(2):54-5. PubMed PMID: 23472388.
- Ryom L, Mocroft A, Kirk O, Worm SW, Kamara DA, Reiss P, Ross M, Fux CA, Morlat P, Moranne O, Smith C, Lundgren JD; D:A:D Study Group. Association between antiretroviral exposure and renal impairment among HIV-positive persons with normal baseline renal function: the D:A:D study. *J Infect Dis*. 2013 May 1;207(9):1359-69. doi: 10.1093/infdis/jit043. Epub 2013 Feb 4. PubMed PMID: 23382571; PubMed Central PMCID: PMC3610424.
- Gall A, Kaye S, Hué S, Bonsall D, Rance R, Baillie GJ, Fidler SJ, Weber JN, McClure MO, Kellam P; SPARTAC Trial Investigators. Restriction of V3 region sequence divergence in the HIV-1 envelope gene during antiretroviral treatment in a cohort of recent seroconverters. *Retrovirology*. 2013 Jan 18;10:8. doi: 10.1186/1742-4690-10-8. PubMed PMID: 23331949; PubMed Central PMCID: PMC3605130.
- SPARTAC Trial Investigators, Fidler S, Porter K, Ewings F, Frater J, Ramjee G, Cooper D, Rees H, Fisher M, Schechter M, Kaleebu P, Tambussi G, Kinloch S, Miro JM, Kelleher A, McClure M, Kaye S, Gabriel M, Phillips R, Weber J, Babiker A. Short-course antiretroviral therapy in primary HIV infection. *N Engl J Med*. 2013 Jan 17;368(3):207-17. doi: 10.1056/NEJMoa1110039. PubMed PMID: 23323897.
- Heard I, Cubie HA, Mesher D, Sasieni P; MACH-1 Study Group. Characteristics of HPV infection over time in European women who are HIV-1 positive. *BJOG*. 2013 Jan;120(1):41-9. doi: 10.1111/1471-0528.12015. Epub 2012 Nov 2. PubMed PMID: 23121095.
- Yager N, Robinson N, Brown H, Flanagan P, Frater J, Fidler S, Weber J, Phillips R; SPARTAC Trial Investigators. Longitudinal analysis of an HLA-B*51-restricted epitope in integrase reveals immune escape in early HIV-1 infection. *AIDS*. 2013 Jan 28;27(3):313-23. doi: 10.1097/QAD.0b013e32835b8cf5. PubMed PMID: 23095315.

Loutfy MR, Sonnenberg-Schwan U, Margolese S, Sherr L; Women for Positive Action. A review of reproductive health research, guidelines and related gaps for women living with HIV. *AIDS Care*. 2013;25(6):657-66. doi: 10.1080/09540121.2012.733332. Epub 2012 Oct 23. PubMed PMID: 23088551; PubMed Central PMCID: PMC3664912.

Rowley D, Houlihan L, McFaul K, Clarke S, Lyons F. A diagnostic dilemma: Drug-induced aseptic meningitis in a 45-year-old HIV-positive man. *Int J STD AIDS*. 2013 Sep 2. [Epub ahead of print]

Podium Presentations

C Sadlier, N Conlon, C Rock, A Brown, S O'Dea, J Dunne, C Feighery, C Bergin.

Immunological efficacy of a Prime-Boost Strategy Combining a 13-Valent Pneumococcal Conjugate Vaccine (PCV13) Followed by a 23-Valent Pneumococcal Polysaccharide Vaccine (PPV23) Versus PPV Alone in HIV-Infected Adults. ID Week October 2013 San Francisco.

C Sadlier, D Rowley, P Smyth, O Sheils, C Bergin. First evidence of prevalence of Human Papillomavirus infection in men who have sex with men in Ireland; a stimulus for vaccine review – 5 Nations Health Conference, Dublin May 2013.

Surah S, O'Connor A, Kelly S, Keenan E, Mulcahy F, Bergin C, Tilson L, Barry M, Lyons F. Determinants of healthcare costs of HIV infected drug users in Ireland, 14th European AIDS Conference, October 2013. D. Rowley 14th European AIDS Conference, October 2013.

Poster Presentations

C Sadlier, S Kelly, E Relihan, P Gallagher, C Bergin. Optimisation of systems and processes to reduce avoidable wastage of highly active antiretroviral therapy. International Forum on Quality and Safety in Healthcare – Paris 2014

C Sadlier, N Conlon, C Rock, A Brown, S O'Dea, J Dunne, C Bergin. IgG2 antibody response to a prime-boost vaccine strategy combining PCV13 followed by PPV23 versus PPV23 alone in HIV infected – ECCMID 2014.

J Enkelmann, C Sadlier, S O Connell, H Tuite, C Bergin. Changing Trends of First Presenters to a HIV services in Ireland over a Decade: a stimulus to review screening strategies.

S Keavney, C Sadlier, S Delamere, C Bergin. High prevalence of asymptomatic sexually transmitted infections (STIs) in HIV-infected Men who have Sex with Men (MSM) in Ireland: strategies to improve screening - Poster presentation STI and AIDS world congress 2013 Vienna.

C Sadlier, J Enkelman, S O'Dea, J Craig, C Bergin. Retention in HIV care in the era of combined antiretroviral therapy, successes, challenges and opportunities – European Aids Conference 2013 Brussels.

C Sadlier, C Dowling, C Bergin. Seroepidemiology of hepatitis A, hepatitis B and varicella virus in newly diagnosed HIV-infected adults in Ireland – an opportunity to vaccinate – ECCMID April 2013.

C Sadlier, S Kelly, C Dowling, C Bergin. Prevalence and Predictors of Seasonal Influenza Vaccination among HIV-infected Persons Receiving Care in Ireland 2011-2012 – ECCMID April 2013.

Surah S, O'Connor A, Hunter K, Delamere S, Keenan E, Barry M, Mulcahy F, Walsh C, Lyons F. Health-related quality of life and clinical outcomes of HIV infected intravenous drug users post integration of HIV and addiction staff. BHIVA 2013.

Surah S, Townsend L, Reynolds I, Kinahan JC, Adams R, Barry M, Keenan E, Mulcahy F, Lyons F. Health-related quality of life of HIV infected drug users: the role of anxiety & depression. BHIVA 2013.

Gynaecology

Kamran MW, D Vaughan, D Crosby, NA Wahab, FA Saadeh, N Gleeson; "Opportunistic and Interventional Salpingectomy in Women at Risk- A Strategy for Preventing Pelvic Serous Cancer (PSC)" European Journal of Obstetrics & Gynecology and Reproductive Biology. *Eur J Obstet Gynecol Reprod Biol*. 2013 Sep;170(1):251-4.

Kamran MW, F O'Toole, K Meghen et al. 'Whole-body [18F]fluoro-2-deoxyglucose positron emission tomography scan as combined PET-CT staging prior to planned radical vulvectomy and inguinofemoral lymphadenectomy for squamous vulvar cancer: A correlation with groin node metastasis'. *European Journal of Gynaecological Oncology*

Kamran MW, Sara Ahmed, Li Fun Audris Wong, Denis A. Vaughan, Ruaidhri M. McVey, NC Gleeson. "Skin Bridge Loop Stoma in a Gynecologic Oncology Unit". *Journal of Gynecologic Surgery*. February 2013, 29(1): 47-51. doi:10.1089/gyn.2012.0052.

Neurology

S Byrne etc. Letter to editor/*Lancet Neurology*, May 2013;12;issue 5; page 424 "Prevalence of anti-NMDA receptor antibodies in the general population"

S Byrne. INA platform, "Crime scene investigates"

D Ferguson. INA poster "Audit and analysis of in patient headache referrals in a tertiary hospital : the important role of the neurology consultation"

Patricia H McNamara, Robert Coen, Colm Bergin, Janice Redmond, Colin P Doherty. "High Rate of a Positive Screen for Cognitive Impairment in Patients with HIV Attending an Irish Clinic." Poster Presentation at the American Academy of Neurology Meeting in San Diego March 21 2013 and Platform presentation at the Irish Infectious Diseases Society Meeting May 23-24 2013.

Publications

Patricia H McNamara, Robert Coen, Colm Bergin, Janice Redmond, Colin P Doherty.
"Deep Phenotyping of Patients with Cognitive Impairment in HIV Infection." Platform Presentation at the American Academy of Neurology Meeting in San Diego March 20 2013 and Poster Presentation at the Irish Infectious Diseases Society Meeting May 23 - 24 2013

Patricia H McNamara, Robert Coen, Colm Bergin, Janice Redmond, Colin P Doherty.
"Detailed Neuropsychological Testing of HIV Positive Patients – Surprisingly Densely Amnesic Findings in a Subset of Patients." Poster presentation at the European AIDS Clinical Society Meeting October 16 - 19 2013.

Patricia H McNamara, Janice Redmond, Peter Bede, Andrew J Fagan, Colm Bergin, Arun Bokde, Colin P Doherty.
"Voxel Based Morphometry Findings in an Irish Cohort of HIV Positive Patients." Platform presentation at the Irish Neuroscience Registrar's Prize Nov 8 – 9 2013. Also selected as a platform presentation at the American Academy of Neurology Philadelphia April 26 – May 3 2014.

Morley D, McNamara P, Kennelly S, McMahan G, Bergin C.
"Limitations to the identification of HIV-associated neurocognitive disorders in clinical practice." HIV Medicine 2013 Sep;14(8):497-502. doi: 10.1111/hiv.12036. Epub 2013 Apr 18.

Patricia H McNamara, Mary Toner, Gerard Kearns, Catherine Keohane, Peter Daly, Colin P Doherty.
"Focal seizures secondary to cortical dysplasia associated with isolated oral morphea and odontogenic carcinoma." Seizure. 2013 Mar;22(2):159-61. Epub 2012 Dec 30.

Patricia H McNamara, Janice Redmond, Colin P Doherty.
"Varicella zoster virus encephalitis and vasculopathy in a patient treated with fingolimod" Neurology. 2013 Jul 16;81(3):306.

R Lonergan etc,
Irish clinical neurophysiology meeting/prize winner, "Not always better late than never, considering Freidrichs ataxia in late onset progressive cerebellar ataxia"

Neurophysiology

Donohue F, Doherty C, Langan Y, White M, White M, Morrow S, Hayes C.
Mortality due to SUDEP and status epilepticus. Ir Med J. 2013 Mar;106(3):91-2.

Laffan A, Langan Y.
Understanding EEG indications and reports: a survey of NCHDs. Ir Med J. 2013 Feb;106(2):59-60.

Rheumatology

McCarthy E, Boyle T, Muldoon C, Cunnane G.
Extra-cranial giant cell arteritis: early and late consequences. International Journal of Rheumatic Diseases 2013; 16: 230 – 232

Murphy CL, Sheane BJ, Durcan D, O'Shea B, Doran M, Cunnane G.
Pre-referral preparation of patients for their first Rheumatology clinic visit yields diagnostic and treatment benefits. Irish Medical Journal, 2013; October 106 (9) : 275 - 277

Durcan L, Gleeson N, McKiernan S, Cunnane G.
A benign tumour as the apparent trigger for myopathy. Journal of Clinical Rheumatology, 2013; in press

McCarthy EM, Lee RZ, Ni Gabhann J, Cunnane G, Doran M, Howard D, O'Connell P, Kearns G, Jefferies C.
Elevated B Lymphocyte Stimulator (BLyS) levels are associated with increased damage in an Irish SLE cohort. Rheumatology, 2013; 52: 1279 – 1284

Conway R, O'Shea FD, Cunnane G, Doran M.
Safety of joint and soft tissue injections in patients on anti-coagulation. Clinical Rheumatology 2013; 32: 1811 – 1814

Smith S, Ni Gabhann J, McCarthy E, Coffey B, Mahony R, Byrne JC, Stacey K, Ball E, Bell A, Cunnane G, Doran MF, Molloy ES, Lee RZ, Kearns G, Harvey B, Jefferies CA.
Estrogen receptor alpha regulates TRIM21 expression, contributing to dysregulated cytokine production in systemic lupus erythematosus. Arthritis and Rheumatism, 2013; in press

Conway R, O'Donnell R, Fahy R, Doran MF, Cunnane G, O'Shea FD.
Anti-Ro 52 positive dermatomyositis presenting as rapidly progressive interstitial lung disease. Quarterly Journal of Medicine 2013 Dec 18; epub ahead of print

Eids Imboden J, Hellman D, Stone J, Cunnane G.
Whipple disease. Current Diagnosis and Treatment in Rheumatology. Third Edition, 2013

Cunnane G.
Relapsing polychondritis. Kelley's textbook of Rheumatology 2013; 9th edition

Cunnane G.
Hemochromatosis. Kelley's textbook of Rheumatology 2013; 9th edition

Abstract Publications

Catherine Sullivan, Michele Doran, David Kane, Donal O'Shea, Ronan H. Mullan.

Treatment with the GLP-1 Analogue Liraglutide is associated with Inflammatory Arthritis DAS28 Reduction in patients with concomitant T2DM. Irish Society for Rheumatology AGM, September 2013

Martina Fitzpatrick, Phil Gallagher, Catherine Molloy, Oliver FitzGerald, Finbar O'Shea.

The Ankylosing Spondylitis Registry of Ireland (ASRI). Irish Society for Rheumatology AGM, September 2013

Durcan L, Wilson F, Cunnane G.
The effect of exercise on sleep and fatigue in rheumatoid arthritis: a randomised controlled study. Irish Society for Rheumatology AGM, September 2013

Richard Conway, Niall Conlon, Finbar D O'Shea, Gaye Cunnane, Michele F Doran.
Immunology Testing in a Rheumatology Consult Service. Irish Society for Rheumatology AGM, September 2013

Candice Low, Richard Conway, Fathelrahman Ibrahim, Michele F Doran, Gaye Cunnane, Finbar D O'Shea.
NSAID Use and Knowledge in Patients with Ankylosing Spondylitis. Irish Society for Rheumatology AGM, September 2013

Conway R, O'Donnell R, Fahy R, Doran MF, Cunnane G, O'Shea FD. Anti-Ro 52 positive dermatomyositis presenting as rapidly progressive interstitial lung disease. Irish Society for Rheumatology AGM, September 2013

Conway R, O'Shea FD, Doran MF, Harbison J Cunnane G. Myositis Ossificans following Brain Stem Infarction. Irish Society for Rheumatology AGM, September 2013

Conway R, O'Shea FD, Doran MF, Cunnane G. Hyperferritinaemia, Osteopenia, Polydactyly and Syndactyly – a proposed role for the WNT – signalling pathway. Irish Society for Rheumatology AGM, September 2013

SCOPE Publications

Clinical Nutrition

Publications:

Donohoe CL, Farrell NJ, Doyle SL, Reynolds JV. The role of obesity in gastrointestinal cancer: evidence and opinion. Therapeutic Advances in Gastroenterology 7(1):38-50

Doyle SL, Bennett AM, Donohoe CL et al. Establishing CT-defined visceral fat area thresholds for use in obesity related cancer research. Nutrition Research 2013 33(3):171-179

Donohoe CL, Doyle SL, Reynolds JV. Short Bowel Syndrome in Roshan Lall Gupta's Recent Advances in Surgery-13, January 2013; ISBN: 978-93-5090-382-7

Involvement in:

IrSPEN Home Parenteral Nutrition report.

INDI Optimal Approaches to Adult Weight Management by Dietitians in Ireland: Exploring the Options.

Presentations:

International Palliative Medicine Conference- TPN in Advanced Cancer Patients.

IRSPEN conference 2013- Poster presentations

- Malabsorption syndrome following surgical resection for oesophageal and gastric carcinoma.
- Examining the benefits of an oral nutritional supplement with regard to safety, tolerance and clinical efficacy in improving nutritional status of undernourished, hospitalised patients.
- Establishing CT-defined visceral fat area thresholds for use in obesity related cancer research.

INDI Research Symposium:

- An audit of enteral feeding in patients under the stroke service in St. James's Hospital 2011-2012.
- Comparing estimated energy requirements to actual energy requirements, using the SenseWear armband, in COPD patients on BiPAP.
- Risk factors, referral and reducing DNA rates.
- Implementing screening for malnutrition in a large academic teaching hospital.

- St. James's Hospital Fitness King/Queen- A workplace health intervention.

Grand Rounds Our Lady's Hospice (June 2013) and to St James's Hospital Oncology SpRs (May 2013) -Nutritional Issues in Advanced Cancer.

Medical Social Work

Protection of Older Persons presentation to:

- Health Care Assistants (FETAC course in School of Nursing),
- Social Work Students in Trinity college,
- Masters in Geriatric Nursing Course, Trinity School of Nursing,
- Staff in Medel.

Haemophilia presented to:

- "Don't Exclude the siblings" Irish Haemophilia Society Parents Conference.
- "Ageing and Haemophilia" Irish Haemophilia Society Conference

Community services and Nursing Homes Support Scheme presentation to:

- Masters in Geriatric Nursing Course, Trinity School of Nursing

GUIDE

- Motivational Interviewing to health care professionals at STIFF course.
- 'HIV in a medical setting' to Masters Social Work students in UCD.

HOPe

- 2 staff members facilitated a workshop on Survivorship at the Irish Cancer Society Annual Conference in the Aviva stadium.

Articles

"Moving on: Transition to Adult Health Service" Irish Haemophilia Society Magazine

Occupational Therapy

Conferences/Presentations

- Ní Ghiollain, M., Moran, C., McCormack, C. Occupational Therapist to Educator: Teaching Skills for Therapists (Workshop). Association of Occupational Therapists of Ireland Annual Conference (AOTI), Mullingar. April 2013.
- Facilitate poster presentation at AOTI annual conference entitled: An investigation into the perception of the use of the Canadian occupational performance measure (COPM) by Occupational Therapists in an Acute Hospital Setting. This was also presented at the SJH Multi-disciplinary quality study day in May 2013.
- Jordan, J., Feeney, N., Wilson, B., Groarke, R. "Safely Home" – the role of the multi-disciplinary team in the older patient journey in the emergency department. Rehabilitation and Therapy Research Society Annual meeting, University Of Ulster.
- The OT service in reconstructive plastic surgery collaborated on a research project : "Four strand "Adelaide" for zone 2 flexor tendon's": A tertiary centres 10 year review presented by SHO at the joint British Association of Plastics, Reconstructive and Aesthetic Surgery conference and the Irish Association of Plastic Surgeons Winter scientific meeting.

Publications

- The clinical specialist OT along with the multi-disciplinary team coordinated and facilitated a one day course for 30 OTs, PTs and PHNs from across Ireland in November 2013, entitled “Acute Burn care and the implications for community reintegration”.
- The OT department delivered education to undergraduate OT and nursing degree programmes as well as the St. James's Hospital multi-disciplinary research and clinical audit seminar and Nursing Clinical Skills Fair.

Physiotherapy

Publications, Posters and Presentations

HSCP Conference

- “A Novel out-patient exercise programme for people with multiple sclerosis” -Elaine Ross
- “A 4 month pilot study of the extended physiotherapy service conducted on the AMAU in 2011” -Olu Balogun
- “Determine if an information pack given to patients regarding physiotherapy & the benefits of exercise would improve compliance with ward-based exercise programmes” -Grainne Sheil
- “A community based PHASE III cardiac rehabilitation program in Dublin city – a feasibility study”. -Ciara Mc Dermott
- “An evaluation of the physiotherapy service in a geriatric rehab unit” – Sinead Coleman

SCTS Conference

- “Cough flow study” -Kate Devenney

IHF Stroke conference April

- “Physiotherapy intervention and outcome in a 30-year-old female with lateral medullary syndrome” - Lucinda Edge
- “Motor Recovery: The Relationship between the trunk and the upper extremity in the acute stroke population” - Gareth Clifford
- “Risk factors for stroke – a patient profile” - Chiara Reddin
- “A profile of stroke patients referred to physiotherapy in a large Dublin teaching hospital” - Kate Tierney

SJH MDT Research/Clinical Audit, Seminar

- “A change in Physiotherapy Documentation: Feedback from Staff” - Grainne Sheil
- “Risk factors for stroke – a patient profile” - Chiara Reddin
- “Hospital 2 referrers satisfaction survey” - Orla O’Keefe
- “Discharge facilitation – the role of the MDT in ED” - Julie Jordan/ Brid Wilson
- “Cough flow study” - Kate Devenney
- “Fitness King & Queen” - Joanne Dowds

Satellite meeting of European Society of Obesity

- “Fitness King & Queen” - Joanne Dowds

European Stroke conference

- “Fatigue & the Energy expenditure of Gait Post – Stroke” - Helen Kavanagh

RTRS- University of Ulster, Jordanstown on Friday 21st June

”Perspectives from Health Care Users and Providers”

- “Discharge facilitation – the role of the MDT in ED” – Julie Jordan/ Brid Wilson / Niamh Feeney OT

- “A Change in Physiotherapy Documentation: Feedback from Staff” - Grainne Sheil

European MS Conference, Limerick

- “A Novel out-patient exercise programme for people with multiple sclerosis” - Elaine Ross

IGS 61ST Annual and Scientific Meeting 2013

- “A profile of fallers on an acute medical admissions unit in a large teaching hospital” - Aine Curneen
- “A change project to introduce a multidisciplinary quality improvement forum within a rehabilitation unit” - Gareth Clifford
- “Hospital 2 referrers satisfaction survey” - Orla O’Keefe
- “An assessment of footwear characteristics and factors that influence shoe selection in older persons within an inpatient within an inpatient rehabilitation setting” - Graham Hurley
- “Patient satisfaction in A Day Hospital” - Bronagh Conroy
- “A 360 degree evaluation of the physiotherapy service in a post-acute elderly inpatient rehabilitation unit” - Sinead Coleman
- “Change project to introduce a multidisciplinary quality improvement forum within a rehabilitation unit” - Sinead Coleman
- “Demographic study of falls in the elderly patient admitted to the AMAU” - Olukayode Balogun

ERS – Barcelona

- “Cough flow study”- Kate Devenney

IACR – Kilmainham

- “A pilot heart failure rehabilitation programme in St James’s Hospital” - Kate Devenney

ISCP 30 Years of ISCP

- “Make every contact count”- Elizabeth Sunderland
- “An intervention to improve exercise compliance of physiotherapy patients in a rehabilitation setting”- Grainne Sheil
- “Does supervising students reduce the number of patient contacts of the supervising physiotherapist?”- Noreen O’Shea
- “Fatigue & the energy expenditure of gait post-stroke” - Helen Kavanagh
- “An assessment of footwear characteristics and factors that influence shoe selection in older persons within an inpatient rehabilitation setting”- Graham Hurley
- “Safely Home – The role of the multidisciplinary team in the older patient journey in the emergency department”- Brid Wilson
- “A Physiotherapy Waiting list Quality Improvement Project - ‘Work Smarter not Harder’- Niamh Murphy
- “Fitness King and Queen”- Joanne Dowds
- “Risk factors for stroke- a patient profile”- Chiara Reddin
- “Parent’s perception of their child’s physical activity status”- Declan O’Hanlon

UK stroke forum

- “Fatigue & the Energy Expenditure of Gait Post- Stroke”- Helen Kavanagh

Speech & Language Therapy

Poster Presentation/Lecture Highlights

3 posters presented at The Irish Association of Speech and Language Therapists (IASLT) Biennial conference:

- “Facilitating and improving communication for patients post stroke using apps on the iPad “(won best poster).
- “Communication in People with Dementia in the Acute Setting: Development of an Environmental Checklist”.
- “The experience of informal carers of the decision making process regarding peg insertion at end of life”.

2 Posters presented at The Irish heart foundation stroke conference:

- “Investigating the usefulness of FEES in the assessment and management of patients post stroke” (won best poster).
- ‘Investigating patients and medical teams’ experiences of using accessible leaflets for medical procedures.”

2 Posters presented at European Society for Swallowing Disorders in Malmo Sweden.

- “Results of an audit in Upper GI entitled “The Incidence and Nature of Oropharyngeal Dysphagia Post Oesophagectomy”.
- “The Role of the Speech and Language Therapist in Palliative Care: An International Survey”.

Poster presented at the Irish Gerontological Society Meeting

- ‘A change project to introduce a multidisciplinary quality improvement forum within a rehabilitation unit’.

Poster presented at the Irish Association of Palliative Care Conference

- “The experience of informal carers of the decision making process regarding peg insertion at end of life”

Presentations

- Dental Hospital Head & Neck Cancer Lecture series.
- 2 presentations at the IASLT conference titled ‘MDT approach to development of picture menus in a long term care setting.’ and “The use of a user centred design approach for the developing an iPad app for people with aphasia’.
- Presentation at Neurology Net work Meeting on “The role of the Speech and Language Therapist in Palliative Care”.

Publications

Contribution by Noreen O’ Regan Senior SLT Head/Neck Oncology to :WORD OF MOUTH: Coping with & surviving Mouth, Head & Neck Cancers book, edited by Denise Mc Carthy & Lia Mills 2013.

LabMed Publications:

Doyle B, Hagan S, Al-Mulla F, Scott L, Harden S, Paul J, Mulcahy H, Murray GI, Sheahan K, O’Sullivan J, Kolch W. RKIP expression combined with peritoneal involvement and lympho-vascular invasion predicts prognosis in Dukes B colorectal cancer patients. *Histopathology*. 2013 Feb;62(3):505-10

Hagan S, Orr MCM, Doyle B.

Targeted therapies in colorectal cancer - an integrative view by personalized, predictive and preventative medicine (PPPM). *EPMA J*. 2013 Jan 28;4(1):3

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Diffuse oesophageal leiomyomatosis. *ANZ J Surg*. 2013 Dec 16. doi:10.1111/ans.12492. [Epub ahead of print] PubMed PMID: 24341901.

Hayes BD, Finn SP.

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Prostate-specific membrane antigen protein expression in tumor tissue and risk of lethal prostate cancer. *Cancer Epidemiol Biomarkers Prev*. 2013 Dec;22(12):2354-63. doi: 10.1158/1055-9965.EPI-13-0668. Epub 2013 Oct 15. PubMed PMID: 24130224; PubMed Central PMCID: PMC3893763.

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Laios A, Mohamed BM, Kelly L, Flavin R, Finn S, McEvoy L, Gallagher M, Martin C, Sheils O, Ring M, Davies A, Lawson M, Gleeson N, D’Arcy T, d’Adhemar C, Norris L, Langhe R, Saadeh FA, O’Leary JJ, O’Toole SA.

Pre-Treatment of Platinum Resistant Ovarian Cancer Cells with an MMP-9/MMP-2 Inhibitor Prior to Cisplatin Enhances Cytotoxicity as Determined by High Content Screening. *Int J Mol Sci*. 2013 Jan 22;14(1):2085-103. doi:10.3390/ijms14012085. PubMed PMID: 23340649; PubMed Central PMCID: PMC3565367.

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Publications

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Leonard N.

Book chapter entitled 'The Pathology of Lung Cancer' in 'Lung Cancer: a comprehensive overview. Ed Kathy Gately, Nova Publishers 2013.

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Kaposi sarcoma in an patient with atopic dermatitis treated with ciclosporin. *BMJ Case Rep.* 2013 Nov 21;2013. pii: bcr2013202171. doi: 10.1136/bcr-2013-202171

Ramakrishnan R, Chaudhry IH, Ramdial P, Lazar AJ, McMenamin ME, Kazakov D, Brenn T, Calonje E.

Primary cutaneous adenoid cystic carcinoma: a clinicopathologic and immunohistochemical study of 27 cases. *Am J Surg Pathol.* 2013 Oct;37(10):1603-11. doi: 10.1097/PAS.0b013e318299fcac.

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Moran B, Wynne B, Thomas S, Griffin M, McMenamin M, Ormond P.

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Posters

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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).

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

Oral Presentations by IMRL staff

National Meetings

- Molecular genotyping of *M. tuberculosis*: know your enemy! Public Health Group Meeting, March 2013 (Emma Roycroft)
- “Molecular detection and identification of *Mycobacterium* species”, MSc in Molecular Pathology, DIT, April 2013, (Margaret Fitzgibbon)
- “Epidemiological typing of *M. tuberculosis* complex isolates”, MSc in Molecular Pathology, DIT, April 2013, (MF)
- “Laboratory detection of *Mycobacterium* spp”, Journal club, Blackrock Clinic, April 2013 (MF)
- “Romania Country Visit”, Microbiology Journal club, SJH, April 2013 (MF)
- “Biological safety Awareness”, LabMed Journal club, SJH, July 2013 (HB & MF)
- “TB Diagnostics”, MSc in Healthcare Management, TCD, Oct 2013 (MF)
- “Whole genome sequencing for rapid susceptibility of *M. tuberculosis*”, Medical Journal club, SJH, November 2013 (MF)
- ‘PhD Research: Progress Report’, TCD Clinical Microbiology Research Group, Sir Patrick Dun’s Research Laboratory, December 2013 (ER)

International Meeting Presentations

Oral Presentations

- “Key principles of NRL operation-planning, accreditation, training, quality control”, ERLN-TB Meeting, The Hague, May 2013 (Margaret Fitzgibbon)
- Jean Dunne and C Feighery
27th Meeting of the Working Group on Prolamin Analysis and Toxicity Darmstadt, Germany October 10 - 12, 2013
Antibodies and Myofibroblasts is there a connection.

Poster Presentations

‘A “snapshot” of genetic lineages of *M. tuberculosis* in the Republic of Ireland, 2010-11’

- Molecular Medicine Ireland Annual Scientific Meeting, March 2013
- SJH Centre for Learning and Development Clinical Audit and Research Seminar, April 2013

An assessment of medical students: competent and confident performance of phlebotomy skills

Flavin T. 1, Hennessy M. 1, Patterson A. 1, Gibbons, J. 2, Maher N. 2
Clinical Skills Education Centre, School of Medicine, Trinity College Dublin. Phlebotomy Department, St. James’s Hospital, Dublin 8

NCPE Publications

Ledwidge M, Gallagher J, Conlon C, Tallon E, O’Connell E, Dawkins I, Watson C, O’Hanlon R, Bermingham M, Patle A, MR, Murtagh G, Voon V, Tilson L, Barry M, McDonald L; Maurer B, McDonald K. Natriuretic Peptide–Based Screening and Collaborative Care for Heart Failure: The STOP-HF Randomized Trial. *JAMA*. 2013;310(1):66-74. doi:10.1001/jama.2013.7588.

C. O’Brien, E. Fogarty, C. Walsh, O. Dempsey, M. Barry, M.J. Kennedy & L. McCullagh.

European Journal of Cancer Care. Article first published online: 29 Jan 2014 | DOI: 10.1111/ecc.12182 Health-related quality of life of HIV-infected intravenous drug users.

S Surah, R Adams, L Townsend, I Reynolds, JC Kinahan, S Keating, F Mulcahy, E Keenan, M Barry and F Lyons.

The cost of the inpatient management of febrile neutropenia in cancer patients – a micro-costing study in the Irish healthcare setting. *International Journal of STD & AIDS: Volume 24 No 11 November 2013; 867-874.*

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Personalizing health care: feasibility and future implications. et al. *BMC Medicine* doi:10.1186/1741-7015-11-179. 2013, 11(1):179

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

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