



OSPIDÉAL NAOMH SÉAMAS  
ST. JAMES'S HOSPITAL



# ST JAMES'S HOSPITAL MISSION STATEMENT

The hospital completed a project to renew the hospital's Mission and establish for the first time a Vision and Values process and outcome. The following Vision, Purpose and Values statement was proposed by the executive and approved by the Hospital Board at its meeting in December 2014.

## **Vision**

To be a leading healthcare organization, nationally and internationally, improving health outcomes through collaboration and innovation.

## **Purpose**

To provide the best care to every patient through our personal and shared commitment to excellence in clinical practice, education, research and innovation, while fostering our partnership with Trinity College Dublin.

## **Values**

### **Patients matter most to us**

We provide care that is safe, effective and accessible so that our patients achieve the best possible outcomes and experiences of care.

### **Respecting people**

Being kind and honest, promoting diversity, collaboration, personal and professional development.

### **Innovating and sharing knowledge**

We learn, teach, research and innovate to improve health and well-being.

### **Using resources wisely**

Delivering value, working efficiently and protecting the environment.

## **Summary**

Patients, respect, knowledge and resources.

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### 91 Surgery, Anaesthesia and Critical Care Directorate (SACC)

*Ear Nose and Throat Unit, Gynaecology, Breast Care Services, Acute Medical Colorectal Service, Renal Services, National Adult Burns Unit, National Maxillofacial Surgery Unit, Plastic and Reconstructive Surgery, Orthopaedic Surgery, Orthodontic and Cleft Unit, Department of Vascular and Endovascular Surgery Psychiatry, Theatre, Day Surgery, Intensive Care Unit, High Dependency Unit, Hospital Sterile Services, Anaesthetic Services, Pain Medicine*

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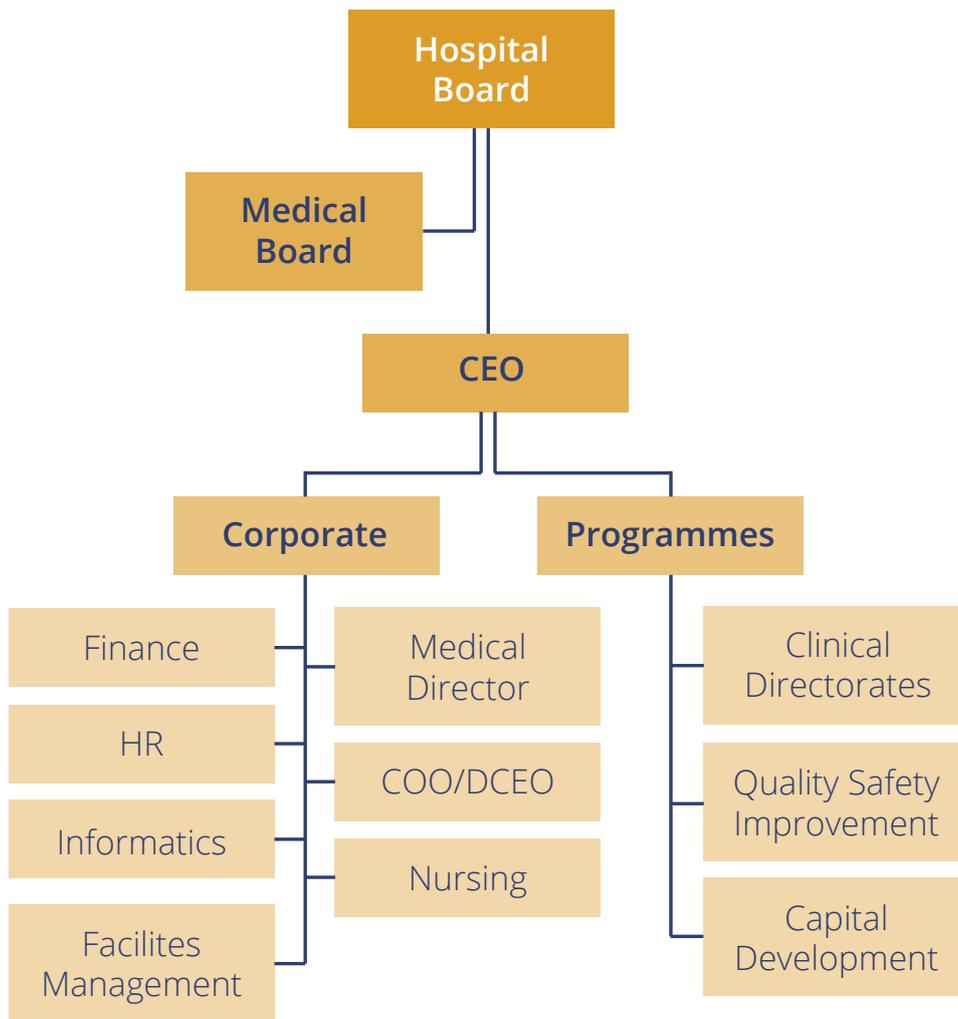
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Office of the CEO  
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# Corporate Structure



# Corporate Structure

## Board Members in 2014

Prof D. Shanley, Chairman  
Prof C. Bergin  
Dr A.M. O'Dwyer  
Prof C. Normand  
Mr M. Gleeson  
Prof V. Timonen  
Mr M. Collins  
Prof E. O'Higgins  
Mr P. Dingle  
Mr B. Murray  
Mr M. Keane

## Executive Management Group 2014

Mr B. Fitzgerald, Chief Executive  
Ms A. Dalton, Deputy CEO / Chief Operations Officer  
Mr K. Hardy, Director of Human Resources  
Dr U. Geary, Director of Quality, Safety & Improvement  
Mr S. Moores, Director of Finance  
Mr P. Gallagher, Director of Nursing  
Prof N. O'Hare, Director of Informatics  
Mr V. Callan, Director of Facilities  
Mr N. McElwee, Director of Capital Projects  
Mr T. Boyle, Clinical Director, GEMS (Jan – May)  
Dr L. Barnes, Clinical Director, SAMS (Jan – May)  
Dr N. Nikolov, Clinical Director, ORIAN (Jan – May)  
Dr F. O'Connell, Clinical Director, MED (Jan – May)  
Prof P.K. Plunkett, Clinical Director, Emergency Physician (Jan – May)  
Dr A. O'Mahony, Clinical Director, OMEGA (Jan – May)  
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

### **Clinical Directorates Restructured May, 2015 (reduced to six)**

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  
Dr J. Moriarty, Clinical Director, SACC  
Dr F. O'Connell, Clinical Director, MED

## Consultant Medical Staff

Dr Grainne Flynn	Consultant Adult Psychiatrist	Dr Patrick Ormond	Consultant Dermatologist
Prof Michael Gill	Consultant Adult Psychiatrist	Dr Rosemarie Watson	Consultant Dermatologist
Dr Elaine Greene	Consultant Adult Psychiatrist	Dr Bairbre Wynne	Consultant Dermatologist
Prof Brian Lawlor	Consultant Adult Psychiatrist		
Dr Paul Scully	Consultant Adult Psychiatrist	Dr David Kevans	Consultant Gastroenterologist
		Dr Finbar MacCarthy	Consultant Gastroenterologist
Dr Mark Abrahams	Consultant Anaesthetist	Prof Nasir Mahmud	Consultant Gastroenterologist
Dr Daniel Collins	Consultant Anaesthetist	Dr Susan McKiernan	Consultant Gastroenterologist
Dr Elizabeth Connolly	Consultant Anaesthetist	Prof Suzanne Norris	Consultant Gastroenterologist
Dr Noreen Dowd	Consultant Anaesthetist	Prof Dermot O'Toole	Consultant Gastroenterologist
Dr Carl Fagan	Consultant Anaesthetist		
Dr Joseph Fitzgerald	Consultant Anaesthetist	Mr Prakash Madhavan	Consultant Vascular Surgeon
Dr Mark Halligan	Consultant Anaesthetist	Dr Zenia Martin	Consultant Vascular Surgeon
Dr Niall Hughes	Consultant Anaesthetist	Mr Adrian O'Callaghan	Consultant Vascular Surgeon
Dr Fionnuala Lyons	Consultant Anaesthetist	Mr Sean O'Neill	Consultant Vascular Surgeon
Dr Ignacio Martin-Loeches	Consultant Anaesthetist		
Dr Deirdre McCoy	Consultant Anaesthetist	Dr Nadim Akasheh	Consultant General Physician
Dr Connail McCrory	Consultant Anaesthetist	Prof Michael Barry	Consultant General Physician
Dr Jeanne Moriarty	Consultant Anaesthetist	Dr Declan Byrne	Consultant General Physician
Dr Nikolay Nikolov	Consultant Anaesthetist	Dr Martina Hennessy	Consultant General Physician
Dr Enda O'Connor	Consultant Anaesthetist	Dr Rachael Kidney	Consultant General Physician
Dr Catherine O'Malley	Consultant Anaesthetist	Dr Clodagh O'Dwyer	Consultant General Physician
Dr Ellen O'Sullivan	Consultant Anaesthetist	Dr Deirdre O'Riordan	Consultant General Physician
Dr Jenny Porter	Consultant Anaesthetist		
Dr Thomas Ryan	Consultant Anaesthetist	Mr Dhafir Alazawi	Consultant General Surgeon
Dr Patrick Scanlon	Consultant Anaesthetist	Mr Terence Boyle	Consultant General Surgeon
Dr Thomas Schnitger	Consultant Anaesthetist	Dr Elizabeth Connolly	Consultant General Surgeon
Dr Peter Vaughan	Consultant Anaesthetist	Mr John Larkin	Consultant General Surgeon
Dr Carmel Wall	Consultant Anaesthetist	Mr Paul McCormick	Consultant General Surgeon
		Mr Brian Mehigan	Consultant General Surgeon
Dr Peter Crean	Consultant Cardiologist	Prof Ravi Narayanasamy	Consultant General Surgeon
Dr Caroline Daly	Consultant Cardiologist	Prof John V Reynolds	Consultant General Surgeon
Dr Jerome-Brendan Foley	Consultant Cardiologist		
Dr Andrew Maree	Consultant Cardiologist	Dr Christopher Larry Bacon	Consultant Haematologist
Dr Niall Mulvihill	Consultant Cardiologist	Prof Paul Browne	Consultant Haematologist
Dr Ross Murphy	Consultant Cardiologist	Dr Eibhlin Conneally	Consultant Haematologist
		Dr Catherine Flynn	Consultant Haematologist
Dr Sarah Early	Consultant Cardio-thoracic Surgeon	Dr Patrick Hayden	Consultant Haematologist
Mr Ronan Ryan	Consultant Cardio-thoracic Surgeon	Dr Niamh O'Connell	Consultant Haematologist
Mr Michael Tolan	Consultant Cardio-thoracic Surgeon	Prof James Stewart O'Donnell	Consultant Haematologist
Mr Vincent Young	Consultant Cardio-thoracic Surgeon	Dr Elizabeth Vandenberg	Consultant Haematologist
		Dr Barry White	Consultant Haematologist
Dr Vivion Crowley	Consultant Chemical Pathologist		
		Dr Colette Adida	Consultant Histopathologist
Prof Louise Barnes	Consultant Dermatologist	Dr Barbara Dunne	Consultant Histopathologist
Dr Rupert Barry	Consultant Dermatologist	Dr Richard Flavin	Consultant Histopathologist
Prof Alan Irvine	Consultant Dermatologist	Dr Mairead Griffin	Consultant Histopathologist

Dr Niamh Leonard	Consultant Histopathologist	Mr Gerard Kearns	Consultant Oral / Maxillofacial Surgeon
Dr Mairin McMenamin	Consultant Histopathologist	Mr Pdraig O'Ceallaigh	Consultant Oral / Maxillofacial Surgeon
Dr Cian Muldoon	Consultant Histopathologist	Prof Leo Stassen	Consultant Oral / Maxillofacial Surgeon
Dr Siobhan Nicholson	Consultant Histopathologist		
Prof John O'Leary	Consultant Histopathologist	Dr Eamonn McKiernan	Consultant Orthodontist
Dr Esther O'Regan	Consultant Histopathologist	Dr Aisling O'Mahony	Consultant Orthodontist
Dr Ciaran O'Riain	Consultant Histopathologist		
Dr Niall Conlon	Consultant Immunologist	Dr Catherine Bossut	Consultant Orthopaedic Surgeon
Prof Conleith Feighery	Consultant Immunologist	Mr Niall Hogan	Consultant Orthopaedic Surgeon
Dr Una Geary	Consultant Emergency Physician	Mr Thomas McCarthy	Consultant Orthopaedic Surgeon
Dr Una M Kennedy	Consultant Emergency Physician	Mr John McKenna	Consultant Orthopaedic Surgeon
Dr Geraldine McMahon	Consultant Emergency Physician		
Prof Patrick K Plunkett	Consultant Emergency Physician	Mr Brendan Conlon	Consultant Otolaryngologist
Dr Darragh Shields	Consultant Emergency Physician	Mr John Kinsella	Consultant Otolaryngologist
		Mr James Paul O'Neill	Consultant Otolaryngologist
Dr John M Cooney	Consultant Liaison Psychiatrist	Prof Conrad Timon	Consultant Otolaryngologist
Dr Tara Kingston	Consultant Liaison Psychiatrist		
Dr Ann Marie O'Dwyer	Consultant Liaison Psychiatrist	Dr Fiona Lyons	Consultant Genito-Urinary Physician
		Prof Fiona Mulcahy	Consultant Genito-Urinary Physician
Dr Sinead Cuffe	Consultant Oncologist		
Dr David Gallagher	Consultant Oncologist (Genetics)	Dr Miriam Casey	Consultant Geriatric Physician
Dr Cliona Grant	Consultant Oncologist	Dr Conal Cunningham	Consultant Geriatric Physician
Dr Michael John Kennedy	Consultant Oncologist	Prof Joseph Harbison	Consultant Geriatric Physician
Dr Dearbhaile O'Donnell	Consultant Oncologist	Prof Rose Anne Kenny	Consultant Geriatric Physician
		Dr Kevin McCarroll	Consultant Geriatric Physician
Dr Breida Boyle	Consultant Microbiologist	Dr David Robinson	Consultant Geriatric Physician
Dr Brendan Crowley	Consultant Microbiologist		
Dr Eleanor McNamara	Consultant Microbiologist	Dr Marie Louise Healy	Consultant Endocrinologist
Dr Brian O'Connell	Consultant Microbiologist	Dr Niamh Phelan	Consultant Endocrinologist
Prof Thomas Rogers	Consultant Microbiologist		
		Prof Colm Bergin	Consultant in Infectious Diseases
Dr George Mellotte	Consultant Nephrologist	Dr Susan Clarke	Consultant in Infectious Diseases
		Dr Concepta Merry	Consultant in Infectious Diseases
Dr David Bradley	Consultant Neurologist		
Dr Colin Doherty	Consultant Neurologist	Mr Eamon Beausang	Consultant Plastic Surgeon
Dr Siobhan Hutchinson	Consultant Neurologist	Dr Patricia Eadie	Consultant Plastic Surgeon
Dr Janice Redmond	Consultant Neurologist	Mr David O'Donovan	Consultant Plastic Surgeon
Dr Yvonne Langan	Consultant Neurophysiologist	Mr David Orr	Consultant Plastic Surgeon
		Mr Odhran Shelley	Consultant Plastic Surgeon
Dr Mary B Anglim	Consultant Obstetrician & Gynaecologist		
Dr Tom Darcy	Consultant Obstetrician & Gynaecologist	Dr Peter Beddy	Consultant Radiologist
		Dr Grainne Govender	Consultant Radiologist
Dr Noreen Gleeson	Consultant Obstetrician & Gynaecologist	Dr Michael Guiney	Consultant Radiologist
		Dr Susannah Harte	Consultant Radiologist
Dr Waseem Kamran	Consultant Obstetrician & Gynaecologist	Dr Ciaran Johnston	Consultant Radiologist
		Dr Mary Keogan	Consultant Radiologist
Dr Hugh O'Connor	Consultant Obstetrician & Gynaecologist	Dr Ronan McDermott	Consultant Radiologist
		Dr Niall McEniff	Consultant Radiologist

Dr James Meaney	Consultant Radiologist
Dr Mark J Ryan	Consultant Radiologist
Dr Niall Sheehy	Consultant Radiologist
Dr Graham Wilson	Consultant Radiologist
Dr Ruairi Fahy	Consultant Respiratory Physician
Prof Joseph Keane	Consultant Respiratory Physician
Dr Anne Marie McLaughlin	Consultant Respiratory Physician
Dr Finbarr O'Connell	Consultant Respiratory Physician
Dr Rory A O'Donnell	Consultant Respiratory Physician
Prof Gaye Cunnane	Consultant Rheumatologist & General Physician
Dr Michele Doran	Consultant Rheumatologist & General Physician
Dr Finbar O'Shea	Consultant Rheumatologist & General Physician
Mr Thomas Hugh Lynch	Consultant Urologist
Mr Ted McDermott	Consultant Urologist
Dr Noirin Noonan	Occupational Health Physician



# Legal & Banking 2014

## **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 Good body Solicitors,  
International Financial Services Centre  
North Wall Quay, Dublin 1

## **Insurance Brokers**

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





**EXECUTIVE REPORT**



# Introduction from the Chairman



Prof Diarmuid  
Shanley  
*Chairman*

Once again the staff in St. James's Hospital have delivered safe high quality patient care despite increased demand on services and very tight resources. This Annual Report chronicles the details of these achievements. The Board acknowledges with admiration the dedication of our colleagues at all levels in what we believe to be the best run hospital in Ireland. St. James's enjoys a unique spirit of collegiality and loyalty which is central to the hospital's ethos. This report presents a positive and complimentary perspective whilst recognising that our society is growing older with increasing morbidities and growing demand for increasingly sophisticated and costly services in the face of diminishing resources. Hospital personnel are commended for their frontline care of sick patients compensating for the consequences of inadequate resources and infrastructure.

Excellence in patient care continued to be the primary focus of St. James's Hospital. It has 946 beds and provided treatment for 23,358 inpatients, 47,083 day care patients and 283,107 outpatients. St. James's costs are significantly influenced by the complexity of tertiary and quaternary services it provides. It includes 13 national specialist centres and 23 regional specialist centres. Former staff members are remembered for their seminal influence on the evolution of Ireland's biggest hospital. The Board was saddened to accept the resignation of our exceptionally able CEO, Mr. Brian Fitzgerald. We are fortunate that he had developed a cohesive, loyal and most effective management team. The Board wishes him success in his new endeavors. Professor Patrick Plunkett's willingness to add the duties of CEO on an interim basis to his onerous responsibilities of Clinical Director is greatly appreciated. Mr. Simon Moores ensured the hospital's proud record in financial

management was maintained. Ms. Ann Dalton, Deputy CEO, with the able assistance of Ms. Carol Murphy oversaw operational management in a very demanding year. Dr. Una Geary led the exemplary approach to risk management and patient safety. The Board of the Hospital continues to share a healthy and constructive relationship with its Medical Board and its committed Chairperson Dr. John Cooney.

St James's Hospital constitutes more than half of the Dublin Midlands Hospital Group partnering with Tallaght Hospital, The Coombe Women's Hospital, Naas, Tullamore, and Portlaoise Midlands Hospitals along with St. Luke's Radiation Network. The University of Dublin is the academic partner, as the new Group evolves under the leadership of Dr. Frank Dolphin and Dr. Susan O'Reilly it is anticipated this will promote higher quality patient services, excellence in research and education.

Planning the schedules of function, accommodation and design of the new National Children's Hospital to be located on this campus is making significant progress. This will bring together three children's hospitals on a site offering synergies with 27 existing tertiary disciplines of the highest international standards. Caring for sick children is best addressed in a campus with such a spread of essential specialist services. 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. This medical campus together with the University of Dublin, 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.

Another significant milestone was the sod being turned for Mercers Institute of Successful Aging with much credit to Professors Davis Coakley, J Bernard Walsh, Rose Anne Kenny and colleagues

with gratitude to Atlantic Philanthropies and the Government. Former Chairman and TCD Provost Professor Tom Mitchell played a critical role in making this possible.

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.

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 Mr. Brian Murray, Mr. Martin Keane, Mr. Michael Collins and Dr. Kieran Harkin who was appointed in late 2014. They add to the calibre of a well-structured Board all of whom play pivotal roles in overseeing the hospital's responsibilities.

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.

As 2014 is my final year on St. James's Board I wish to thank the Minister for the enormous privilege and pleasure to work with such a constructive Board in Ireland's leading acute hospital. I wish my successor the same level of support and wise counsel I received. I particularly wish to thank Professor Charles Normand who agreed to act as interim Chairperson beginning January 2015. He will provide sagacious leadership and as the longest serving member of the Board he is very well informed.

Professor Diarmuid Shanley  
Chairman

St. James's Hospital Board.

# Report from the Chief Executive

St. James's Hospital continued on a significant journey of strategic change during 2014. The Clinical Directorate structure which had served the Hospital admirably for two decades was reengineered.

As a result, the following Directorates were subsumed into two new structures, as follows: Sams, Gems, Emergency, Orian, Omega & Crest were merged into two new Directorates, namely Medicine (Med) and Surgery, Anaesthesia & Critical Care (SACC).

I am honoured that Dr. Finbar O'Connell and Dr. Jeanne Moriarty were successful following internal competition and have taken up the Clinical Director roles of the respective Directorates. In addition, DiaglM, Hope, Labmed and MedEl have been retained and will require change management support as we move in 2015. Also following internal competition the role of Hospital Medical Director was advanced and Prof. Patrick Plunkett, I am happy to report was successful.

The Clinical Directorate programme had served the hospital well for many 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 and Business Managers who demonstrated great leadership in their roles throughout that time.

In addition, the Directorate for Quality, Safety & Improvement was fully established and following internal competition, I am honoured that Dr. Una Geary took on the role to be the first corporate lead of the Directorate. The hospital is beginning to see the significant benefits of a dedicated Directorate for QSI.

## Operational Performance

The year 2014 was again very challenging in terms of the demand on hospital services. We saw significant pressures on our Emergency Department (ED), as well as growth for elective services. It was disappointing to see reduced resources by the HSE in relation to Social Care and as a consequence the hospital faced major challenges in ED waiting & trolley times because of the increased number of patients experiencing delayed discharges. One of the perverse consequences of delayed discharges is the knock cancellation of elective patients; this problem had the inevitable result of patients waiting longer for inpatient and day case elective treatment. On a very positive note, the hospital finished 2014 with a balanced financial out-turn resulting in net expenditure of €313m (gross expenditure €404m).

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



Brian Fitzgerald  
CEO

improvement are outlined below. The performance outturn results for 2014 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.

## Emergency Department

Patient Experience Times:

- Average time in ED for all patients in 2014: 07.35 hours.
- Average time for admitted patients in 2014: 12.02 hours.
- Average time for discharged patients in 2014: 5.50 hours.

Table 1.01 Inpatient

Actual Acute Wards 2014	Planned 2014	Planned/ Actual 2014 % Variance
23,358	20,636	12%

Table 1.02 Day Care

Actual 2014	Planned 2014	Planned/ Actual 2014 % Variance
47,033	37,275	26%

For 2014 the decrease of daycase admissions is due to the reclassification and resignation of certain daycases to OPD.

The hospital has continued to focus on providing services on a daycase basis rather than admitting patients to overnight stay e.g. 84% of Medical Oncology / Haematology treatments were undertaken as daycases.

Table 1.03 Outpatient

Actual 2014	Planned 2014	Planned/ Actual 2014 % Variance
283,107	166,751	70%

## Key Challenges

Whilst there have been areas of satisfactory performance outcomes a number of challenges presented:

### Emergency Department Presentations

The complexity of patients presenting in ED has increased with 33% 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 admirable break even financial position based on a HSE allocation of €313m. The performance is very commendable in the context of ever increasing demand for hospital services.

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 decreased by 1.2% year on year and the key inpatient activity / financial measure of the economic bed day has risen from €877 in 2013 to €901x per day in 2014 – representing an increase of 3%.

## Quality Safety and Improvement Directorate

This new directorate was established to deliver on the Hospital's priorities for quality, safety and person-centred care. It includes safety and risk management, quality assurance and patient feedback/complaints functions and will work with staff, patients and families to improve and assure patients' outcomes and experiences of care. In its first year the Directorate established a Hospital Safety Committee and trained staff in new national safety investigation procedures. The National Standards for Safer Better Healthcare were adopted as a framework for quality assurance. Patient feedback, safety reporting and quality assurance activities were aligned and learning from these work-streams shared to inform service improvement across the hospital.

## Capital Developments

The Capital Projects office oversees several Capital development programme for the Hospital board including the Mercer Institute for Successful Ageing (MISA) and the National Paediatric Hospital Decant Programme which are well underway on the campus.

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 including the incorporation of the following developments;

- A formal Decant Strategy for the relocation of over thirty clinical, administrative and outpatient services
- The replacement Hospital Chapel,
- A new Clinical Services Building

This programme for relocation and campus redevelopment poses the greatest capital programme in the history of this Hospital.

The Capital Project Office, under the direction of Niall McElwee is also currently midway through the development of the Mercer Institute for Successful Ageing (MISA) 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. This development is due for completion and open in early 2016.

## Strategic Initiatives

As outlined in my introduction, the main focus of strategic development during 2014 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 actively engaged with these policy issues throughout 2014.

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

- Enhancing and embedding a culture of quality, safety & improvement of patient services.
- A review of the hospitals 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, particular on the local community & 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 dashboard. A business case has been produced and shared with the HSE & DOH to seek funding for a full electronic patient record.

2014 has been another challenging year and also a significant year of change for the hospital. I would like to thank all staff and volunteers of St. James's and in particular the corporate team and clinical directors for their dedication to patients and their families. I thank them for their loyalty, and commitment in maintaining St. James's at the forefront of acute services, education and research both at home and abroad. I trust all will continue to advance the Vision, Purpose and Values of St. James's during 2015.

I wish to remember all our bereaved colleagues and in particular our great friend, Mr. Billy Cox.

I would like to note a special thank you to Ms. Margaret Kelliher and Ms. Therese O'Connor who have been with me on my personal and professional journey for many years.

Finally, I wish to thank the Chairman and Board of St. James's for their support during 2014 and during my tenure as CEO.



# Performance Highlights

Period Jan - Dec 2014	2014 Activity		2014 Projected Activity			
	Acute Ward In-patient discharges	Daycases	In-patient discharges	Daycases	% In-patients Variance	% Daycases Variance
Cardiology	2575	1990	1971	2425	31%	-18%
Dermatology	10	2373	34	1900	-71%	25%
Emergency Dept.	20	1	-	-	-	-
ENT	435	352	690	280	-37%	26%
General Surgery	2697	5613	2220	3632	21%	55%
GUIDe	394	5105	276	2555	43%	100%
Gynaecology	716	478	681	238	5%	101%
Haematology	859	3713	676	4545	27%	-18%
Maxillo Facial	926	119	885	121	5%	-2%
Medicine	6045	13464	5798	8004	4%	68%
Medicine for the Elderly	1308	2085	1023	1606	28%	30%
Oncology	1066	6643	729	7925	46%	-16%
Orthopaedics	1134	411	1320	211	-14%	95%
Plastic Surgery	1426	2451	1899	2854	-25%	-14%
Radiotherapy	95	-	-	-	-	-
Rheumatology	559	-	492	-	-	-
Psychiatry	3	1	-	-	-	-
Cardio-Thoracic Surgery	924	54	860	-	7%	-
Urology	554	1747	501	879	11%	99%
Vascular Surgery	392	433	581	100	-33%	333%
<b>Total Acute Activity</b>	<b>22,138</b>	<b>47,033</b>	<b>20,636</b>	<b>37,275</b>	<b>7%</b>	<b>26%</b>

Period Jan - Dec 2014	2014 Non Acute Ward In-Patient Discharges
General Surgery	1
GUIDe	1
Haematology	1
Medicine for the elderly	718
Medicine	26
Psychiatry	471
Radiotherapy	1
Rheumatology	1
<b>Total Non-Acute Activity</b>	<b>1,220</b>

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

Note 2: Medicine Daycases includes Respiratory/ Gastroenterology/Neurology/Nephrology/Pain Therapy/Anaesthesiology/General Medicine

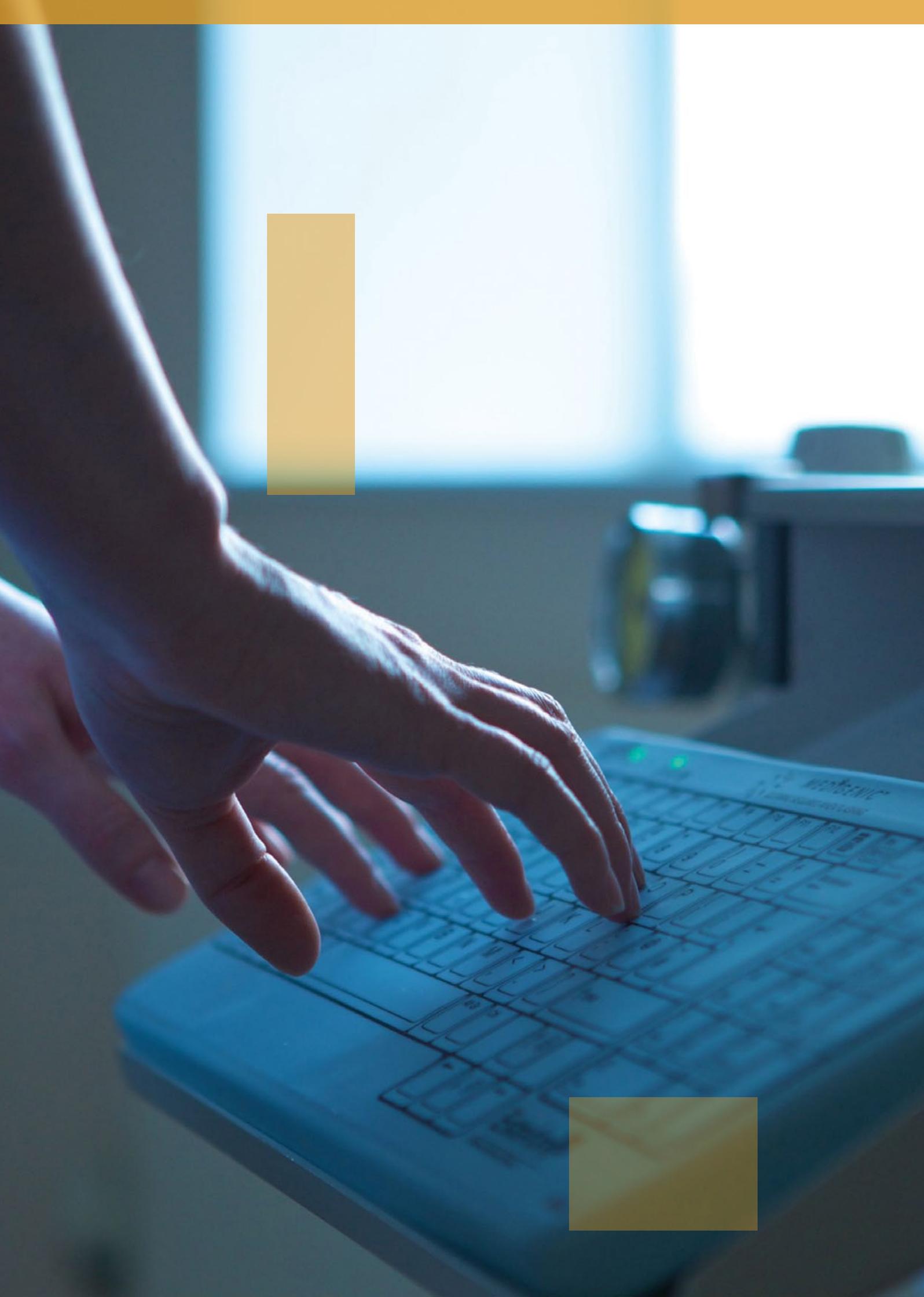
Note 3: Outpatient Consultant and Nurse Led Activity

	Actual		Projected		Variance %	Variance %
	New	Return	New	Return	New	Return
Attendances	65,387	217,720	50,356	116,395	30%	87%



A photograph of a modern office hallway. The wall is a bright yellow color. On the right side, there is a large window with a white frame. The floor is made of light-colored square tiles. The ceiling is white with a grid pattern. The text "CORPORATE DIRECTORATE REPORTS" is overlaid in white, bold, uppercase letters in the center of the image.

**CORPORATE DIRECTORATE REPORTS**



# Finance Department

The Financial Statements for the reporting period 1st January 2014 to 31st December 2014 resulted in a surplus of €510,297. Hospital gross expenditure was €404,250m, while income and exchequer funding amounted to €404,760m.

In addition to the 2014 surplus the hospital had an opening surplus of €22,273m carried forward from 2013 and prior years. Therefore the cumulative carried forward surplus at 31st December 2014 was €22,398m.



**Simon Moores**  
Director of Finance

## Expenditure and Income Overview

Net expenditure increased by 2.917m (0.97%) when compared with the previous year. Income for 2014 increased by €9.049m or 13% year on year.

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

### Expenditure Description

<b>Payroll Related</b>	
Staffing, Overtime and Related Increases	€1.279m
Pensions, Lump Sums and Gratuities	€0.252m
Increments/EUWD and ER PRSI	€1.455m
<b>Sub Total Payroll</b>	<b>€2.986m</b>
<b>Non Pay Related</b>	
Drugs and Medicines	€0.851m
Blood/Blood Products	(€1.982m)
Medical and Surgical Consumables	€0.239m
Laboratory Consumables/Equipment	€1.408m
Medical Equipment and Equipment Maintenance	€0.290m
Radiology	€0.293m
Professional, Insurance, Audit and Legal Services	(€0.543m)
Office Expenses	€0.516m
Bad Debts	€1.126m
Maintenance Equipment and Materials	€0.799m
Buildings	(€1.693m)
Heat Power Light	(€0.213m)
Computer Equipment/Supplies	€0.121m
Laundry, Cleaning & Washing Supplies/Contracts	€0.160m
Other Misc. Issues	€1.063m
<b>Sub Total Non-pay related</b>	<b>€2.435m</b>
<b>Income Related</b>	
Patient Accommodation Income inc. Gov Levies	€8.632m
Superannuation	(€0.515m)
Pathology/Pharmacy/Retail Units/Car Parking/Other	€0.932m
<b>Sub Total Income Related</b>	<b>€9.049m</b>

## Commentary

The hospital again exceeded service delivery targets for the year, while returning an admirable surplus financial position based on a HSE allocation of €313m.

2014 brought an increase in pay; this was due to a number of contributing factors. Key contributors include; increased demand for medical service resulting in higher staff volumes, new services and arrears in relation to the new merged scales. Non pay expenditure increased by approximately 1% in the year. This was due to unyielding demand by patients for medical services and the associated cost pressures. Again, the hospital experienced material expenditure pressures and inefficiencies as a result of delayed discharge patients. These problems were correlated with the unavailability of nursing home beds and community support services.

However, the increase in expenditure was offset by increased income in the region of €9m (13%) year on year. The main driver of this increase was the implementation of the new billing structure as laid out in the Health Amendment Act 2013. The new rationalised billing structure has allowed the hospital to recognise increased income in relation to privately insured patients. Overall, the hospital finished the year with a surplus of €510,297.

As in prior years, the strategy remained focused on continued improvement on efficiency across all services throughout the hospital. The strategy looks to provide a strong financial foundation for the hospital should future resource pressures be encountered. The strategy continues to be successful and the hospital carries forward a financial surplus of €22.398m, which should in some part offset the effect of the constrained public financial environment going forward.

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.

## Capital/Infrastructure Expenditure

Expenditure on major capital projects amounted to €17.658m in 2014 compared with €7.309m in 2013. Additionally, the hospital invested €1.552m from revenue funding sources on improvements to infrastructure and the replacement of equipment. In 2014 the hospital moved into the early decant stages for the National Children's Hospital, the related spend amounted to approximately 9% of total capital spend for the year.

Over 65% of the 2014 major Capital projects spend was attributable to the construction stage of the new Mercers Institute for Successful Aging. The new facility which was co-funded by The Atlantic Philanthropies and the HSE is projected to open in 2016.

# Human Resources

2014 saw the implementation of a number of organisational change initiatives which were both facilitated and led by the HR Directorate in collaboration with relevant stakeholders. The consolidation of six longstanding Clinical Directorates into two new Directorates, (MED and SACC), required that existing organisational structures be reviewed, restructured and realigned to meet future service requirements.

A new Quality, Safety & Risk Directorate was established to support effective quality assurance from the clinical front-line to the Hospital Board, as recommended by the *National Standards for Safer Better Healthcare*.



**Ken Hardy**  
*Director of Human Resources*



**Gerry Heffernan**  
*Deputy Director of Human Resources*

In parallel, Technical Services and General Support Services were integrated into a new Facilities Management Directorate. The Capital Projects Directorate was also established to manage the significant programme of capital projects currently underway and planned over the next ten years including H&H Research Building, Mercer's Institute for Successful Ageing (MISA) and the significant decant work relating to the new Children's Hospital

Integral to any successful change initiative is an effective and transparent communications strategy. With this in mind, a formal Communications Function was established under the aegis of the Human Resources Directorate. This, I believe, is a welcome investment from the perspective of ensuring that staff are kept up to date and informed of hospital developments particularly in the context of implementing the decant programme which will pave the way for the anticipated co-location of the new Children's Hospital on our campus.

From a recruitment and retention perspective, challenges continued to present themselves particularly in the area of nursing and medical workforce staffing. These will remain key areas of focus for the HR Directorate as we approach 2015 and endeavour to maintain competitiveness and build upon our unique employer brand in an increasingly tight employment market.

Finally, I would like to formally acknowledge the dedication and efforts made by staff across all HR divisions both in 2014 and during previous years during particularly challenging times. The following is a summary of the key activities undertaken by the HR teams during the year.

## Medical Workforce

### Consultant Medical Staff

Throughout the year 2014, the Hospital was faced with many challenges around consultant recruitment and retention. There was a noticeable reduction in the number of applications being submitted for Consultant posts and this felt to be driven by the reduced consultant salaries which were introduced in October 2012. In addition, with posts approved at a Type B Contract in most instances, the restrictions on private practice were felt to also be a consideration in this regard. Notwithstanding that, there were a number of Consultant appointments progressed throughout the year and St. James's welcomed the following to the permanent Consultant staffing: Dr. Sarah Early, Cardio thoracic Surgeon, Dr. Niall Conlon, Consultant Immunologist, Dr. Adrian O'Callaghan, Consultant Vascular Surgeon, Dr. Ignacio Martin-Loeches, Consultant Intensivist and Dr. Rustom Manecksha, Consultant Urologist. New Consultant posts were approved in Gynaecology and Oral & Maxillo Facial surgery to support Cancer development work and it is hoped to progress these posts in 2015.

Professor JB Walsh, Consultant Physician retired during the year and congratulations are extended to him on his contribution to the Hospital. Professor Paul Browne was formally appointed

as Head of the Trinity Medical School. In honour of the late Professor Donal Hollywood, a designed medical oncology ward was renamed the Donal Hollywood Ward in memory of Prof. Hollywood who made a remarkable contribution to cancer services in SJH. St. James's Hospital was saddened to hear of the loss of a much valued former colleague, Professor Eoin Casey.

### NCHD Staff

Implementation of the European Working Time Directive (EWT) for NCHDs was one of the key HSE performance targets for 2014 in response to EU Commission pressures and the NCHD national dispute which had taken place in late 2013. A significant amount of progress had been achieved by the hospital in 2013 which was complimented by the introduction of additional rosters from July, 2014. St James's maintained a 100% compliance rate with the requirement that no NCHD be rostered in excess of 24 hrs. continuous duty.

Full EWT compliance requires adherence to a maximum average working week of 48 hrs. with appropriate rest. By December, 2014, the hospital had achieved a 66% rate of compliance which ranked it as one of the highest performers within the HSE. Non-compliant areas were confined, in the main, to the subspecialties of surgery where onerous on-call commitments coupled with high levels of service activity, have impeded progress beyond current rates. There is scope for further improvement, particularly among the cohort of interns, which will be pursued in the 1st quarter of 2016.

The true measure of the success, or otherwise, of NCHD recruitment and retention strategies, occurs at the annual changeover in July each year. Major challenges had been anticipated in the context of a national shortage of Emergency Medicine Registrars and also an increase in medical SHO vacancies which had been experienced in the first half of 2014. Despite these challenges, St James's was successful in filling all NCHD posts through conventional recruitment channels at a time when many HSE employers were forced to increase their reliance on agency-sourced locums.

Of note, the long awaited relocated Doctor's residence opened in June 2014 and this centrally located new facility has been greatly welcomed by the NCHD cohort with significant upgrades in the standard of the on call accommodation provided heretofore.

## HR Business Teams

### Recruitment

General recruitment activities increased significantly across the Hospital in 2014 as a result of both internal movement of staff for promotional posts and the filling of vacancies due to staff resignations.

In summary, the Vacancy Approval Committee approved in excess of 1100 applications to fill internal / external vacancies which resulted in 230 internal competitions and 50 external competitions. Of note, nursing recruitment, particularly recruitment of Critical Care Staff Nurses, posed a significant challenge due to the increased levels of nursing vacancies in the hospital and the availability of external nursing candidates. Our success in recruitment overall resulted in close to 500 external hires being appointed during this period. Nursing recruitment and sourcing of appropriately skilled and experienced candidates continues to be a challenge and a new initiative to set up a Nursing Recruitment Team with the directorate to work closely with Directorate Assistant Directors of Nursing will be implemented in 2015.

### Public Service Management (Sick Leave) Regulations 2014

March 2014 saw the introduction of the Public Service Management (Sick Leave) Regulations 2014 (HSE Circular 05/2014 refers). This new single scheme set out revised arrangements for sick leave in the Health Sector and included reduced time limits for paid sick leave, a new Critical Illness Protocol (CIP) to allow extended paid sick leave limits in cases of serious and critical illness or injury and it also re-defined the former payment at Pension Rate of Pay as Temporary Rehabilitation Remuneration (TRR).

The complexities of the scheme required an extensive manual input to ensure all systems configurations, processes and controls were implemented correctly. On an on-going basis, each individual application for extended sick leave payments under the scheme will require initial assessment by the HR team and co-operation from the various other areas involved, i.e. Occupational Health, Superannuation etc. in determining options and payments.

### Annual Certification of Registration under CORU

CORU is Ireland's multi-profession health regulator set up under the Health and Social Care Professionals Act 2005 (as amended). It is made up of separate Registration Boards for all professions named in the



act. Registers are currently opening on a phased basis and HR, in conjunction with the relevant Heads of Department are responsible for advising employees on the procedures necessary for registration, monitoring compliance and maintaining validated details on the Sap system.

### Equality/Cultural Diversity

A Dignity at Work module featured as part of the Leadership and Management course content. In-house Dignity at Work presentations were delivered to a variety of employee groups and departments. A new Cultural Diversity Awareness eLearning module was posted to the SJH Learning Hub during 2014. The HSE's Access Officer training programme was attended.

Under Part 5 of the Disability Act 2005 the hospital reported to the Department of Health monitoring committee a rate of 6.5% of employees with a disability for 2014 which is higher than the 3% target set for public bodies. The report also highlighted the measures the hospital takes to promote and support the employment of people with disabilities.

### Employee Relations

Industrial relations were constructive and productive during 2014 in the climate of continuing economic challenges. In line with the Haddington Road Agreement, the Hospital worked in partnership with the trade unions to achieve efficiencies, in particular, the reorganisation of the directorate structure and the implementation of the electronic pay system (e-pay).

Due to the continued efforts of staff, managers, Occupational Health, HR and partnership working with the trade unions, the Hospital Target of 3.5% sickness absence target was achieved.

### Workforce Information Unit

Following the successful implementation of the SAP HR & Payroll system in Our Lady's Children's Hospital, Crumlin (OLCHC) and Our Lady's Hospice (OLH) in previous years, the unit continued to provide system support in 2014 for these partner sites. This ensured similar business processes were implemented which

in turn resulted in more efficient and aligned work practices. The unit continues to support approximately 450 users and 8,000 members of staff across all sites. This places SJH in a prime and unique position in the future to expand that support and service across other sites in the Hospital group should they wish to implement the same systems.

In addition to the delivery of the necessary and complex changes that emerged from the Haddington Road Agreement (HRA) in 2013, the unit successfully managed and implemented further changes that later emerged. These changes related to the standardisation of employees Terms and Conditions of Employment across the Public Sector. Internally, the reconfiguration of Travel payments and expenses was also delivered successfully in 2014 which resulted in more efficient and streamlined processes.

The Hospital Directorate restructuring that commenced in 2014 also posed many system and technical difficulties. In conjunction and in agreement with the Finance Department and the relevant Business Managers, the new Organisation & Cost Centre structure was completed successfully and all staff were transferred over to the new structure.

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.

### Communications

In September 2014 the Communications function for the hospital formally transferred to the Human Resources Directorate. A significant body of preparatory work was undertaken in progressing initiatives which were driven by the findings of the employee survey with much of the focus centred upon consolidating communication programmes internally and externally at a time of significant organisational change for the hospital, most notably

the restructuring of the Clinical and Corporate Directorates and implementation of the Hospital Decant Strategy in anticipation of planning approval of the New Children's Hospital.

Much work will be required from 2015/2016 in building a robust communications network within the hospital and developing a comprehensive communications strategy.

## Centre for Learning and Development (CLD)

During 2014, the Centre for Learning and Development continued to work strategically in partnership with all our stakeholders in meeting the diverse learning and development needs of staff, by providing a broad prospectus / programme of high quality blended learning and development opportunities to include mandatory training, clinical based programmes and general staff development programmes.

In supporting patient and service needs, a number of these programmes were also open to Health Service Provider staff within SJH Regional and local Catchment areas.

CLD also continued to provide accredited 3rd level programmes in partnership with awarding bodies and third level institutions such as FETAC (now known as Quality Qualifications Ireland (QQI)) and the School of Nursing and Midwifery, Trinity College Dublin).

Overall, educational and training activity has increased substantially year on year since 2007 to include throughput of staff in the centre and engagement in eLearning and has evolved based on annual needs analysis processes and overall patient and service need. Facilitating and supporting staff education and training is critical in the development and maintenance of continuing professional competence of staff at all levels within the organisation, and is essential in supporting the delivery of a quality patient care and services.

The Head of Learning & Development and CLD staff continued to provide expertise and guidance to a number of local, regional and national projects / initiatives during 2014.

*A wide range of education/training programmes were provided /co-ordinated through the Centre in 2014 as outlined in Figure 2.*

## eLearning Activity

*"By 2015, effective online learning and learning technology platforms will underpin and support the learning and development of all staff at St James's Hospital and assist the wider organisation and partners to deliver the highest quality education and training required to deliver the highest quality healthcare."*

- Vision Statement, St. James's Hospital eLearning Strategy 2012-2015

In recognising the changing environment in which we operate and the challenges associated with facilitating staff to attend various education / training events, CLD is continuously fostering innovation in the provision of learning opportunities and teaching methods – e.g. eLearning blended with traditional teaching methods (blended learning). SJH Learning Hub was launched through the Centre in 2010 and is undergoing on-going development as part of our vision and overall strategy in adapting our education and training programmes to the learner's needs.

A number of e Learning programmes and related projects were led through CLD in 2014; some of which were developed in partnership with hospital colleagues.

A position paper and Business case was developed in relation to the identification of a new Learning Management System to support not alone e learning but other HRM/L&D initiatives such competency development and succession planning.

## Funding for Further Education / Staff Development

Based on a central Education/Training budget held in CLD, a number of staff education, training and development programmes were processed for funding /partial funding re-imburement during 2014 to include:

- Third level Course Funding (to include Nursing Post Graduate Specialist Courses)
- Short staff development / competency programmes, seminars, conferences
- Mandatory Training specific to certain Departments / Staff e.g. Safe Pass, Picker Training, Food Safety etc.

Access to education and funding is based on a fair and consistent approach with priority given to education, training and development which is strongly work related and brings clear benefits to

## Training

Programme	No. of Programmes	Attendees
Corporate Induction	27	365
Induction Programme for Volunteers	1	8
Mandatory Training (Manual Handling, Non Violence Crisis Intervention, Basic Life Support, Advanced Cardiac Life Support, First Aid:	578	4,134
Nursing (including Post Grad Specialist Courses with TCD) / HCA / Allied Health Patient Care Courses	92	1,261
General (non-clinical) Staff Development Programmes	20	537
Information Technology (IT) and SAP / HR Training	29	187

## 2014 eLearning Activity – SJH Learning Hub / HSEland

Course	No. of Staff Completions
In the Line of Fire - Fire Safety Training	1,512
Violence and Aggression at Work	797
Safer Manual Handling Theory (blended programme)	742
Dignity At Work	399
Hand Hygiene for non-clinical staff	689
Hand Hygiene for Clinical Staff	1,323
Point of Care Testing	247
SJH Medication Administration Safety (blended programme)	421
Epidural Analgesia (Theory)	148
Insulin Administration for Nursing Staff	204
Insulin Prescribing for Junior Medical Staff	56
Medication Safety	324
<b>Total</b>	<b>6,862</b>

enhancing the quality of the service and patient care.

## Conclusion

As the Centre for Learning and Development is an evolving structure on-going development will continue be a feature of its role and function in 2015 and beyond. CLD will continue to look at more creative ways of delivering learning e.g. building on our current eLearning platform and supporting education /training at local level. We believe that any organisation's greatest asset is its people and the CLD Team in partnership with hospital colleagues will continue to play an active role in developing St James's Hospital staff to ensure excellence in the delivery of patient care and services. The provision of programmes that respond to the needs of the organisation is fundamental to CLD's mission, values and beliefs, which is also dependent on the existence of a close working relationship between the CLD Team and all directorates / departments. To this end feedback is most welcome on all aspects of our service and programme of courses for the current year – see link below to the 2015 Prospectus outlining the programmes which will co-ordinated or facilitated through CLD in 2015.

Download the 2015 Prospectus - <http://www.stjames.ie/Departments/DepartmentsA-Z/C/CentreforLearningDevelopment/DepartmentinDepth/SJH%20Prospectus2015.pdf>





# Nursing Services

The Nursing and Health Care Assistant (HCA) staff continued to demonstrate their commitment and professionalism in the delivery of patient centred care throughout the year.

During 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 below.

## Recruitment and Skill Mix

<b>Approved WTE at 31st December, 2014</b>	1342 WTE
<b>Annual turnover</b>	5.9%
<b>Hires and rehires</b>	127
<b>Leavers</b>	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. 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.

Throughout the year, on-going recruitment campaigns were conducted for both specialist and general clinical areas. Advertisements were placed in the national newspapers and also via the hospitals Facebook and Twitter accounts.

In 2013, the HSE announced two initiatives to reduce the requirement for agency and overtime and focussed on Internship recruitment. The following outlines the levels of success associated with both initiatives:

1. Graduate Nurse Recruitment: the HSE approved the recruitment of 70 WTE graduate nurses for St James's Hospital in 2013. There was a most disappointing level of success noted with this scheme as many new graduates did not return to work at St James's following receipt of their nursing qualification. In 2014, hospital management agreed to recruit graduates into fully funded positions and permanent contracts were also processed for all successful candidates at the earliest opportunity. The success of this campaign has been of significant benefit to the hospital.
2. HCA Internship Recruitment Scheme: The hospital received approval for 120 HCA Interns in 2013 and recruitment to these positions continued throughout 2014 with a significant level of success. Consequent reductions in agency spend has been achieved.



**Paul Gallagher**  
*Director of Nursing*

	Falls	Pressure Ulcers	PVC Care	Nursing Documentation	EWSS	Nutrition
Phase 7, January	82%	79%	84%	77%	76%	NA
Phase 8, April	82%	79%	79%	76%	78%	NA
Phase 9, July	80%	80%	87%	77%	76%	70%
Phase 10, October	84%	87%	87%	81%	80%	77%
Overall Improvement	+2%	+8%	+3%	+4%	+4%	+7%

## Nursing Metrics

The Nursing Metrics audit process continued to take place quarterly. A random sample of 5 patients in each of the 33 in-patient areas were measured giving a total sample of 165 episodes of care per quarter. The following phases took place in 2014:

- Phase 7: January (6 indicators)
- Phase 8: April (6 indicators)
- Phase 9: July (addition of the Nutrition indicator)
- Phase 10: October (7 indicators)

Overall results showed improvements in all indicators and are outlined in the table above.

Results for all indicators are collated and disseminated to all 33 in-patient wards. Action plans and educational supports are put in place when clinical areas are non-compliant with the required standards.

Feedback from the 'Patient Experience' is also given directly to all individual ward areas and this qualitative data is obtained directly from patients in relation to their experience of the nursing care in the clinical environment. The results have been overwhelmingly positive and some areas for improvement have been addressed by ward managers. These results have also been presented to the Patient Advocacy Committee.

The Nursing Quality Co-ordinator has been actively progressing the Nursing Metrics programme in compliance with national guidelines and the National Standards for Safer Better Healthcare.

## End of Life Care (EOLC)

Continuous improvements in the care of patients at the end of life is a key objective within St. James's. In 2014 a designated End of Life Care Co-ordinator position was reintroduced, who, with the EOLC Standing Committee, continued to proactively implement and monitor quality improvements for

the care of patients and their families. Key outcomes in 2014 included the introduction of specific clinical policies and patient centered care plans for EOLC, designated education and supports for staff and improvements in the physical care environment including refurbishment within the hospital's mortuary. Developments are aligned with national strategy through participation in programmes such as the Hospice Friendly Acute Hospitals Network and National Clinical Care Programme for Palliative Care.

## Early Warning Scoring System (EWSS)

This initiative was successfully 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.

## Irish Maternity Early Warning System

Following the recommendations identified in the Patient Safety Investigation Report into Services at University Hospital Galway, conducted by HIQA, all acute hospitals were required to introduce the Irish Maternity Early Warning System (I-MEWS). The I-MEWS must be used for all pregnant patients or those who have given birth within the previous 42 days. The hospitals EWSS Steering Committee identified a framework to introduce this system to a number of key clinical areas and this was progressed during Q4, 2014.

## Protected Mealtimes

A baseline observational audit conducted in November, 2013, indicated that of 184 patients, 52% were interrupted while eating lunch with up to 6 interruptions recorded for one patient. One in every three patients are malnourished or are at malnutrition risk on admission to hospital and

nutritional status frequently deteriorates during periods of hospitalisation. A pilot project commenced in two clinical areas and this initiative was conducted in partnership with the Clinical Nutrition team and ward staff. The success of the pilot was clearly demonstrated and this project was introduced in a number of clinical areas.

### **Clinical Directorate restructuring and ward reconfiguration**

1. The Director of Nursing worked with the Assistant Directors of Nursing (ADON) in preparation for the introduction of the newly established Surgical/Anaesthesia and Medical Directorates. Significant discussion was progressed to ensure that the group of ADON staff were placed appropriately within the new directorate structure. I would like to take this opportunity to acknowledge the shared partnership that has been adopted by my ADON colleagues and the Clinical Director's in relation to this new governance arrangement.
2. In preparation for the opening of Hollybrook Unit (Inchicore) and the re-designation of beds in four ward areas, nursing management actively engaged with ward teams to establish and negotiate the transfer and movement of staff to support care. This new facility was successfully opened in February.

### **International Nursing Summer and Winter School**

The hospital has worked in partnership with the School of Nursing and Midwifery, Trinity College Dublin (TCD), in support of the establishment of an International Nursing Summer and Winter School. The hospital has hosted clinical placements for undergraduate and post graduate nursing students from the USA and to date this initiative has been most successful.

### **Community Oncology Nursing Education Programme**

The hospital supported the introduction of a Community Oncology Nursing Education Programme and this was introduced in partnership with the National Cancer Control Programme, the HSE (Nursing and Midwifery Services Directorate), Public Health and Community Nursing partners. The purpose of this programme is to support the implementation of the cancer nursing strategy and this will enable earlier discharge of oncology patients to the community.

### **Nursing Grants awarded**

Throughout 2014, grants to the value of €219,420 have been awarded to the hospital to support nursing quality projects and nursing research. The provision of funding from external sources is an essential requirement in the context of enhancing patient care and research outcomes.

### **Nursing Practice Development Unit (NPDU)**

The NPDU continues to drive quality improvements to both the undergraduate BSc Degree Programme and Nursing Practice in St James's. More specifically, for the purpose of this report, the units contribution to care during 2014 focused on the following:

#### **Education and training has been coordinated by the NPDU for the following projects:**

End of Life Care, Radiological Inserted Gastrostomy Tubes, Bowel Management Systems, the Nursing Management Programme for Central Venous Access Devices, Nursing Documentation and the European Pressure Ulcer Grading System.

#### **Nursing Research**

The Nursing Research Access Committee continued to meet throughout 2014. Nineteen nursing colleagues were granted access approval to conduct research at St James's Hospital. In addition, the 8th Annual Multidisciplinary Audit, Quality Improvement & Research Seminar took place in May, 2014. There were over 70 attendees and all healthcare disciplines were represented.

#### **Undergraduate Education – BSc Undergraduate Degree**

A total of 73 new nursing students commenced their 4 year undergraduate degree programme in 2014. As with proceeding years, the NPDU team continued to work with the Nursing and Midwifery Board and TCD to maintain and uphold the standards of an effective clinical learning environment.

#### **Transition Year Pilot Programme**

In December 2014, ten secondary school transition year students undertook a very successful structured week long programme coordinated by the NPDU and was done so to introduce them to nursing in an acute hospital. It is intended to repeat this programme in May, 2015.



# Internal Audit Department

The Internal Audit Department is an independent function that assesses and evaluates the systems of control that operate within the hospital. The Head of the Internal Audit Department is purposely not a member of the management team. This ensures objective analysis without any possible conflict of interest that may otherwise arise.

The Head of Internal Audit reports to the Chairperson of the Audit and Risk Committee, a subcommittee of the Hospital Board on all operational matters. This ensures independence and direct access to the Hospital Chairman and Board if necessary. The Head of Internal Audit reports to the CEO on all functional matters e.g. leave, budget etc.

The Internal Audit Function, in conjunction with the Audit and Risk Committee, the Hospital Board Chairman, the CEO and senior hospital management devise the Internal Audit Programme or Plan on an annual basis. Reports, comments and observations from both the C&AG and the HSE are also taken into consideration in the development of this programme.

The following audits were reported to the Audit and Risk Committee by the SJH Internal Audit Department in 2014:

- Financial Budgeting
- Board Governance
- Hospital Metrics
- Blood and Blood Products
- 2013 End of Year Stocktake
- Hospital Security
- Fire safety
- General Warehouse
- Follow up audits

From time to time external firms with specific expertise are engaged to carry out certain audit work. This has not happened in 2014 but is included in the 2015 Internal Audit Programme

As outlined in last year's report the importance of risk and risk analysis is an ever increasing factor in the activity of the internal audit function. Risk is everybody's responsibility and where possible the Internal Audit Department tries to promote risk consciousness in all staff. In addition to this the Head of the Internal Audit Department is a member of the Corporate Risk Management committee. This allows for greater access to senior management in an efficient and effective manner as well as advising them on matters related to risk management.



Cathal Blake  
*Head of Internal Audit*



# Informatix Directorate

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

These areas involved include:

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

## Information & Management Services (IMS) Department

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 2014. The implementation of electronic integrated systems and functionality is a key element in achieving efficient and effective services. Specific developments include:

### Patient Administration System (PAS)

Continued additional functionality was added to various modules to support patient processes and allow for increased visibility of the various steps. Work was also completed to assist in reporting requirements for local and national levels.

### Electronic Patient Record

The hospital continued to expand the functionality of the existing EPR including additional electronic orders and referrals managed by the system. A project to bring all of the documentation for the majority of our Allied Health Professionals into the EPR was commenced. This includes patient documentation for areas such as Physiotherapy, Speech & Language Therapy, Clinical Nutrition, Occupational Therapy and Social Work. This work is planned for completion in 2015.

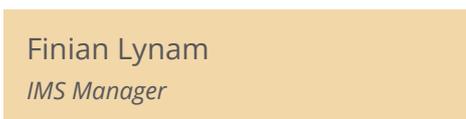
Another project that was initiated in 2014 was around the direct digital acquisition of all nursing and clinical documentation into the EPR. It is hoped that significant progress in this area will be made in 2015.

### Laboratory

The hospital still awaits conclusion of the national tender for a replacement of the Laboratory Information System. It is hoped that this process will be concluded in 2015 and the hospital is identified as one of the first to have the new system implemented.

### Imaging

The hospital obtained approval to implement the National Integrated Medical Imaging System (NIMIS) into St. James's



hospital. This developed, which is planned for go-live in Q2 (2015), will provide a more stable long-term solution to the hospital's digital radiology service and will allow greater connectivity and more rapid patient consults with other hospitals throughout Ireland.

## ICT Infrastructure 2013

### Network

The IMS Network team continued to enhance and manage the hospital's extensive integrated network infrastructure, which now includes Voice, Data; CCTV, Intercoms and Analogue Cabling serving over 3,000 end-users. The hospital's decant project commenced which involved the network team assessing the new areas and providing connectivity. Outlying areas that came on stream in 2014 included Hollybrook and Brookfield.

### Server Management

IMS has continued to expand on the Citrix server infrastructure. An extra pair of VMWare hosts has been added bringing the total to 8 which support 130 Windows Servers. Continued progress has been made upgrading our legacy Windows 2003 environment to Windows 2012.

There has been additional investment in the Hospital backup technology to improve the efficiency and security of the Hospital information with the introduction of the HP StoreOnce4700 System. The 3Par storage array network (SAN) purchased in 2014 provides a scalable, high performance and resilient Hospital data storage solution for the next few years.

### Email

In 2014 unsolicited email was managed very successfully by our Ironport security infrastructure. Over 19 million emails were received with just 2.3m of these being valid. A total of 1.4m emails were sent from St James's (see Figure 3.1).

### Security

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 2014 we had an increase in calls to the helpdesk on the previous year. The MS Office 2010 upgrade which commenced in 2014 accounts for some of the increased calls. Figure 3.2 is a detailed breakdown of the calls logged.

Figure 3.1 Email

	Incoming Threat	Incoming Clean	Total Incoming
<b>2014 Yearly Totals</b>	17,331,966	2,301,640	19,633,606

Figure 3.2 Calls

Call Category	2013	2014
Account Management	6180	6248
Hardware	5146	5360
PC Applications	4784	4401
E-Services	2812	2878
Telephone	1023	1041
Installs	872	998
Network	313	304
Statistics	383	300
<b>Grand Total</b>	<b>21,513</b>	<b>21,530</b>

Figure 3.4a

Out of Target		
	2013	2014
All	2567	2227
Critical	2	1
High	38	49
Low	110	153
Normal	2189	1851
2 Weeks	228	173

Figure 3.4b

In Target		
	2013	2014
All	18946	19303
Critical	8	5
High	42	90
Low	1333	1436
Normal	14934	15340
2 Weeks	2636	2432

# STJAMES.IE

562,759 individual visitors to the site – an average of 1,542 per day a 19.75% increase in visitors since 2013. 58.5% of the overall total were new visitors.

Total number of pages viewed 1,647,256 – an average of 4,513 per day.

The Top 10 Pages viewed throughout the year were as follows:

- Hand Hygiene Video
- Careers – Career Opportunities
- Contact Us
- Maps & Directions
- Getting Here
- Visiting Hours
- GP Blood Testing
- Hospital Appointments
- DubDoc
- Diagnostic Imaging Department

## Website Management

The Hospital's Website continues to provide up to date information for its key audiences focusing on Patients, Visitors, GP's/Healthcare Professionals and other major stakeholders. The usage of the website for 2014:

The Hospital's intranet continues to be a key source of up-to-date information and communication portal for staff with a new redesigned website going live in February 2014. In total there were 14,214,612 page views - an average of 38,944 per day, an increase of over 17% on 2013.

The interactive element of the site also continues to grow with 245,309 online submissions (with over half of them drug orders) completed during the year a 36% increase on 2013.

## Management Information Services (MIS)

### Data-Warehouse Reporting

Throughout 2014 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-Compstat; 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 environment was completely rebuilt in the second half of 2014 and a full unified real time business information solution implemented. Client dashboards and report modules were deployed over an integrated web based platform. These provide a real-time view of operational KPI's and associated information. This suite of dashboards will be continuously added to over 2015 and beyond as existing and new business information becomes available.

### 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 the existing interfaces were rebuilt through 2014, with the rest been completed Q1 of 2015. This is in line with the redevelopment of the data warehouse infrastructure, as 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



**Anthony Edwards**  
*Snr. Clinical Photographer*

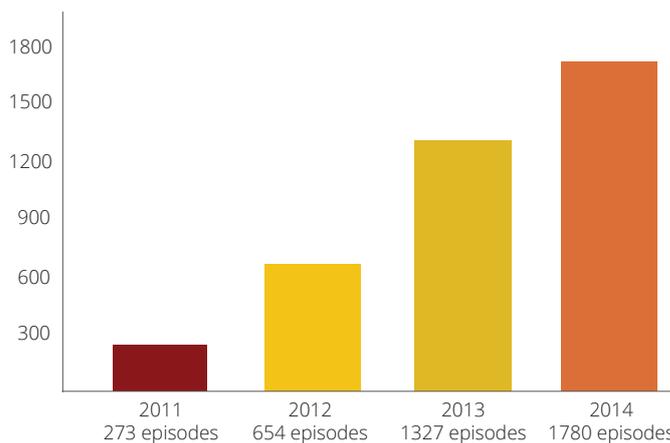
2014 continued the trend of recent years with an increased demand for clinical photography. It was the busiest year on record with requests for photography increasing by 34% when compared with 2013. There were 1783 photography episodes resulting in 20,000 clinical images being archived. This compares with 1327 episodes in 2013 and 654 in 2012.

Wound management (40%) remains the most common reason for clinical photography with 717 episodes in 2014, up from 563 in 2013. MaxFax 17%, Plastics 16%, Burns unit 8%, Laser unit 7% and Dermatology 6% were the other principle users of the service. Plastics, up 137% and MaxFax, up 75% represented the biggest increase of any of the specialties from 2013.

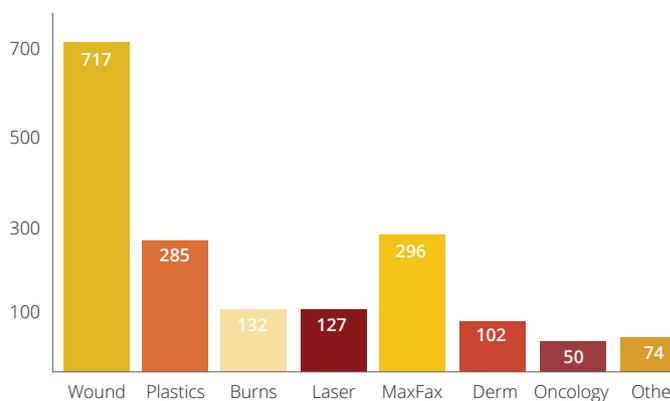
### Service Developments

In late 2014 clinical photography together with plastics surgery undertook a pilot study to demonstrate the effectiveness of clinical photography for triage of patients referred with suspected skin cancers. It is thought that high quality images combined with the GP referral letter could help identify more easily patients who require an urgent appointment as well as those requiring routine or no appointment. If proved to be an effective method of reviewing patients this will help reduce the waiting lists while improving the chances of early treatment for identified cancers. The study is on-going but early indications are positive.

### Clinical Photography Activity 2011 - 2014



### Photography Episodes by Specialty 2014



# Department of Medical Physics and Bioengineering

The Department of Medical Physics and Bioengineering (MPBE) supports the application of technology in the provision of care at St. James's Hospital. 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.

## Introduction

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.

## MPBE Services and Activities 2014

- MPBE currently supports over 4,300 assets with a capital value of approximately €54m and an annual support costs of almost €3m.
- MPBE responded to over 6,500 medical equipment management events in 2014.
- MPBE provided technical and scientific support in the delivery of over 25,000 endoscopy procedures.
- MPBE worked in conjunction with the RCPI to map endoscopy data into a national quality database for endoscopy.
- MPBE provided Radiation Protection Advisory (RPA) services to 24 (external HSE Hospitals and 120 dental practices through its External Services group.
- MPBE commissioned 11 hospital based radiology systems and 15 dental practice based systems including a CBCT system in other HSE hospitals and dental clinics, and acted as Radiation Protection Advisors in each of these projects.
- The Department acted as advisors to HSE Procurement in relation to purchasing electromedical equipment.
- MPBE carried out evaluations of novel techniques and technology including several new model endoscopes, a dual wavelength laser and laparoscopic ultrasound for minimally invasive partial nephrectomies.
- MPBE contributed to the redevelopment of the endovascular imaging suite.
- MPBE contributed to the refurbishment and commissioning of the ENT decontamination area, which included the installation of two pass-through AERs and a standalone RO unit.
- MPBE contributed to the procurement, installation, commissioning and on-going support of a Gas Plasma Steriliser to sterilise devices not capable of withstanding traditional steam methods.
- As part of the National Endoscope Replacement programme, MPBE commissioned a total of 47 flexible endoscopes, 2 endoscopic camera systems and a scope guide training system.
- MPBE was involved in the replacement of the GI function Lab equipment which saw the introduction of high resolution GI manometry to SJH



**Dr Geraldine O'Reilly**  
*Head of Department (Interim)*



**John O'Meara**  
*Chief Technologist*

- 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.

### MPBE support for MedEI/MISA

MPBE provides support to MedEI in the application and science of technology used in the care of older people. With construction of the Mercer's Institute for Successful Ageing (MISA) facility commencing, MPBE continued to build capacity and expertise to support MISA develop as the national centre of excellence in the care of older people. Year highlights included:

- MPBE allocated a dedicated Senior Physicist/ Engineer position to consolidate and co-ordinate MPBE input to the MISA facility.
- MPBE provided on-going technical support to the LAMP (Local Asset Mapping Project) at Mercer's Institute for Research on Ageing (MIRA), with an additional 2000 local 'assets' being added to the existing database. The LAMP project is working to identify all existing services in the local community, with a view to leveraging these services in support of health and wellness.
- Development of eye tremor measurement technology continued at MIRA under an SFI Technology and Innovation and Development (TIDA) award. The group won additional funding to support visits to Silicon Valley to promote the technology in a competition sponsored by the Irish Technology Leadership Group (ITLG) for the best TIDA 'commercialisation pitch' as judged by a panel of technology and investment experts.
- An app for assessing frailty in the community was built by MPBE, implementing an algorithm developed by clinical staff. MPBE with Clinical Photography won an SJH Foundation small grant sponsored by the Digital Hub to develop an SJH navigation app. A second Foundation small grant award was made to MPBE to improve the design of a bed/chair occupancy sensor used to reduce fall risk.
- Work on the correlation between nonlinear features of gait patterns and falls history in older adult continued, including a presentation to the International Society for Posture and Gait Research (ISPGR).
- MPBE staff worked with Memory Clinic staff to develop a specification for an electronic referral system to replace the currently used paper based system.
- Dr. Ciaran Finucane in MPBE received an Royal Irish Academy Mobility Award to allow him undertake a placement in the Schlegel Research Institute for Ageing in Waterloo, Canada, building on his work on neurocardiovascular instability and autonomic function.
- Novel cerebral perfusion measurement systems were trialled by the group in collaboration with the Falls and Blackout unit.
- There was strong publication output, including a book chapter on design for older people, papers associated with MPBE staff contributions to TILDA and publications on eye tremor and frailty.

### Departmental Strategic Review

In 2013, MPBE initiated a comprehensive strategic review of the Department to help provide overall direction for the next 5 to 10 years and to determine how best to align MPBE with the longer term operational and strategic objectives of the hospital. The Review drew in input and expertise from across the hospital with structured engagements designed to best facilitate feedback from the Department's users and staff. The review group submitted its findings to the CEO in 2014. Activities to progress the recommendations of the review are on-going.

### Contributions to International and 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 Expert Evaluator on the EU Horizon 2020 Research Programme.
- 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 Electro technical 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.
- As Consultant to the International Atomic Energy Agency.

### **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)
- Delivery of modules in Medical Physics & Imaging to a number of academic institutions including UCD, DIT and TCD.
- Facilitation of a number of work experience placements including

extended placements of third year students from DIT.

- Organisation of a Radiation Protection workshop on 'Evaluating and Explaining Stochastic Effects'.
- 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).

### **Staff Changes**

In December 2014, Fran Hegarty was seconded to work on the Children's Hospital project.

### **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 2014 MPBE staff published 23 peer reviewed papers in scientific journals and presented at a number of international meetings including the Radiology Society of North America. In addition, MPBE staff supported wider R&D activity at SJH by acting as contributing authors in publications with other clinical and scientific personnel.



# Facilities Management Directorate

The Facilities Management (FM) Directorate provides the full range of non-clinical services in an integrated manner that both enhance the patients experience and support the hospital clinical staff in treating our patients.

The FM Directorate 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 and Car Parking
- Logistics
- Fire Safety Services
- Medical Records Management
- Health and Safety
- TSD/FM Engineering
- Support Services Contracts

## Key Strategic Developments 2014

1. The Hospital commenced development of an off-site dedicated Medical Records Centre. This initiative will overhaul the management of paper charts through the utilisation of a purpose built facility supported by a bespoke IT platform. The solution will ensure full track and trace of all medical documentation and deliver significant process efficiencies for the hospital which are scalable to the wider healthcare landscape.
2. The FM Directorate continued to develop in 2014 as part of the organisational restructure and progressed a number of quality initiatives in multiple disciplines.
3. The hospital continued to lead at national level for the adoption of GS1 Global standers. Significant progress was made in the area of E Commerce resulting in securing a number of National and international awards.
4. The FM Directorate provided strategic support to the development of Capital Investment and Decant plans to enable the development of the National Children's Hospital.



Vincent Callan  
*Director of Facilities Management*



Aidan Turley  
*Business Manager*



Alan Buckley  
*Security Manager*

## Patient Hygiene Services

Patient Hygiene services went through significant change and growth in 2014. There were 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 and off site relocation.

As in previous years the focus in 2014 centred on identifying and implementing quality improvement initiatives, ensuring efficient use of resources and compliance with specified quality parameters.

All patient hygiene services were subject to on-going review in 2014 and progress was further affected in terms of staff mobility and the implementation of quality initiatives. Internal dangerous goods safety assessments were implemented and are performed on a monthly basis

The Hygiene Services Operational Group continued to meet monthly and ensured the hospital had appropriate governance arrangements in place and the on-going development of Quality improvement plans. In addition, the group monitored all hygiene audit programmes to ensure corrective action was taken in areas of non-compliance.

The Health Care Associated Infection (Environment) Steering Committee is also in place. This group governs and is responsible for driving and overseeing the Hospital's Healthcare Associated Infections (HCAI) programme by ensuring that high standards of Hygiene and Infection Prevention & Control are met, maintained, evaluated and continuously improved.

Hygiene assessment processes also continued in 2014. Performance indicators (based on average monthly scores from local assessments) for 2014 were as follows:

The 'Self-Assessment Tool' as introduced in 2011 was further enhanced in 2014 and is subject to a current review where further enhancements and improvements will be effected. Ward assessments are carried out by the quality assurance officer on a monthly basis and all areas are assessed. In conjunction to this we also carry out unannounced

inspections on a weekly basis these comprise of 16 elements, in addition the scoring is reflective of a 'traffic light system' i.e. GREEN ≥86%, AMBER 70 – 85%, RED ≤69%.

In addition to self, assessment, 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 2014 mirrored 2013.

### Environmental Services

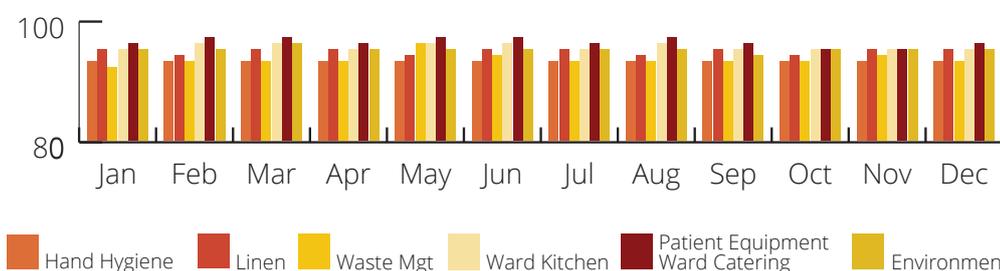
The Environmental Department ensures the safe removal of all hospital waste in accordance with national guidelines and legislation. Waste segregation continued to be a key focus in 2014, recycling rates improved by 20% in comparison with 2013. Risk Waste Audits' continued in 2014, the results serve to support the development and improvement of segregation of the various waste streams. The department continued to work closely with the hospital's authorised service providers to keep up to date with best practice and latest innovations.

### Concourse

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 coupled with exceptional customer services skills from the reception team; it also provides commercial and catering facilities for patients, visitors and staff in an appropriate relaxed setting.

The reception desk on the Main Concourse is the initial interface for patients, visitors and staff entering the main hospital, the reception team aspires to

### Hygiene Self-Assessment Scores 2014



## Recycling Rates 2014

	Totals	% for 2014
Cardboard	117.34	7
Compost	198.56	11
Recovery	697.63	40
Mixed Recyclable	74.60	4
Paper	8.24	1
WEEE	6.17	0.7
Mixed Waste	15.5	1
C&D	1.12	0.1
Glass	1.23	0.1
Batteries	1.23	0.1
Shredding	107.49	6
Non risk Landfill	498.71	29
<b>Total</b>	<b>1727.85</b>	-

# 70%

Recycling /  
Recovery Rate  
for 2014



project an image that is efficient and reflective of a professional healthcare facility. The reception desk is manned 24/7 by dedicated reception staff supported by portering services staff.

In 2014 a full review of the Concourse and its Facilities was launched with upgrade works scheduled for the Ground Floor commercial areas for quarter two 2015.

## Chaplaincy Services

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 whose members belong to the main Christian Churches is aware of these concerns and responds at different levels:

- In the administration of the sacraments,
- Through spiritual care and counselling, especially at times of great anxiety and, above all, with the terminally ill.

Much time is spent with families of patients, supporting those shattered by the experience of terminal illness in those closest to them and in consoling the bereaved.

The Chaplaincy Department continues to provide a twenty-four hour service to the hospital. The Chaplains office is situated in the concourse. 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 the past year the chaplains attended over 950 deaths and made 175 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.



## Catering Department

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 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 is 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 department's 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.

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 significant benefits of this initiative to the Patients experience and recovery will result in further roll out.

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.

## Portering Services Department

Portering Services continued to provide services to all clinical areas throughout the hospital campus on a 24 hour 7 day basis. Its functions included patient transfer both internal and external across the campus, the collection and delivery of specimens, blood and blood products from and to the central pathology laboratories and the collection and delivery of pharmacy items to on site and off site facilities.

In 2014 the portering messenger service extended its service to the Hollybrook facility in terms of Medical Charts and Specimen / Blood deliveries and collections between both sites ensuring a fast and efficient response.

## Catering Department

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Over one million patient meals served

---

10,000 daily interactions between catering assistant and patients

---

160,000 staff meals served

---

100% mark achieved on food safety laboratory testing.

## Telecommunications Department

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

The hospital telephone network 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.

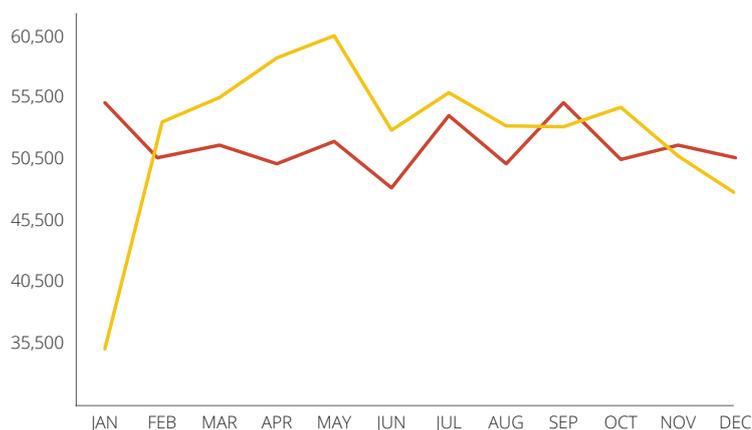
The amendment to the, the Interactive Voice Response, IVR further reduced the number of calls coming through the main switchboard when

compared with 2013, facilitating more efficient access to relevant department.

As well as managing the call switchboard, the telecommunications centre 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 are carried out 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.

### Volume Incoming Calls



## 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 Gardaí Síochána through our dedicated Garda Crime Prevention and Community policing Liaison Gardaí.

2014 saw an addition to the security team in the form of a dedicated Site Security Contract Manager and a Technical Security Supervisor. Both of which, will bring added value to the established security team.

In addition to the contract management changes the in-house security supervisors took on the role of Security Quality Control Officers, their additional role will ensure quality of service across all security disciplines on the campus, while maintaining a valuable link within the security management team.

## 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 2014 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 32,065 product lines to 191 internal customers were fully managed while supplying a logistics service to the Pharmacy Department for the delivery of all products. Stock turn also remained at 26 times a year for 2014.

Operational Activity 2014	
Total Receipt Value Goods & Services	€ 134,734,028.53
Stock Receipt Value	€ 10,357,234.19
Consignment Issue Value	€ 6,175,013.73
Stock Issue Value	€ 16,417,610.34
Stock Product Lines Managed	5112
Stock Vendors	125
Stock P/O's	5811
Stock Orders Processes	27,385

### End of Year Stock Take 2014

The Department is charged with the responsibility of managing non fixed assets for the Hospital and safeguarding such assets, with the exception of Pharmacy and Blood products. The annual stocktake was carried out on 27th November; representatives from the Logistics Department, Finance Department, Internal audit, clinical users and the Comptroller and Auditor General were present.

Inventory Valuation 2014	
Inventory Managed Value	€ 847,838.04
Non Inventory Managed Value	€ 3,156,803.03

### 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 3,082 staff participated in fire safety training in 2014 through either face to face or on the Hospitals eLearning fire course, this equates to 90% of our total staff.

The Hospital has 176 separate fire alarm panels on the designated Hospital fire alarm network and in addition to this, there are approximately 10,000 fire alarm devices and detectors on this network. The Hospitals fire alarm network is one of the largest Advance fire alarm network in Europe and new software has been developed and implemented to verify essential fire alarm maintenance and statutory compliance.

Our role is to assist management to comply with their statutory obligations and ensure appropriate fire safety measures are implemented, and where necessary ensuring fire risks are appropriately addressed. We also advise and assist management in the interpretation and application of the provisions of statutory fire safety legislation.

Another essential role is the co-ordination and direction of staff action in an emergency and to ensure staff emergency preparedness by testing local emergency fire plans during routine fire evacuation drills.

To comply with our obligation with regards to pre fire planning, there was one major combined exercise carried out in the Hospital with Dublin fire Brigade in 2014, the purpose of the exercise 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 has regular meetings 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. The Fire Services Manager must review and sign off all fire related issues on all building projects to ensure compliance with the overall Hospital fire evacuation strategy and to ensure that statutory fire safety issues are complied with.

### FM Engineering (Technical Services Department)

The department's key focus is to ensure hospital building services, plant, equipment, and building fabric remain safe and legislatively compliant for the welfare of patients, public and staff.

The maintenance activity in FM Engineering during 2014 comprised of more than 14,000

helpdesk and more than 400 new work requests. A new Rapid Response Team was formed to ensure non-compliance highlighted during routine ward assessments were addressed in a timely manner. In addition, the aim of the RRT is to reduce reactive maintenance calls via maintenance helpdesk requests.

The HSE provided additional minor capital funding during 2014, towards the replacement and upgrade of critical services, particularly in the Energy Centre.

FM Engineering undertook and managed several medium to large scale minor capital projects during the year. A sample of the projects undertaken in 2014 are set out below:

- Refurbishment of Boiler Number Five.
- Installation of slam shut valves on feed water system to all boilers.
- Steam Trap survey.
- Services installations and alterations associated with the replacement of Cath Lab No 3.
- Refurbishment of Maxillo Facial facilities.
- Refurbishment of shower rooms in Victor Synge Ward.
- Power Services to Dublin Bike stands outside Outpatients and at the St James's Luas stop.
- Installation of replacement Copper Silver Ionisation unit for Renal Dialysis.
- Completed first phase of a programme to automate the monitoring of 54 UPS units across the campus.

- Equipment and environment improvements as part of a minor capital spend includes,
  - The on-going upgrade and improvement program of the site wide Building Management system.
  - Isolated Power supplies to Keith Shaw ICU.
  - Replacement of nurse call systems to three wards.
  - Shower room and hand hygiene services, upgrade in 50 rooms completed
  - Major roof repairs to key buildings on campus.

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

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

FM Engineering operate a comprehensive Building Management System, which controls and monitors virtually all the heating, chilling, air conditioning and domestic hot water plant on site. It also operates an Energy Monitoring and Targeting System, which interfaces with the Building Management System to provide management information on energy consumption for the various buildings on site. The project to replace and upgrade BMS Outstations and Controllers, thereby securing the reliability of the Building Management System into the future is on-going.





# Capital Projects Office

The Capital Projects office was established in November 2012 to oversee all hospital capital programmes under development, including the Mercer's Institute for Successful Ageing (MISA) and National Paediatric Hospital Decant Programme, (NPHDP).

Following the establishment of the Capital Project Office, (CPO) a structure was put into effect with procurement and appointments of contracted building and project management professional personnel to implement to function of the Capital Project Office, under the directorship of Niall McElwee. The immediate role of the CPO was to prepare and submit a series of business cases to evaluate and seek capital grant funding to enable development programmes commence on the campus.

In tandem with this process, the Minister for Health appointed the NPHDB with a direction to prepare the design brief for the development of the new Children's Hospital on the campus of St. James's Hospital. The CPO was involved in assisting this brief where the interface of the adult hospital site and services would be directly or indirectly affected.

The office was also involved in various NPHDB committees with a view to developing a shared services and combined campus approach for the development of the new children's hospital on the campus to merge services and to make best use of shared economies for major utilities, plant and energy facilities. A joint proposal with the Facilities Management Directorate was submitted through the office of the Chief Executive of the NPHDB and the Health Services Executive, for inclusion as a design principle for the new Children's Hospital.

Throughout the early months of 2014 this process of engagement to agree on the requirements of shared services for each of the elements between the National Paediatric Hospital, (NPH), and the other hospital service providers, absorbed considerable time and resources. The basis and deliverable benefits from this significant information exchange are to be realised in the final design brief to be approved by the Minister for Health and the Children's Hospital Group.

The CPO was also involved in assisting in the procurement and selection of members of the new Children's Hospitals design team. The procurement of design teams for the development of the New Children's Hospital was prepared leading to an international competition which required significant involvement in both preparing and assisting the NPHDB in establishing the background information regarding site services, infrastructure, building surveys and utilities provided to the main St. James's campus.

This preparation brief documentation required the CPO to deploy resources for information gathering and survey investigations of the designated site, including services above and below ground and a schedule of buildings to be vacated for demolition. It was also requested to prepare an overarching Master Plan of the campus to provide comprehensive detail of the site, including the following;

- Site Area Analysis
- Topographical Studies



**Niall McElwee**  
*Director of Capital Projects*

- Site Constraints
- Building types and structural analysis
- Drainage services report, including Drimnagh Sewer surveys
- Plant and Utilities reports of existing capacity and future demands
- Traffic and Mobility Management reports
- Protected structures and Archaeological Study
- Plot density and ratio study of various sites within the campus
- Planning history
- Future development requirements – gross floor area schedules for capital programme
- Civil and Structural desktop report of campus

The Master Plan review also included the updated high level analysis of the existing Outline Development Control Plan, (ODCP), which had formed the basis of capital programme developments on the campus since 2008. The ODCP provided the strategy for the development of a series of major capital development including the National Programme for Radiation Oncology – St Lukes’s Radiation Oncology Therapy Centre (phase 1), the Mercer’s Institute for Successful Ageing, the Co-location of a Private Hospital and a new Facilities & Energy Centre. An Architect, Town planner and Engineer were procured to assist with the compilation of the Master Plan review and this was completed and presented to the Hospital Board. Following approval from the Hospital Board, the Master Plan was used to assist in the information required to brief the new design team of the New Children’s Hospital.

The Capital Project Office throughout 2014 continued to develop strategies for the implementation of the programme of works required to relocate the clinical and administrative services from the designated site for the NPHDB development. This Decant Programme required the facilities and infrastructure to be prepared to allow the timely clearance of the site designated for the new Children’s Hospital.

The Decant Strategy review undertaken in consultation with the office of the Chief Executive offered several opportunities to improve building facilities for the campus, however a number of challenges presented themselves in the context of the organisational change initiatives which were underway at this time, most notably, the newly

established Clinical Directorate structures. The strategic review needed to maintain programme delivery and contain costs while managing the transfer of active acute hospital services from one location to another.

The challenges in this strategy were multiple and required clear structures and agreement by all parties. A Steering Group was formed including representatives from among key corporate and clinical stakeholder groups to inform, and agree upon, the decant approach.

The Decant Strategy was revised and updated several times during this process as the areas of directorate changes were being concluded and the effect of merging directorates allowed grouping of accommodation and stakeholders to the benefit of patient services management, for example shared outpatient services with adjacent similar patient cohorts.

The Strategy was also developed and altered as high cost temporary solutions required modification to provide more efficient use of capital expenditure.

Also during 2014, the NPHDB requested the hospital to provide accelerated options for the decanting of the site which included the provision of temporary modular buildings. A cost analysis was subsequently prepared based on the proposal which identified high risks and the necessary costs that would be incurred in achieving this solution. An alternative proposal was agreed which provided investment into existing building stock in lieu of rental of modular accommodation. This in turn would require the MISA development to be completed for orderly transfer of patients and services from Hospital 2 and 4. The Strategy provided opportunity to upgrade the existing protected structures of Hospitals 2 and 4 to accommodate outpatient services in suitably located premises.

The review of the Decant Strategy by all stakeholders, including the HSE and NPHDB, also allowed the hospital to reconsider whether it was appropriate to develop the Clinical Directorate Building in the proposed site location given the emerging development scheme of the new Children’s Hospital in close proximity to this proposed seven storey building.

It was agreed, following this review, to defer the plan to build the Clinical Directorate Building in its current configuration and location. The hospital would be required to review this development in the context of a future Ambulatory Care Centre. The

accommodation planned to be relocated within the Clinical Directorate Building therefore required to be developed elsewhere on the campus. It was agreed to locate these services and general administrative functions to the refurbished Hospital 2 and 4 buildings.

The Decant Programme continued to be developed with requirement to submit business cases for each project in order for each capital funding to be independently assessed and cost benefit analysed to justify expenditure.

A decant project execution plan was used as the control model for each development project. This agreed structure set out the key principles required as the projects moved through their respective planning, tendering and construction phases.

The business cases included the incorporation of the following developments;

- Veins and Vascular services to be merged into one location – Hospital 2 Middle floor.
- Plastics and Laser treatment and minor theatre and outpatient services to be located together in one building with administrative support facilities – Hospital 2 Ground Floor.
- New private consultants suites with radiology, cardiology, haematology services located in one building – Hospital 2 top floor.
- Physiotherapy (Scope) outpatient services to be located into one building – Hospital 4 ground floor.
- Surgical, Anaesthetic and Critical Care directorate (SACC) and Medical directorate administration offices relocated – Hospital 4 top floor.
- Semi-Acute ward accommodation to be transferred to Hospital 4 middle floor.
- Finance and Human Resources to share the top floor of Hospital 1.
- Medical Physics Bioengineering, Informatics, Pharma Economics to share the middle floor of Hospital 1.

The design teams required for the implementation of the Decant Programme were procured through an open tendering competition following completion of Suitability Assessment Questionnaires. The HSE provided the hospital with a prequalified design team competition framework panel and on this basis a random selection competition was undertaken in conjunction with the HSE. St James's participated in this initiative for the first time leading to four design

team panels being procured using this selection method.

The CPO was also 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 the New Children's Hospital. This required Site Acquisition applications to be submitted to the HSE for approval. Applications were submitted for the following properties;

- Bow Lane, Dublin 8 – Records Storage Facility – Site Acquisition approved to purchase - currently under refurbishment and providing relocation of medical records scanning and archiving services.
- Brandon Terrace, Dublin 8 – Site Acquisition approved to purchase - Future potential for specific Out Patient Facilities, subject to planning permissions.
- Brookfield Clinic, Dublin 8 – Site Acquisition approved to purchase – Former private clinic for transfer and decant of non-acute hospital services.
- Brickfield Warehouse & Office complex, Dublin 12 – Site Acquisition approved for lease only – former warehouse and office complex to be refurbished as logistics hub for St James's Hospital with potential for future children's hospital warehousing management services. Future shared services provision to be determined.

The CPO continued to provide management of the construction and upgrade of all new and renovated facilities on the hospital's campus. Its aim 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. It also 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, comprising key stakeholders, oversee these capital developments to ensure informed decisions are made throughout the course of the design development including:

1. Advising on advances in medical treatment

procedures.

2. Accredited healthcare standards including infection prevention, hygiene to provide optimum patient care environments.
3. Statutory requirements and recommendations.
4. In accordance with public procurement protocols and procedures.

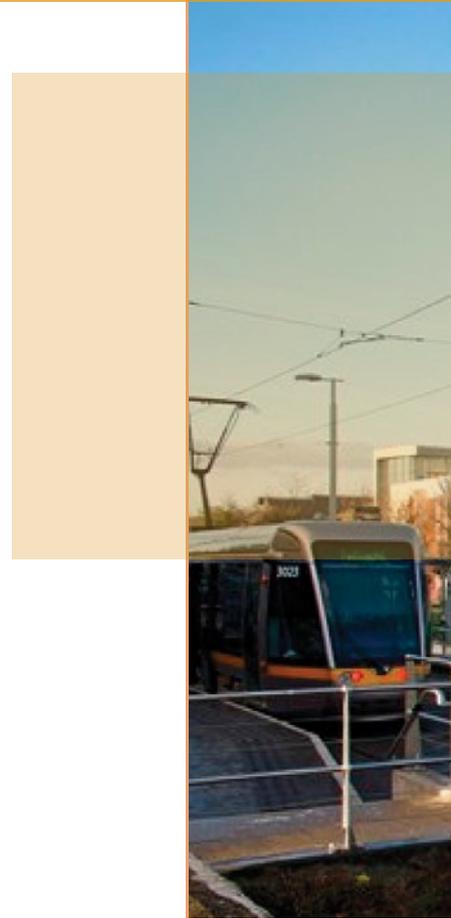
## Developments in 2014

The Mercer Institute for Successful Ageing (MISA) contract was awarded for the completion of a 13,500 sq m. seven storey building. In conjunction with the MedEl Directorate, the CPO continued to manage the progress of the design works and on-site activities to deliver this project in the spring of 2016. MISA will be providing the four main pillars of services within the facilities including Clinical, Research & Technology, Education and Creative Life along with the transfer of 116 beds to this new contemporary designed facility.

Aspergillus prevention works continued in the clinical and in-patient ward areas adjacent to the MISA development. This included the upgrade of air filtration and cooling units into older buildings not designed for these services. The closure of all windows during the building works period was required under the national guidelines for the prevention of Nosocomial Aspergillus in healthcare environments during construction works. The Phase 1G and Phase 1H wards were immediate to the MISA site and had to have all windows closed. This had the potential for negatively impacting patient comfort and staff working conditions. To mitigate this risk, air cooling and filtration units were installed. The GUIDE clinic area was also deemed to have 'at risk' patients and temporary provision of mobile filter units were installed in the outpatient areas. Following a clinical risk assessment, it was agreed to relocate the in-patient ward from Hospital 5 to the Phase 1H ward. The private ward block (Phase 1G) and Phase 1H ward were refurbished and a programme of upgrades to patient showers and ward areas took place.

The Medical Gases upgrade programme continued with replacement of bedside outlets as required and where access could be provided.

The ward en-suite facility upgrade programme continued for improved patient care facilities.





The Fire monitoring system upgrade, replacement and expansion hospital wide continued.

### Future Developments

Future developments include:

- A shared Facilities and Energy Management Centre in conjunction with the development of the new Children's Hospital.
- A new Cancer Institute with Trinity College and the National Cancer Control Programme. This development proposal is to provide an internationally recognised research and treatment centre for Cancer alongside the TCD medical school and St James's Hospital cancers services programme. This development is currently being prepared at brief stage with TCD and St James's working to create a platform for investment and centre for cancer research under one roof on the campus.
- Progression of a Tuberculosis Regional Facility and Laboratory facility in collaboration with the HSE.

The challenges and opportunities which lie ahead in 2015 have been outlined under future developments.

The most significant issue for the campus at present is to assist the NPHDB in securing planning consent for the new New Children's Hospital, while simultaneously preparing the site to be cleared and available for the development. This task is a major undertaking for the hospital and its staff and a potential risk to operations if not managed accordingly. However, the benefits to the campus as a whole need to be collectively reinforced and understood by all stakeholders. The management of the ongoing operational risks to the hospital infrastructure services during these development phases cannot be underestimated and it is essential that commitments from the HSE and NPHDB to protect core hospital business are delivered. I look forward to 2015 to working with my colleagues in the Health Services Executive, the National Paediatric Hospital Development Board, the corporate management team and staff of St James's Hospital to ensure the best interests of the hospital are realised.

I also wish to acknowledge the support and professionalism of each member of the team in the Capital Projects Office and look forward to the challenges and opportunities ahead in 2015.





**CLINICAL DIRECTORATE REPORTS**



# HOPe Directorate

The HOPe Directorate specialities are Haematology, Medical Oncology / Cancer Genetics, Radiation Oncology and Palliative Care. In 2014 Psychological Medicine was incorporated into the HOPe Directorate.

The Haematology department incorporates the National Centre for Adult Bone Marrow Transplantation and the National Centre for Hereditary Coagulation Disorders and the anticoagulation clinic.

## Introduction

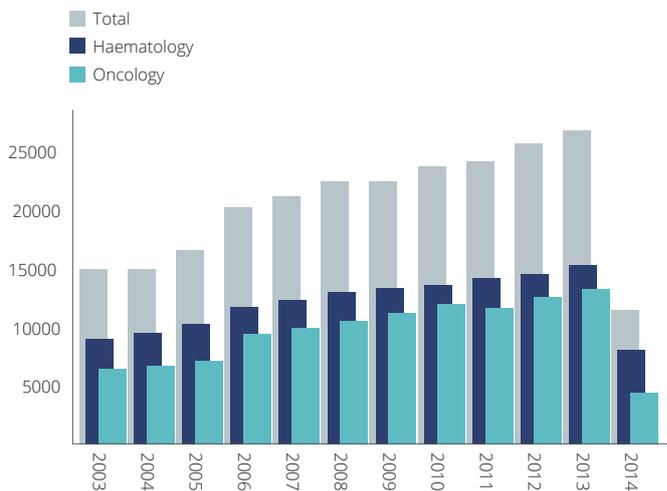
The HOPe Directorate provides integrated care with St. Luke's Radiation Oncology Network and the Cancer Clinical Trials Programme. Within St James's Hospital, Donal Hollywood ward, was opened and named in honour of our late colleague Professor Donal Hollywood, to provide designated inpatient care for patients undergoing haematology, medical oncology and radiation therapy. The HOPe Directorate is supported by the Bone Marrow for Leukaemia Trust, the Irish Cancer Society and Daffodil Centre.

In September 2014 the HOPe Directorate hosted an international group of experts who were performing an external evaluation of the 2006 National Cancer Strategy. The aim was to evaluate the extent to which the recommendations of the Strategy for Cancer Control in Ireland have been implemented and to inform the development of the next Cancer Strategy.

## Service Trends

OPD activity was re-classified in 2014 by IMS; a day care attendance where no treatment is given to the patient is now classified as an OPD review. Therefore day care attendances captured for 2014 reflect the number of patients who received treatment on the Haematology Oncology Day Ward.

### Day Care Attendances



### Inpatient Activity

Inpatient activity decreased during 2014 for both Haematology and Oncology. This is partly due to the fact that patients admitted and discharged from emergency virtual beds are not included in the 2014 figures (see figure 3.2).

### Out Patient Activity

OPD activity was re-classified in 2014 by IMS; a day care attendance where no treatment is given to the patient is now classified as an OPD review.



**Dr Eibhlin Conneally**  
*Clinical Director*



**Jacqueline Robinson**  
*Operations Manager*



**Margaret Codd**  
*Nurse Manager*

Therefore Haematology and Oncology OPD reviews captured for 2014 reflect the number of patients who had an OPD review on the Haematology Oncology Day Ward as well as OPD reviews in OPD suites.

### 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.

### Initiatives / Developments in 2014

- Opening of designated beds in February 2014 Donal Hollywood ward.
- Additional resource secured from NCCP for a combined Cancer Genetics/Medical Oncology Consultant post.
- Development and delivery of Oncology Education Programme for community nurses for the NCCP as part of NCCP's National Strategy for oncology nursing.
- Catherine O'Brien was appointed as lead cancer nurse (CNM III). The purpose of this innovative role is to provide leadership, co-ordination and management of nursing practice development and haematology / oncology nursing education within the HOPE Directorate.

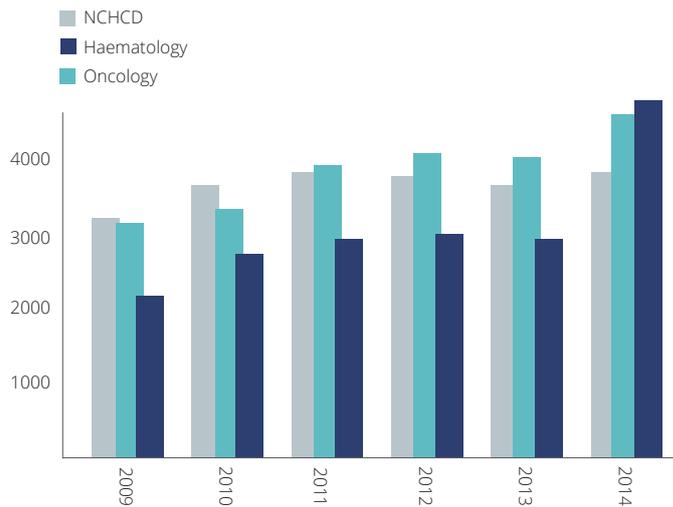
### Multidisciplinary Cancer Team Conferences (MDT)

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.

### Number of Inpatients



### OPD Data



### Number of cases discussed at Oncology MDT Meetings 2010-2014



## Number of cases discussed at MDT meetings 2010 - 2014

	2010	2011	2012	2013	2014
Upper and Lower GI	1059	1167	1109	1271	1203
Urology	623	781	942	1320	1022
Gynae	1136	1158	1256	1275	1343
Breast	1947	2122	1935	2420	2256
Lung	1357	1587	1504	1599	1548
Head and Neck	638	599	689	871	934
Lymphoma	388	387	429	438	453
Skin	1491	1599	369	190	243

### 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. In 2012 there were 823 new treatment initiations (19,303 fractions delivered), in 2013 there were 1,160 new treatment initiations (23,127 fractions delivered) and in 2014 there were 1,450 new treatment initiations (26,322 fractions delivered). Of these, 10% in 2012, 27% in 2013 and 30% in 2014 received VMAT (rotational arc intensity modulated radiotherapy) treatment.

Patients attending St. James's Hospital who require radiotherapy are seen by the Radiation Oncologist in SJH and attend St. Luke's Radiation Oncology Network (either at St James's or St Luke's Hospital) for treatment.

#### Developments in 2014

- Introduction of national stereotactic body radiotherapy in March 2014. This major development has seen the treatment of 2-3 patients per week with early (usually medically inoperable) lung cancer.
- 4D CT scanning of patients with lung tumours continues. This permits greater accuracy when delivering radiotherapy by integrating respiratory

motion in to target volume delineation and treatment delivery.

- Total body irradiation continues and the first patient to require total lymphoid irradiation was recently treated.
- Fusion of radiotherapy treatment planning CT and MR scans (in the treatment position) was introduced for some patients undergoing radiotherapy to their prostate.
- In February 2014 12 inpatient radiation oncology beds were opened on what would become Donal Hollywood ward.

### 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 2014

- Monthly reporting of KPIs to NCCP.

- G2 digital dictation and EPR referral system implemented 2014.
- Additional resource secured from NCCP for a combined Cancer Genetics/Medical Oncology Consultant post and 1 WTE CNS.

## Specialist Palliative Care

Palliative care is specialised medical care 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 provides a consultation service to in-patients and a weekly outpatient service. Around 70% of the caseload constitutes patients with cancer diagnoses.

## Service trend

The demand for palliative care has been increasing year on year and will continue to increase due to the ageing population, increasing life expectancy and increasing evidence that specialist palliative care improves outcomes for patients with malignant and non-malignant diseases.

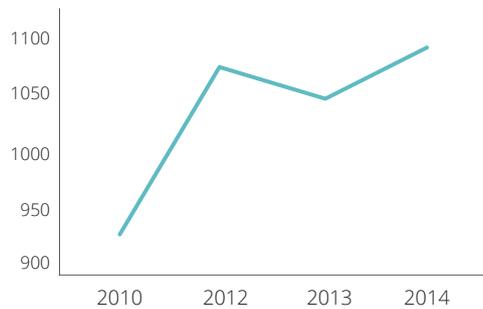
Since 2011 there has been a 15% increase in inpatient referrals alone. On average 20 new patients are referred every week.

Since 2011 outpatient referrals have almost doubled.

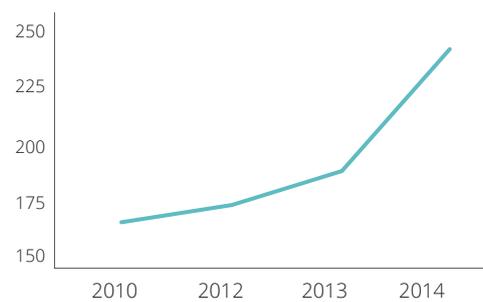
## Developments/Initiatives in 2014

- System developed to capture clinical activity electronically allowing accurate return of statistics for the National Minimum Data Set.
- The service extended to support radiation oncology inpatients.
- Implementation and roll out of the National Clinical Programme for Palliative Care initiatives e.g. Rapid Discharge Policy, Competence Framework.
- Denise Breen, Palliative Care CNS and Bettina Korn, End of life co-ordinator are facilitators for the introduction and roll out of the Palliative Care Needs Assessment Guidance in St. James's Hospital.
- Rory Wilkinson, Palliative Care CNS was invited to join the All Ireland Institute of Hospice and Palliative Care Senior Nursing Network. The group produced a video cast to raise awareness of depression in palliative care.
- The service was a grateful beneficiary of Trinity Med Day 2014 fundraising initiatives. The Med-Day funding will support a bi-annual bereavement support evening for families of patients who died in St. James's Hospital and who, during their admission, received care from the Palliative Care Team.
- The service was awarded a St. James's Hospital Foundation small grant funding for the establishment of a resource library for bereaved children and purchase of a sound system for the bereavement support evenings.

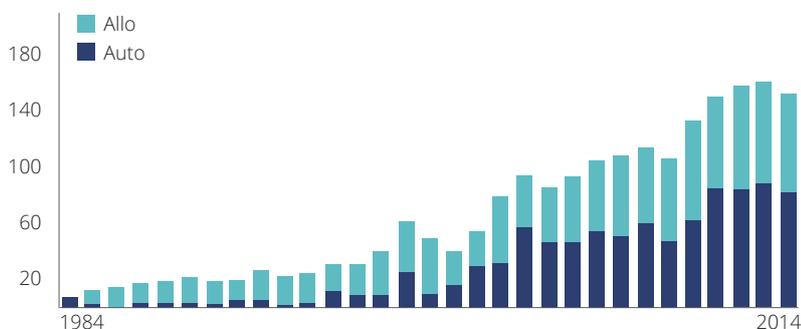
## Number of Inpatient referrals



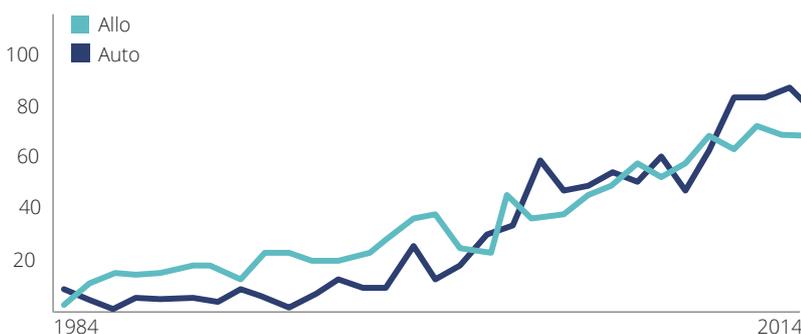
## Number of OPD Visits



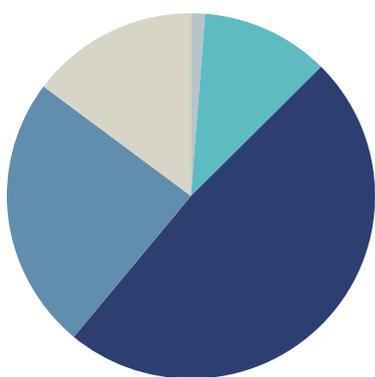
### Haematopoietic Stem Cell Transplants 1984 – 2014



### Haematopoietic Stem Cell Transplants 1984 – 2014

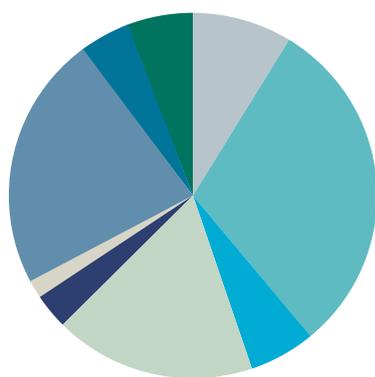


### 2014 Autologous Transplant Disease Type



Legend for 2014 Autologous Transplant Disease Type:  
 AML (light blue), HL (medium blue), MM (dark blue), NHL (light grey), Other (light brown)

### 2014 Allogeneic Transplant Disease Type



Legend for 2014 Allogeneic Transplant Disease Type:  
 ALL (light blue), AML (medium blue), HL (dark blue), MDS (light grey), MDS/MPD (light brown), NHL (medium grey), Other (dark green), SAA (light blue), MPD (light brown)

## 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 82 autologous and 69 allogeneic stem cell transplants in 2014.

### Initiatives / Developments in 2014

- Opening of designated beds in February 2014 - Donal Hollywood ward
- The Health Products Regulatory Authority (HPRA) completed a licensing inspection in February 2014 for the Stem Cell Laboratory. License was approved for a further 2 years
- Funding allocated by HSE to St. James's Hospital for set up of National Adult Haemoglobinopathies Service
- Dr. Emma Tuohy appointed as locum consultant for Adult Haemoglobinopathies
- Greg Lee appointed Haematology/BMT data manager
- Funding secured from NMPDU of HSE for a project lead to implement Electronic Health Record for inpatients on Denis Burkitt ward.

The HOPE Directorate would like to express our sincere thanks to the Bone Marrow for Leukemia Trust for their ongoing commitment and support of the Transplant Service.

The department carries out Autologous and Allogeneic stem cell transplants for a wide range of Haematological malignancies.

SJH is the national centre for allogeneic stem cell transplants. Patients are referred from a large number of centres for both autologous and allogeneic transplants. A shared and cooperative approach to the management of treatment is taken and some elements of care can be delivered locally to patients with the more intensive elements delivered in St. James's Hospital.

### Cancer Clinical Trials Office

- Dr Dearbhaile O’Donnell  
*Programme Director*
- Prof. John Reynolds  
*Scientific Director*
- Ingrid Kiernan  
*Clinical Trials Manager*

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 HPRRA . Audits, training, research and dissemination of resulting information form the core of the group’s activities.

#### New team members

##### Jamie MacRae – Data Manager

In 2014, 11 new trials opened and recruited 160 patients in total. 44 patients were recruited onto oncology/haematology clinical trials and 116 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, oesophageal 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. The Daffodil Centre provides 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.

No. of Transplants (Allogeneic and Autologous) carried out in SJH in 2014 by referral centre

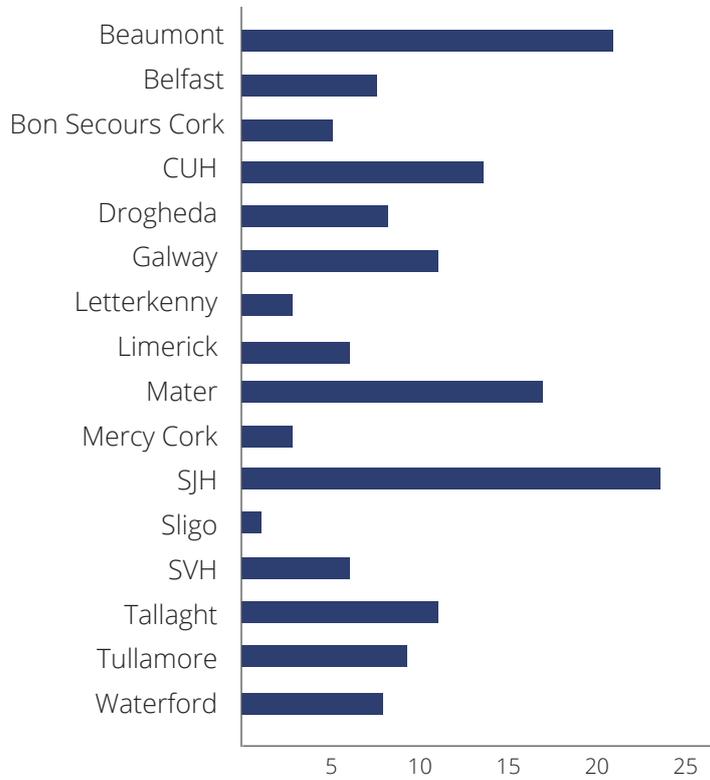
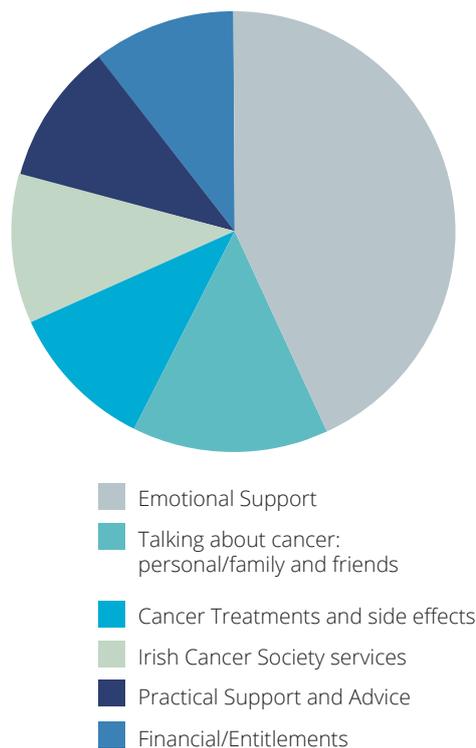


Figure 3.9 Daffodil Centre St James’s Hospital Most enquired topics in 2014



In 2014, 6,252 people had contact with the Daffodil Centre (1506 enquirers, 3313 attendees at cancer information and awareness stands, 1433 browsers). Most enquirers have a number of questions to ask when they visit. Most require an element of emotional support and both the nurses and volunteers provide this through listening and signposting to services within the hospital and other relevant organisations.

### 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 2014

- A UKHCDO Audit of the NCHCD in 2014 described NCHCD as having 'a world class, patient-focused service that is proactive rather than reactive, and has many novel and innovative approaches to the management of individuals and their families with inherited bleeding disorders'.
- Implementation of Radiosynovectomy treatment for haemophilia patients.
- Roll out of a 'living well with a long term health condition program' – a self-management course for all SJH patients who have a chronic disease.
- Implementation of 4 New Clinical Trials.
- Developed a New mobile application for haemophilia patients to monitor quality of life.
- Embarked on becoming a High Reliability Organisation – quality improvement training sessions for team were led by Lean Management Consultant.
- Integrated care pathway with the SICP Anticoagulation Clinic – patients now have the option to transfer to their GP for INR monitoring – 30 patients transferred in Q4 2014.
- Introduction of a new barcode scanning system in the anticoagulation clinic to reduce transcription errors.
- Commenced morning meditation sessions for MDT to improve health, wellbeing and awareness.
- Education and training of all nurses on H&H on IV Opioid administration for haemophilia patients.



NCHCD Team



# MedEl Directorate

The Department of Medicine for the Elderly provides a very comprehensive range of services for elderly patients and has acute, rehabilitation, continuing care wards, day hospital, outpatient facilities and well-structured links with the community.

Research of national and international importance in the field of ageing is conducted at the Mercer's Institute for Research on Ageing

**Dr. Conal Cunningham**  
*Clinical Director*

**Carol Murphy**  
*Operations Manager*

**Josephine Donlon**  
*ADON (Acting)*

## Key Directorate Developments in 2014

- The 'Turning of the Sod' for the Mercers Institute for Successful Ageing.
- The commissioning and management of the new 50 bedded Hollybrook Lodge Transitional Care facility in Inchicore.
- The clinical activity in the Directorate continues to grow including in-patients, ambulatory care clinics for bone health, stroke, memory, falls and syncope.
- Appointment of Dr Kevin McCarroll, Consultant Physician in Geriatric Medicine with special interest in Bone Health.

## The Mercer's Institute for Successful Ageing (MISA)

The new facility will be a purpose built environment that will take advantage of recent advances in architectural design for buildings for older people. There will be innovative early diagnostic and rapid access ambulatory care clinics, in-patient acute assessment, rehabilitation and continuing care units. These will provide a state of the art treatment centre and training facility for all professionals specialising in care of older people.

It is envisaged that the Institute will become fully integrated into the local community allowing new models of health and social care to be developed and tested in collaboration with primary care. The Institute will promote and highlight the creativity of older people and enable them to express themselves through art, sculpting, poetry, literature, music and drama.

## Capital Build

The construction works commenced in early 2014 and the project is due for completion in early 2016 and will be commissioned by the end of the first quarter of 2016.

## Hollybrook Lodge Transitional Care Centre

Hollybrook Lodge opened to admissions in March of 2014. Transfers were on a phased basis achieving full occupancy at the end of April. The purpose of this 50 bedded transitional care unit is to support patients on going medical and nursing needs in a more appropriate setting, ensuring that acute hospital bed capacity is more appropriately utilised for emergency and elective admissions.

This facility enables the transfer of patients who have completed their acute phase of treatment in an acute hospital setting, however they still require on-going medical and nursing care. The key objective of the multi-disciplinary team is to focus on the patients care needs and early discharge to the most appropriate care setting.

Hollybrook Lodge had a total of 93 admissions from the acute setting in the period from March to end of December 2014.

## Clinical Service developments

### MedEl Specialty Take

The Directorate has always had a role in the assessment and treatment of frail older patients presenting to the Emergency Department. St. James's has undergone significant changes to its medical acute take system in 2014. The MedEl Directorate has undertaken to assess and take over any frail patients who might be expected to benefit from direct transfer to a geriatric service. Through this initiative MedEl have committed to accepting four additional admissions per day and has resulted in a significant increase in the department's acute workload.

### Stroke Service

The Stroke Service has been very active again this year with over 350 stroke patients admitted to St James's Hospital. It has continued to provide a 24hr on-call service for stroke patients in St. James's. Innovations in this service include the development of new protocols for admission and urgent CT scanning. We are continuing to plan towards the development of the new sub-acute and rehabilitation ward in the Mercers Institute for Successful Ageing on completion at the end of the year.

### Bone Health and Osteoporosis Unit

The Bone Health and Osteoporosis unit continues to provide an ever increasing service to the local population for the on-going treatment of osteoporosis and the follow up of all patients who present with peripheral fractures due to osteoporosis. 3599 patients were seen in bone health clinics in 2014 and 3643 DXAs were carried out making a total of 7242 patient visits in all. The unit also participated in international studies on PTH and Romosozumab both of which increase bone formation and bone density in patients with osteoporosis.

### Falls and Blackout Unit

The Fall's and Blackout Unit (FABU) is an out patients assessment clinic for patients with unexplained falls, syncope and pre syncope are investigated using state of the art cardiovascular technology. The activity in the Unit increased further over the past year with over 5,000 patients treated. The Falls Unit now makes use of advanced technology monitoring with

internal loop recorders to investigate falls in the older patients when indicated.

## Events

### MISA Annual Lecture

The MISA Annual Lecture for 2014, held on November 27th in the Durkan Lecture Theatre, Trinity Health Sciences was a resounding success. "The five horsemen of Cognitive Reserve – How environments delay dementia" was presented by Professor Ian Robertson, Chair in of Psychology at Trinity College Dublin. Professor Robertson's research on the brain's attention systems has led to new ways of measuring how humans pay – or fail to pay – attention. He has also developed new therapeutic methods which have improved cognitive function in people with attention difficulties and he has applied these studies in recent years to the challenges of cognitive ageing and in the search for methods to delay dementia.

### Memory Clinic

4th Annual National Memory Clinic conference was co-hosted by the DSIDC and the Mercer's Institute for Successful Ageing (MISA). 'Dementia – More than Memory' was held on May 16th at Tercentenary Hall, Trinity College Dublin.

### MedEl Nursing Conference

A National 'Care of Older Person' Nursing Conference facilitate by the Medicine for the Elderly and Nursing Departments of St James's Hospital took place on the campus of St James's with 160 delegates in attendance. The conference was very well received and it is planned to make this an annual event.

## Awards

The Post Graduate Diploma in Gerontological Nursing was awarded to three MedEl Nurses in 2014 and further three nurses are enrolled in the programme for the current year.

A PhD was awarded in 2014 to Niamh Maher, Clinical Nurse Specialist in Bone Health, for her thesis on 'Post Hip Fracture in Older Adults: interventions and strategies for improving outcomes. The role and function of the CNS and Bone Health Unit in the Management of Hip Fracture Patients'

Professor Rose Anne Kenny, Director of The Mercers Institute for Successful Ageing was admitted as a member to the Royal Irish Academy in 2014. Royal Irish Academy membership is keenly competed



for as the highest academic honour in Ireland. Membership of the Royal Irish Academy continues a 229 year Academy tradition of public recognition of outstanding academic achievement.

## Research

### Local Asset Mapping Project (LAMP)

The Local Asset Mapping Project (LAMP) expanded its scope in 2014, mapping the wider St James' catchment to include every business, service or amenity in the districts of Ballyfermot, Crumlin, South Circular Road and Drimnagh. In total over 3,400 assets were recorded and classified for their potential benefits to health.

### DemPath – Development of an “Integrated Care Pathway” for people with dementia in St. James’s Hospital

DemPath is an innovative and ambitious project currently underway to develop a care model for people with dementia in St James’s Hospital. The aim of this project is to create an effective ‘dementia friendly’ integrated care pathway (ICP) for all people with dementia, irrespective of age, who are admitted and discharged from an acute hospital setting by improving the care environment and by increasing awareness of dementia and associated care needs through education and training. One of the key aims of this project is the development of ‘dementia friendly’ design for people with dementia or those who are cognitively impaired.

### The Irish Longitudinal Study on Ageing (TILDA)

Professor Rose Anne Kenny is lead principle investigator on the TILDA research project, the largest research project of its kind in Europe. The role of research in responding to the challenges and opportunities of an ageing society requires a multidisciplinary multi-centre, and integrated approach. TILDA is a large-scale nationally

representative study of over 8,500 people aged 50 and over, and is one of the most ambitious studies on ageing ever carried out in Ireland.

2014 was characterised by a focus on engagement, knowledge translation of findings to policy-makers, non-governmental agencies, government staff, healthcare practitioners, institutions of higher learning, industry and the general public. This has resulted in policy impacts and changes to clinical practices in addition to on-going contributions in the areas of teaching, learning, healthcare provision, technological innovation and national/international collaborations.

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

The year 2014 was a particularly active and productive one for the DSIDC, culminating in the launch on December 17th, of the Irish National Dementia Strategy. This launch was presided over by the Taoiseach and Tánaiste and took place in Government Buildings.

During the year, the Centre hosted four large public conference/seminar events each of which involved international researchers and practitioners and attracted large audiences. The November conference on Young Onset Dementia was attended by some 150 delegates and was probably one of the most successful events ever hosted by the DSIDC. The venue was Dublin Castle and conference evaluations were overwhelmingly positive. During the year, a new project, designed to educate secondary school children about dementia, lifestyle habits and risk factors was launched at a local boy’s school. This project is currently being evaluated and it is hoped will be rolled out in other schools around the country during 2015.

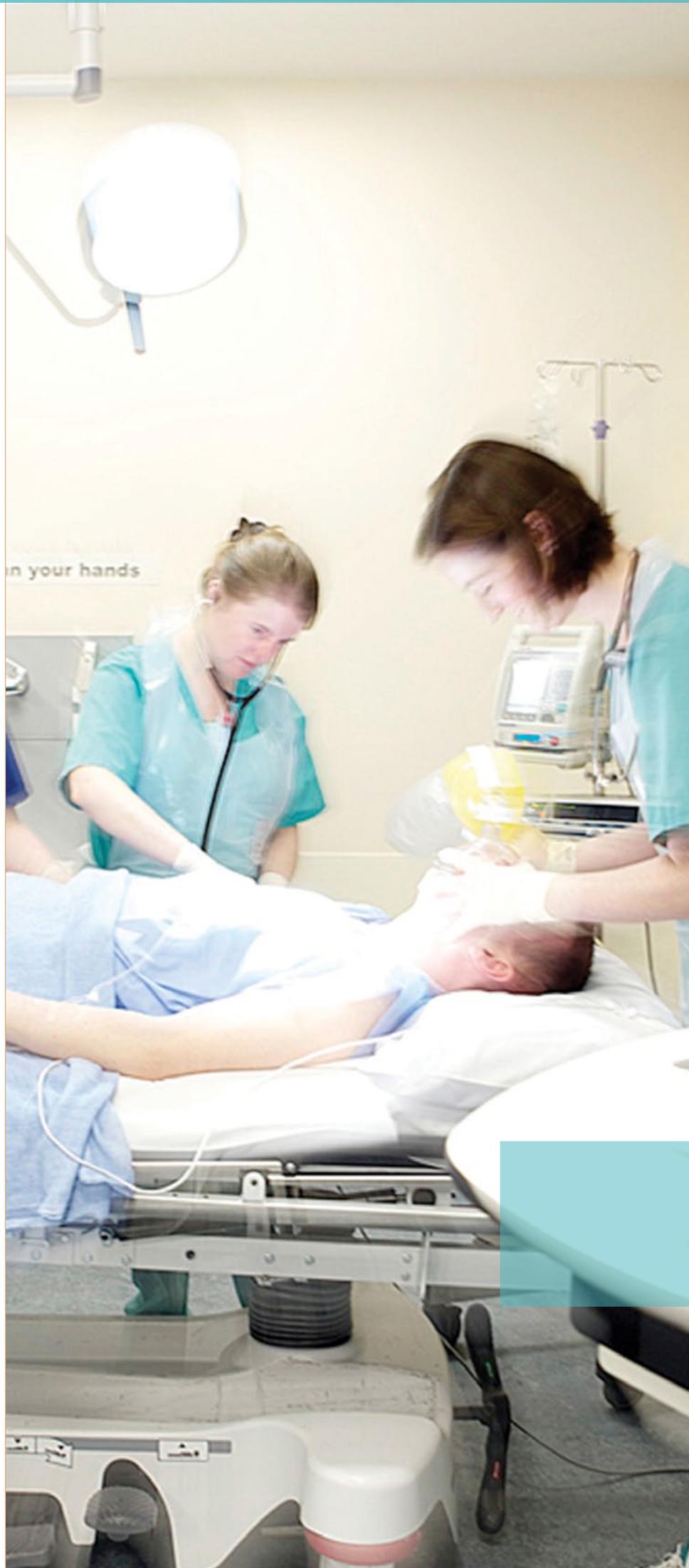
In May, five members of staff from the DSIDC’s Living with Dementia programme delivered a Symposium

on the subjective experience of dementia at the 22nd Nordic Congress of Gerontology in Gothenburg, Sweden. The Symposium was used to showcase the PhD work of some students.

In early summer the DSIDC staff became involved in contributing to the formal work of the hospital-led DemPath project, funded by Genio. St James's is one of three Irish hospitals, which was successful in being awarded dedicated funding to make its hospital more dementia friendly; train staff in dementia care and improve partnerships between community and hospital staff.

During the year the extra-mural classes designed to up skill family caregivers about dementia continued and were made available free of charge. These evening classes delivered by multi-disciplinary staff all employed in St James's through covering topics relating to dementia, quality of life and quality of care, aim to help family members deal with the stresses and strains of providing home care.

Finally the year saw the stepping down of Dr Siobhan Ni Bhriain as Chairperson of the DSIDC Steering committee and the appointment of Dr Declan Byrne as new Chairperson. We would like to thank Siobhan for her energy and support of all our professional activities during the last three years.



# Medicine and Emergency Directorate (MED)

Mission: to provide best care based on patient experience, safety, clinical excellence and innovation

## ADON's

- Catherine Carey (Day Services)
- Caitriona Connor (Acute Floor/Inpatients)
- Siobhan Donnelly (Acute Floor/Inpatients)
- Sharon Slattery (Ambulatory Care)

## Directorate Service Managers

- Brendan O Hagan (Acute Floor)
- Maria Kane (Ambulatory Care)
- Martina Mc Guirk (Day Services)

## Specialties and Clinical Leads

- Darragh Shields (Emergency Medicine)
- Declan Byrne (Acute Medicine)
- Caroline Daly (Cardiology)
- Rory O'Donnell (Respiratory)
- David Kevans (Gastroenterology)
- No Clinical Lead (Heptology)
- Finbar Mac Carthy (Endoscopy)
- Marie Louise Healy (Endocrinology)
- Barry O'Shea (Rheumatology)
- Louise Barnes (Dermatology)
- George Mellotte (Nephrology)
- David Bradley (Neurology)
- Yvonne Langan (Neurophysiology)
- Niall Conlon (Immunology)
- No Clinical Lead (Genito-Urinary Medicine and Infectious Diseases)
- Aoife Thomas (Ophthalmology)

## Introduction

2014 was a year of significant change for the hospital, with the dissolution of 6 "old" clinical directorates (CResT, Emergency, GEMS, Omega, ORIAN and SAMS ) to form 2 new ones, MED (Medicine and Emergency Directorate) and SACC (Surgery, Anaesthesia and Critical Care). Governance of these 2 new directorates has been signed off by the Hospital CEO. The MED management team (Clinical Director, Operations Manager, 4 Assistant Directors of Nursing and 3 Business Managers) has agreed its Mission, Aims and Objectives which focus on Safety (Zero harm), Quality (excellent outcomes), Patient experience, Patient Access and Flow, Resource and Waste, and our Team.



**Finbarr O'Connell**  
*Clinical Director*



**Paula Corby**  
*Operations Manager*

Both MED and SACC have agreed a Clinically-led management cycle for continuous improvement (see below). This is being adopted across the various MED specialties. Clinical Specialty Leads have been appointed and a common structure and data-driven approach to specialty and directorate operations meetings has been agreed. Mapping of patient pathways at specialty level has commenced and key metrics agreed to identify variation. Pathway improvement projects have commenced across various specialties to differentiate between acceptable clinical variation and unacceptable operator-dependent variation. Dashboard development for key metrics is integral to the programme.

At directorate level, patient flow in MED can broadly be divided into 4 “pillars” –

1. The acute floor
2. Inpatient care
3. Day procedures
4. Ambulatory care.

MED wards include, the Acute Medical Admissions Unit (AMAU), CCU, John Houston, John Cheyne, Hospital 5 Unit 2, Hepatology & Haematology ward (H&H), Observation ward, Private 1, Robert Adams and Victor Syngé. MED also includes the Ambulatory Day Centers at the GUIDe Clinic, Diabetic Day Centre (DDC), Dermatology including Mohs surgery and Phototherapy, the Hepatology Unit, The Rheumatology Day Centre (RDC), Health Support Unit, the Respiratory Assessment Unit and Respiratory Laboratory.

### Acute Floor

The Emergency Department(ED) (including the Chest Pain Assessment Unit) is a truly multi-disciplinary department, with contributions from medical, nursing, physiotherapy, occupational therapy, medical social work and liaison psychiatry.

### Challenges

2014 was another challenging year for the Emergency Department at St James’s Hospital. The demand to meet key performance indicators together with the

### A clinically led management cycle of continuous Improvement



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 2014

The Emergency Department continues to provide comprehensive education and training to Nursing and Health Care assistant staff throughout 2014.

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 on-going and is a category 1 NMBI approved 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.

Post Graduate Diploma Specialist strand, Intensive Care and Paediatrics students were facilitated within the Emergency Department in 2014.

Along with facilitating pre-graduate nursing students, in 2014 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 throughout 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. The acuity and complexity of the patient caseload continues to increase and therefore on-going 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 Department and the Faculty of Nursing and Midwifery, Trinity College Dublin continues to flourish. In 2014, one ANP candidate undertook in Post-Graduate Diploma / Masters in Advanced Nursing Practice (Emergency). The theoretical ED-specific element of this new programme continues to be delivered predominantly by the ANPs, with additional contributions from Consultants in Emergency Medicine. A further cohort of clinicians, physicists and radiographers from the Diagam Directorate deliver the specific education module related to nurse prescribing of ionising radiation.

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

## Professional Development Activity and representation

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 Altranais.

## Staff Acknowledgments

We would like to thank all the staff who left the Emergency Department in 2014. In particular we would like to mention staff that have been part of the team for many years and have been involved in many key developments to the department in that time. Deirdre Thomas, Noelle Wallace, Essie Smullen, Geraldine Kavanagh, Yvonne Sheppard, Trish Lehane, Annmarie Middleton and Mick Kelly. We wish you all the best and thank you for your years of dedication, enthusiasm and team spirit. Also Darragh Shields took over as Clinical Lead from Professor Plunkett in September 2014. Professor Plunkett became medical director of the hospital in September 2014. He continues to provide emergency consultant cover in the Emergency Department and remains an invaluable resource for all staff.

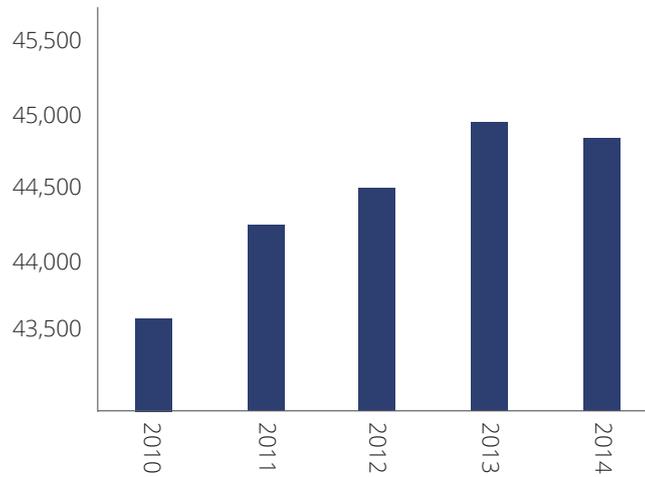
## Emergency Department Activity

2014	No. of Attendances	No. of Discharges	No. of RIPS	No. of Admissions	No. of New	No. of Return
Totals	46,474	44,830	135	12,772	44,826	1,648

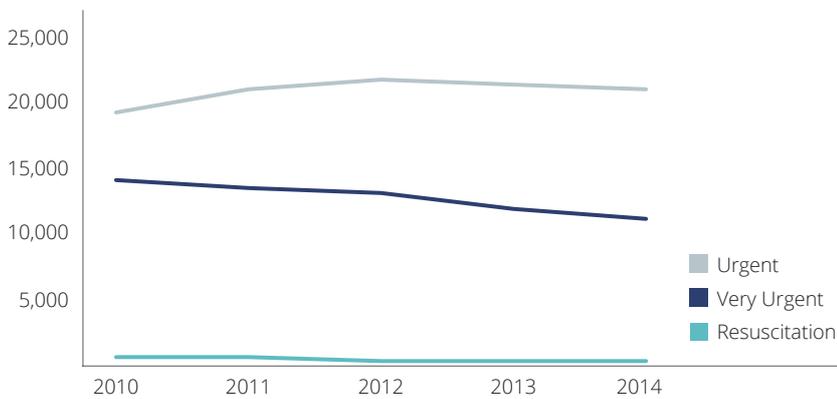
### ED Activity by TRIAGE Category

Triage Category	No New Total
Resuscitation	484
Very Urgent	13,768
Urgent	21,069
Standard	8,553
Non Emergency	578
Non Emergency (DNW)	433

### New attendances per year



### Attendances per triage category year 2010-2014



## Smoking Cessation

In 2014 789 smokers were referred to the Smoking Cessation Service; this is a 10.7% increase in number of referrals compared to 2013.

708 clients received a smoking cessation intervention during 2014.

321 clients agreed to set a quit date and were enrolled on a cessation support programme, of these 253 quit smoking during 2014.

The service monitors its performance by its 1, 3 and 12 month quit rates.

During 2014, at the 4 week follow up 60% (152) smokers had successfully quit smoking based on self-report and 9.8% (25) validated quit smoking (carbon monoxide levels checked) out of a total of 253 clients who set a quit date and quit.

24 staff members completed the 1 day brief intervention (smoking cessation) course during 2014.

## Cardiology

There are six full time consultant cardiologists at St. James's Hospital providing services on an inpatient, day case and outpatient basis, providing a supra regional service. St. James's Hospital is one of the national 24/7 emergency centres for acute heart attack victims. 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 09 minutes of a designated catheterisation lab. In 2014, 333 STEMI patients were treated in St. James's Hospital. There are two Cardiology Catheterisation laboratories in St. James's Hospital where a wide range of elective and emergency procedures are performed.

The total number of interventional cardiology procedures performed in the Catheterisation laboratory in 2014 was 5,070. The total number of patients for Angiogram (CORS) and Angioplasty (PCI) continued to show a slight increase this year. There was a 2% increase in the number of CORS done and a 13 % increase in the number of PCI's done in 2014. Diagnostic angiography was performed in 2,756 patients and 1,410 patients had percutaneous coronary interventional procedures. Other procedures included electrophysiological studies and ablations, pacemakers (282), ICD (86) valvuloplasty, ASD/PFO closure and percutaneous valve implantation.

A total of 14 Transcatheter Aortic Valve Implantation (TAVI) procedures were performed in 2014. 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 conducted over 25,000 non-invasive cardiac diagnostic investigations annually including 5,164 Echocardiograms. Other studies included: over 11,000 ECG's, 2,400 stress tests, pacemaker checks, blood pressure and 2,612 Holter monitoring.

All suitable patients are offered Cardiac Rehabilitation after PCI or ICD implant post discharge home. 81% of the PCI patients come from regional hospitals. Post PCI all patients' names who are suitable for Cardiac Rehabilitation are submitted to the Cardiac Rehabilitation nurses in St. James's Hospital on a weekly basis and subsequently referred back to their own hospitals for Cardiac Rehab. A total of 1,096 patients were referred to Cardiac Rehabilitation in 2014.

## Smoking Cessation

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 at St. James's smoking is available to all

hospital patients and staff who wish to stop smoking. The clinic is conducted by a nurse trained in smoking cessation counselling. The programme consists of one-to-one sessions that are tailored to meet your needs.

### Cardiac Rehabilitation Programme

The Cardiac Rehabilitation Programme offers secondary prevention, education and support to patients after a cardiac event. The service is nurse coordinated with a multidisciplinary approach. In 2014, 373 patients were seen in the phase I clinic. 267 patients were seen at the phase II clinic and 15 phase III programmes were run over the course of the year. Nine of those were of six weeks duration and seven were of eight weeks duration. There were three special programmes of six weeks duration for the elder person. This programme differs from the regular programmes in that the patients attend just once a week and the exercise intensity is lower than the standard exercise programme. It has proven popular with the older person.

We also provide a specialised Heart Failure programme and 19 patients availed of this service.

The following table demonstrates the activity of the cardiac rehabilitation service for the year 2014.

	Number of People
Recruited	259
Attended	208
Who didn't attend	51
Not completed	32
Completed	176
Referred to other cardiac rehabilitation centres	991
Phase I by CR Nurses	373
Phase II OPD	267

Funding was obtained from The Nursing Development of the HSE to start an Elearing cardiac rehabilitation programme. The cardiac rehabilitation team have been working on this with CLD and Arion throughout 2014. This is specifically for patients who cannot attend the regular cardiac rehabilitation programme.

### Dermatology

Dermatology is largely an outpatient based service. In 2014 an average of 407 referrals were received per month, these came mainly from the 1.2 million population of the DML area. The total number of patients reviewed at outpatients reached almost 7000, with a new to return ratio of 1.3. There were also over 3500 patient visits to Day Care phototherapy services in 2014.

- St James's Hospital is the national centre for adults with EB rare genetic skin blistering disorder.
- 2014 saw an increase in the number of new patient referrals to the EB / Skin Fragility service.
- Dermatology also provides a laser service for patients with a variety of disorders. A total of 397 patient episodes were undertaken in 2014.
- St. James's Hospital is also the national centre for Mohs surgery.

	Number of Patients
Dermatology outpatients	3521
New patients	1576
Review patients	1945
New : Return patient ratio	1.2 : 1
Dermatology Surgery	1008
Mohs Surgery	694
Nurse dressing clinic	1446

### New Services /roles/staff in 2014

In July 2014, Dr Eleanor Higgins SpR, took up a prestigious post in St. Thomas', London as senior fellow in medical dermatology. One of our senior dermatology nursing colleagues Anne Casserly retired in September 2014. Deirdre Kennedy established a nurse led Biologic patient clinical pathway.

St. James's Dermatology continues to remain one of the top 10 recruiters to the Biologic Intervention Register (BADBIR) between the UK and Ireland. CNS involvement is key to this success. We also value Dr Clodagh Loftus, General Practitioner who helps mainly with patients who have severe/moderate psoriasis.

## Endocrinology/Diabetic Day Centre (DDC)

The Endocrinology service at St. James' Hospital is one of the busiest in the country. Active multi-disciplinary care is provided to a cohort of 5740 patients with Diabetes and over 2,000 patients with complex Endocrine disorders.

### Diabetes Care

Clinical care for patients with Diabetes is provided through the diabetes day centre and outpatient clinics. In addition a busy consult service is provided to the inpatients under the care of General Medicine, Surgical and Oncology services. Two general consultant led Diabetes outpatients clinics including multiple disciplinary team specialised clinics and education programmes clinics.

Dr Marie Louise Healy is a member of the Diabetes Services Implementation Group for the South Dublin Mid Leinster area and future developments in provision of Diabetes services will follow the model devised by the National Diabetes Programme. An integrated care scheme in association with local GP practices is operational.

Health promotion and awareness campaigns for patients with a chronic disease remain a cornerstone of the Diabetes Centre ethos. On World Diabetes Day a health promotion initiative allowed for a risk assessment to be completed on an increasing number of patients, visitors and colleagues while the demonstration kitchen in Hospital 5 continues to support cookery demonstrations throughout the year.

The roll out of nurse led telephone advice line saw an increase in activity of 7% year on year.

CNS Jean Doyle was successful in completing the nurse prescribing course improving efficiencies and enhancing the patient experience.

### Endocrine Services

General Endocrinology services are delivered through three weekly clinics. In addition, Dr Healy provides a comprehensive Thyroid Oncology service with an additional dedicated monthly outpatient clinic and a Multidisciplinary team meeting for patients with thyroid cancer. The Iodine Suite operates to full capacity and following on from radio-ablative therapy patients are followed on a structured surveillance programme. Currently the Thyroid Oncology service is regional within the context of the Head and Neck programme for St. James' Hospital.

There is a busy Endocrine inpatient consult service in particular to the ENT services to provide advice on calcium balance and thyroid hormone replacement following Head and Neck surgery. Another important aspect of the Endocrine service is the provision of Endocrinology support to the Haematology/Oncology services for the lifelong follow up of patients experiencing late affects of previous therapy.

### 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.

CNM 3 Joan Flynn retired September 2014 after many dedicated years in the service. All colleagues within the department would like to thank Joan and wish her well on her retirement.

The GUIDe Department conducted 2 x Annual STI Foundation (Sexually Transmitted Infections) courses in Spring and Autumn with national attendance.

Ms Grainne Kelly (CNM 1) participated in the production of an STI Educational video facilitated by "SPUNOUT" a Youth Information website created for young people by young people. This video focuses on STI awareness and the process for testing and screening at SJH GUIDe clinic.

You can watch the video at this address:  
<https://youtu.be/iKgdpqm9OEI>

2014 saw the compliment of Registered Nurse Prescribers increase from 6 to 7 in total.

The EDVS (Emergency Department Viral Study) spearheaded by Prof Colm Bergin, commenced in 2014 aimed at offering HIV, Hepatitis B and C testing to 10,000 in the Emergency Department setting. This pilot study offers patients attending ED free screening is led by a CNM 2 who follows up on all positive results providing a full counselling, further testing / treatment and partner notification advice. This study has been very successful in early diagnosis of HIV/HCV/HBV that would otherwise have gone undetected or only diagnosed at an advanced stage.

The GUIDe Department were proud to be involved in the Hepatitis C New Treatment Programme for patients with advanced liver disease as a result of Hepatitis C. This National treatment programme

offers free Medication to patients with end stage liver disease and has a 96% success rate.

## The OPAT Program

The OPAT program has proven to be very successful with increased patient referrals, a low readmission rate, bed days saved 7278 in 2014 and an exclusively high patient satisfaction rate.

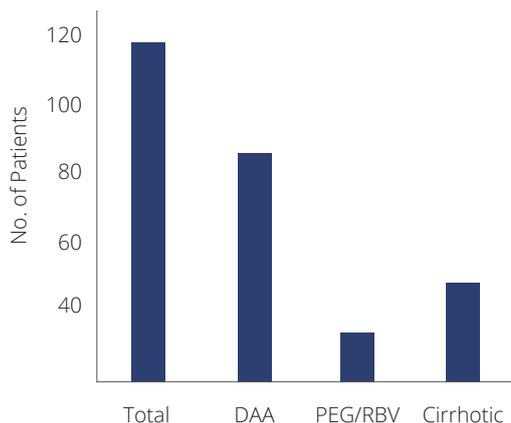
## Hepatology

The Hepatology Centre provides a comprehensive service to patients with all forms of acute and chronic liver disease. The Centre also provides a service for patients with gastroenterological disease. The unit is patient centred and the out-patient clinics provided have been developed to meet the specific needs of the patients who use them.

Due to the chronic nature of the presenting conditions, regular review is required to ensure the most appropriate treatment is offered to the right patient at the right time. The trend in the unit is towards a one stop shop for treatment and monitoring of chronic liver conditions. The unit is monitoring trends in sub-groups of patients developing cirrhosis and HCC. New patient referrals to the unit continue to increase with HCV referrals accounting for the majority (30%) of new referrals to the unit, which is in line with U.K. and European trends.

There were 13,293 attendances to the Unit in 2014. This number comprises new referrals and return attendances, A new to follow up ratio of 1:7 in the Consultant delivered OPD clinics and when the Nurse Specialist clinics are added this new to follow up ratio is 1:9. There is a 2.54% increase in OPD activity compared to 2013.

## 2014 HCV Therapy Commencement Figures



## Clinical HCV Programme

The Nurse Specialist Team delivers treatment clinics daily Monday to Friday. The nurse – delivered service provides specialist complex care to patients undergoing treatment for HCV and HBV. At the end of 2014 the Early Access Programme EAP for the new DAA anti-virals and the Compassionate Access Programme CAP began. St. James's Hospital, Hepatology Unit, under the direction of Prof. Suzanne Norris and Prof Susan McKiernan, spearheaded this National programme. Patients including cirrhotic patients, who require specific expert management while undergoing treatment were commenced.

2,939 registered attendance at the Nurse Specialist Treatment Clinics for HCV, this activity reflects the above mentioned figures and activity associated with patients who commenced HCV Treatment in 2013, and the work-up for patients undergoing assessment and evaluation regarding prospective treatment.

There were 2 clinical Trials commenced in the unit in 2013, Bohringer Trial and Abbvie Trial. 10 HCV patients enrolled in these trials were being actively followed up in 2014.

## Complex Liver Problems

The unit continues its close working relationship with St. Vincent's Hospital for patients referred for liver transplant. The unit provides a complete non-surgical liver cancer treatment service. This service involves rapid referral, counselling, liaison and treatment follow-up clinics. There were 442 cirrhotic patients attending the unit in 2014 – cirrhotic patients as a result of all liver conditions 10 patients were admitted for locoregional therapy (TACE and immunotherapy) from the OPD setting in 2014. The unit referred 21 patients to St. Vincent's Hospital for assessment



for liver transplant. The unit referred 2 patients to Kings College Hospital in London for assessment for transplant.

### **In Reach Prison Service**

Hepatology Clinical Nurse Specialists continues 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. In 2014 there were 480 attendances at this clinic.

### **Phlebotomy Service**

The phlebotomy team provides onsite service complimentary to the outpatient clinics in the unit and also provide service for in-patient wards in the Medical Pillar.

### **Liver Biopsy Service**

Nursing Team co-ordinates the liver biopsy service and provides weekly clinic for work-up and education for patients going forward for liver biopsy to facilitate liver biopsy admissions. This service is analogous to the theatre pre-op assessment clinics.

### **UBT Service**

Nursing team co-ordinates and provides Urea Breath Testing UBT service for gastroenterology patients attending the unit.

### **Fibroscan Service**

Nurse Specialists provides two Fibroscan clinics weekly and daily at clinic as requested by medical team, for assessment and staging of liver disease. There were 742 fibroscans performed in 2014.

### **Respiratory Medicine**

The Respiratory Medical speciality provides services to patients presenting with a wide spectrum of Respiratory related illnesses. 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.

In 2014 with the support of a grant from RCDH Baggot Street and Trinity Med Day Student Fundraising Committee supported three TB social research projects: PhotoVoice workshops, renovation

of TB ward day room and the inclusion of a social worker to TB service.

The lung cancer multidisciplinary team (MDT) is run in close collaboration with our cardiothoracic surgeons and our colleagues in Diagim, Lab Med and HOPE Directorates. 537 patients attended in 2014 for lung cancer care and 208 of these patients were admitted for lung surgery.

The Respiratory Lab continues to provide a comprehensive diagnostic service in support of a wide range of both medical and surgical service providers. In 2014, 1247 procedures were completed in the department.

COPD represents the single most common admission diagnosis in Irish hospitals.

### **Respiratory Assessment Unit (RAU)**

The success story of the Respiratory Outreach Programmes continues in preventing admissions to hospital or shortening the length of stay for those admitted to hospital with acute respiratory conditions by providing "hospital at home" care. In 2014 the average length of stay for outreach patients accepted on programme was 2.4 days in comparison to the average length of stay for patients not accepted on programme was 9.8 days.

The number of outreach home visits by RAU staff was 193.

30% of patients participating on the Programme were readmitted within 3 months of their early discharge which is compliant with the National Clinical Care Programme key performance indicator of a readmission rate of 30 – 40%.

### **Pulmonary Rehabilitation Programme**

This eight week outpatient MDT programme of exercise and education continues to grow year on year. 92 classes were facilitated during 2014 with a total of 1,336 patients attending.

### **Long term oxygen assessment (LTOT) Assessment Clinic**

Formal assessment of the requirement for long term oxygen therapy and/or ambulatory oxygen therapy, ordering equipment, education regarding safety, use and care of equipment.

The variety of both nurse led and physio led specialised clinics continue to provide evidence

based patient centred care in the ambulatory care and inpatient setting.

Supporting health promotion remains the cornerstone of the RAU ethos and 2014 saw a variety of Health & Wellbeing activities both within SJH and in the community arena.

### Research & Evaluation Activities in 2014

- Patricia Davis presented a poster at the ITS.
- Stephen Shelley completed his MSc in Advanced Practice.
- Roisin Kennedy & Bettina Korn presented the "Planning ahead for your future care" talk at the ITS, which subsequently won second prize for best oral presentation.
- A video was released by RAU staff on the intranet to demonstrate correct inhaler technique in an attempt to improve staff's ability to assess patient's inhaler technique.

### Smoking Cessation

Smoking Cessation services saw an increase of 11% of referrals year on year. Brief education training continues to be facilitated to all clinical colleagues throughout the organisation and local primary care centres.

### Rheumatology

The Rheumatology service specialized in a variety of arthritis out-patient based services where the numbers of patients assessed and treated by the Rheumatology team continue to grow year on year.

In 2014, there were 4348 attendances at the Rheumatology Out Patient clinics (an increase of 5.8% on 2013).

Nurse Mary Phipps retired after more than 25 years dedicated service and the Rheumatology MDT wish Mary every health and happiness.

The nursing team continue to develop and run many nurse led clinics and have also successfully lead on many paper lite initiatives within the department.

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.

### Neurology

The department provides service to patients with all forms of neurological illness. The neurology service aims to provide ambulatory services and avoid the use of inpatient beds where possible. In 2014, the neurology service as a whole saw 5,917 patients in our outpatient clinics (1,467 new patients and 4,450 return appointments). This represents a 29.5% increase on the 4,569 patients seen in clinics in 2013, Day Care activity of 188 day case episodes, representing a small increase of 5% on our activity in 2013.

A total of 170 inpatients discharged from our care, predominantly semi-elective urgent complex admissions for evaluation and management. This represents a 19% increase compared to our activity in 2013. Our average length of stay in 2014 was 13.6 days, indicating the relative complexity of this patient cohort, though shorter than the 16 day AVLOS in 2013.

The neurology department provides a comprehensive telephone support to our colleagues in other hospitals across the Dublin Midlands region, and accept inpatient transfers where needed.

### Epilepsy Service

The Epilepsy Service is the Regional Epilepsy Centre for Dublin Mid Leinster providing expert care under the direction of the HSE Clinical Care Programme and in line with key aims and objectives.

In 2014 the epilepsy nurse service at St James Hospital/ Dublin Mid Leinster has provided enhanced patient centred care, further developed our nurse led clinics and further extended outreach services incorporating Tallaght Hospital and Cheeverstown Intellectual Disability Service.

### Movement Disorders / Parkinson's Disease Service

Dr. Bradley commenced a weekly movement disorders clinic, aimed at patients with Parkinson's Disease, dystonia and other movement disorders. In addition, Dr. Bradley provides an inpatient and outpatient spasticity consultation service and

therapeutic botulinum toxin service. This caters for patients with dystonia, spasticity related to stroke and multiple sclerosis, and a number of other neurological conditions.

### Stroke Service

Dr. David Bradley is the St. James's Hospital clinical lead for stroke and is currently leading an end-to-end pathway analysis of the stroke service with a view to significant restructuring of patient flow pathways and clinical protocols, in order to facilitate optimal outcomes for patients with stroke.

### Multiple Sclerosis Service

The neurology department manages in excess of 200 patients with multiple sclerosis in our outpatient, day ward and inpatient services. The MDT provides a comprehensive, education, advice, support and treatment service for our patients.

In 2014, we received additional physiotherapy support in the department. Ms. Lucinda Edge now provides expert assessment for patients with Parkinson's Disease, gait disturbance and vertigo, adding a very important resource to our service. Elaine Ross, our MS physiotherapist, has undertaken an audit of the effect of Fampyra on walking ability in people with MS attending St. James's hospital, completed her University of Limerick MSc in research, titled "The Utility of the mini-BESTest in ambulatory People with MS", presented at national and international meetings, and has submitted SJH physio data/savings to Irish Society of Chartered Physiotherapists and national neurology clinical programme therapy leads, as a member of the Expert physio MS advisory group.

Occupational therapist Claire Dolan organised and ran a wakeboarding activity day for patients with multiple sclerosis, to coincide with World MS day during May 2014. This proved to be a very positive experience for all involved giving patients a tremendous sense of achievement. In addition, it provided an opportunity for patients to take up mentorship roles with more recently diagnosed patients. It is hoped to repeat this very successful model for similar events in the future.

### Movement Disorders and Spasticity Management Service

For the first time, a dedicated movement disorders clinic has been established run by Dr Bradley. This provides service to patients with Parkinson's Disease

and other movement disorders including Dystonia. In addition, Dr. Bradley now provides an inpatient consult and outpatient spasticity service, including treatment of patients with therapeutic botulinum toxin therapy for patients with dystonia, stroke, multiple sclerosis and a number of other conditions. There services add to the portfolio of the St. James's Hospital neurology service and further expansion, with collaborative links with colleagues in the Medicine for the Elderly service and a clinical nurse specialist in Parkinson's Disease are planned.

The Spasticity Casting Service led by MS specialist grade physiotherapist Elaine Ross commenced in 2014. In conjunction with Dr. Bradley and the spasticity clinic, patients are currently treated with therapeutic botulinum toxin therapy and subsequently reviewed at regular intervals for specialist physiotherapy and casting, resulting in significant improvements in function, comfort and quality of life for some of our patients.

Occupation Therapist Claire Dolan established an OT PD service established September 2014 completed FACETS - fatigue management training October 2014 (London).

### Cognitive Service

Dr. Siobhan Hutchinson provides a monthly cognitive clinic service in collaboration with Dr. Colin Doherty. This clinic allows expert assessment and management of patients with all forms of cognitive impairment and dementia and other neurodegenerative conditions in collaboration with the St. James's Hospital memory clinic run by Prof. Brian Lawlor.

### Epilepsy Nurse Specialist Activity

The Epilepsy Nurse Service at St James's Hospital (SJH) is the regional epilepsy centre for Dublin Mid Leinster providing expert care under the direction of the HSE Clinical Care Programme.

Congratulations to Claire Behan and Denise Cunningham who successfully completed the nurse prescribing certification. The Epilepsy Nurse Telephone and Email Nurse Advice Line provides expert advice and support to patients. This service provides timely access to patients who are having particular difficulty with their condition and can offer urgent clinical review when needed. During 2014 the epilepsy nurses utilisation of the Electronic Epilepsy Patient Record progressed with the use of Telephone Advice Line (TAL). This was an innovative quality

improvement to the epilepsy service with our aims to improve communication and accountability of nurse/patient interactions.

The Nurse Led Vagal Nerve Stimulator Clinic led by Cara Synnott and Claire Behan are the VNS nurse specialists. Thirty-three patients with refractory epilepsy attend this clinic for titration and management of the device as an add-on treatment in epilepsy. The clinic takes direct referral of patients from the Consultant Neurologist/ Epilepsy teams within the Dublin Mid-Leinster, and from Paediatric services for patients transitioning to adult service.

Epilepsy Rapid Access Clinics with telephone Triage: The Epilepsy nurse specialists have implemented a ten working day telephone triage service to all new patients referred to the service with a suspected or known diagnosis of epilepsy in 2013 (KPI 2). All patients receive a telephone call from a nurse specialist who can provide safety advice and support prior to clinic review, advice on what to expect at the clinic review and further information can be gathered to ensure a valuable first clinic visit to the service. Patients are triaged and offered a clinical review in the Rapid Access Seizure Clinic (RAC) within four weeks.

Number of patients seen in Rapid Access Seizure Clinic/ contacted by Epilepsy Nurse Specialist with diagnosis or suspected diagnosis of epilepsy

	Number of patients seen in rapid access	
	2013	2014
New	292	241
Return	115	174
<b>Total</b>	<b>407</b>	<b>415</b>
Mean % of patients newly referred seen in < 4 weeks (target 70%)	71.56%	
Mean % of pts contacted within ten days by Nurse by phone (target 100%)	61.81%	80.55%

## Research

Congratulations to CNS Cara Synnotts who completed her MSc. Project which involved an action research study on the use of patient reported outcome measurements in routine outpatient clinics, and she will present as a platform presentation at the Annual RCSI Nursing and Midwifery Conference in February 2015.

Research Fellows: Dr Jenifer Williams is undertaking a PhD in acute and chronic imaging of epilepsy using 3T imaging and novel post-processing technology. Dr Ahmad Marzuki is undertaking a Cochrane Review of guidelines for epilepsy care. Dr Lillia Zaporajan is undertaking an audit of epilepsy in the HIV population whom she is studying from the point of view of cognitive impairment. Dr Zaporajan won the Lundback prize in January 2015. (20,000 Eu) for imaging of HIV populations.

The Department is a clinical site for national and international studies. A total of 6 studies are presently underway in 2014.

## Neurophysiology

Clinical Neurophysiology is a branch of medicine concerned with the diagnosis and monitoring of disease by measurement of the electrical activity of the brain, spinal cord, nerves and muscles. The methods used fall into three main groups.

- Electroencephalography (EEG) - This is the recording of the electrical activity of the brain.
- Nerve conduction studies/Electromyography (NCS/EMG) – a recording of activity in nerves and muscles.
- Evoked potentials (EPs) – recordings of the changes in nervous system activity in response to external stimuli such as light and sound.

## Projects and Research in progress / completed 2014

A neurology trainee spent an elective in the department and undertook research on EEG and ECG

The department has a research fellow examining mortality in epilepsy.

## Ophthalmology

In 2014 a total of 3972 patients received ophthalmology out-patients consultation which consisted of 3042 return appointments and 930 new patients which is an increase of 29% when compared to 2013.

The Ophthalmology department provide a comprehensive effective and efficient service hospital wide. For many years it also collaborative with endocrinology to provide retinal screening services for early detection of diabetic retinal screening disease. This service ceased in December 2014 as the National Retinal Screening Programme commenced. In 2014 over 1,700 patients attended

retinal screening all of whom will be invited to attend the national screening programme. We would like to thank Ms Geraldine Byrne and Dr Susan Mullaney for their dedication to this service.

## Gastroenterology and Endoscopy Unit

It is ten years since the opening of the dedicated endoscopy unit in St. James hospital. Over that time the unit has provided endoscopy services to users across multiple disciplines including Medical and surgical GI, Urological surgery and Respiratory medicine. In addition to general endoscopy services the unit also provides tertiary and national referral services such as ERCP (including cholangioscopy), Endoscopic ultrasound, upper and lower GI EMR (endomucosal resection) and RFA (radiofrequency ablation) for the management of advanced dysplasia or early carcinoma.

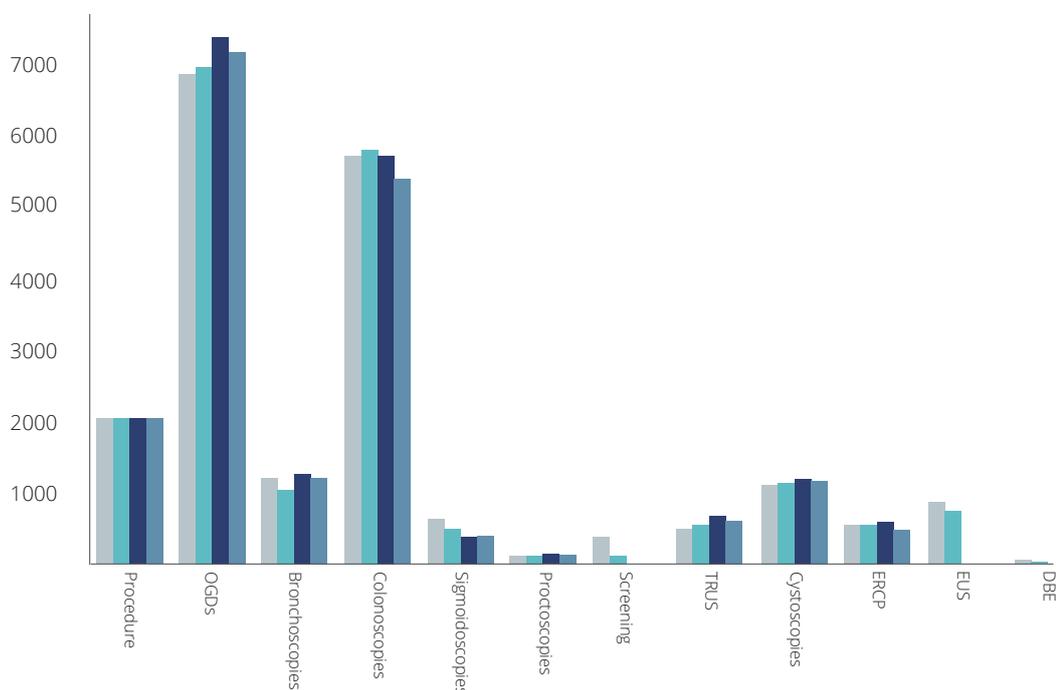
The unit remains the largest single provider of endoscopic services in the country and continues to increase throughput of patient's year on year by increasing efficiencies wherever possible. Open access endoscopy for GI services and rapid access for urology and respiratory services for suspected malignancy form a significant portion of the total workload. The Endoscopy Unit provides a comprehensive Diagnostic Endoscopy Service to over 18,000 patients per annum. St. James's Endoscopy unit is proud and privileged to have an Advanced Nurse Practitioner in Gastroenterology on site providing a diagnostic and therapeutic OGD

and colonoscopy service. The unit undertakes the following day case procedures, with attendance and activity figures increasing year on year.

This is the second year of participation in the colorectal cancer screening service. The number of procedures per week has been increased to 16-18. To date a total of 665 screening colonoscopies have been performed with a total number of 34 cancers detected and operated on in asymptomatic individuals. A substantial proportion of patients have also undergone single session screening colonoscopy and EMR for treatment of advanced colorectal polyps. The service will continue to expand with the appointment of a second colorectal screening ANP. Further clinical appointments are also planned to augment this service in the near future. The support of existing nursing and clinical staff is very much appreciated in augmenting and maintaining this service.

The unit has maintained its JAG accreditation. Changes will shortly be applied to the criteria for JAG accreditation in the future, particularly from the point of view of decontamination facilities. In anticipation of this, a group has been set up and plans put in place to update and substantially expand the existing decontamination facilities. This will be an important capital project for the unit with extensive replacement of existing equipment and a significant construction component.

In 2014 an Endoscopy Pre-Assessment Nurse was appointed to assess all patients undergoing Colonoscopy prior to their procedure.



Contact with 1800 has been successfully made by the pre-assessment nurse to date. Of these patients 289 patient's procedures were cancelled (rescheduled/ not required/not wanted/carried out already). These appointments were then reassigned. Our DNA rate for colonoscopies for a comparable period in 2013 has decreased by 20%.

The number of colonoscopies carried out when compared to the same period in 2013 has increased by 10%. This figure reflects our reduction in DNAs and the identification of cancellations in a timely manner.

Our colonoscopy repeat rates for incomplete or failed procedures directly related to poor prep have decreased by 5% when compared to the same period in 2013. This equates to an average of 6 less repeat procedures per week which can be utilised for other patients.

### Outpatients

In 2014, there were over 8,000 attendances to gastroenterology outpatients. This number comprises of new referral and return attendances.

### Inflammatory Bowel Disease (IBD)

Inflammatory Bowel Disease (IBD) is the term used to describe chronic inflammatory conditions of the GI Tract and large bowel namely Crohn's disease and Ulcerative Colitis. IBD is a life long illness

Research published in peer reviewed journals demonstrates that this cohort of patients have better outcomes and a better quality of life where they have access to a clinical nurse specialist in IBD. Accordingly the SJH IBD service includes an IBD Clinical Nurse Specialist [CNS] that supports the Gastroenterology/Surgical teams and the individuals who attend SJH with a diagnosis of IBD. There are currently 850 patients recorded on the IBD database attending St James Hospital although the number of patients attending St James hospital is estimated at approximately 1500 patients in total as we do not currently have a database manager.

#### The current services provided by IBD CNS

- New Diagnosis - Information /Counselling
- Immunosuppressant (Imuran, Methotrexate, 6MP) Therapy - Education/Counselling
- Anti-TNF Therapy (Adalimumab/Infliximab/Simponi)- Education /Counselling
- Pre Anti-TNF screening(Infliximab/Simponi/ Adalimumab)

- Blood monitoring for patients on Immunomodulator/Anti-TNF therapy
- Telephone service for IBD patients
- Coordination of Infliximab/Iron infusion service

#### Current activity

- 60 patients commenced on sub-cut Anti-TNF
- 44 patients on Infliximab
- 359 infusions administered by end Dec 2014{Iron replacement and Infliximab infusions}
- 3,947 telephone queries answered by the IBD nurse

#### New Services /roles/staff in 2014

- We have commenced communication with Crumlin hospital to commence a transition Clinic for adolescent IBD patients transitioning into adult services.
- We have developed an EPR referral for iron replacement therapy to streamline the service.
- The IBD infusion service has moved from Endoscopy to H&H dayward.
- The staff on H&H ward have completed training on Infliximab administration.

#### Projects & Research in progress / completed 2014

- Research Title: Long term assessment of clinical response to Adalimumab therapy in refractory Ulcerative Colitis at ISG.
- Research Title: Measles, Mumps and Rubella Seronegativity Rates in IBD Patients Commencing Biologic Therapy.

### Clinical Immunology

The Clinical Immunology Service at St. James's Hospital provides assessment and evaluation of patients with immunodeficiency disorders, vasculitis, autoimmune disease and allergy. As one of only three adult centres offering these specialized services in Ireland, the Immunology Department has continued to cater for rapidly increasing numbers of referrals from across the country.

The Immunology Day Ward provides immunoglobulin replacement therapy facilities for patients with primary immunodeficiency disease. Home therapy programs for immunodeficiency, cutting edge-therapies for vasculitis and allergen desensitization courses are also administered by Clinical Nurse Specialists in immunology, operating from the Immunology Day Ward. In addition, the Day Ward

provides a limited service for drug allergy assessment along with food and drug provocation challenges, an essential tool in allergy investigation. These services improve quality of life, and prevent unplanned healthcare interactions for patients with a diverse range of diseases.

The Clinical Immunology team also provides a busy in-patient service to support the investigation of patients with possible immune system and allergic disorders. In addition the clinical team provides advice on the choice and interpretation of immunology laboratory tests. This includes an email based service to support decision making in allergy in the primary care setting.

The Immunology Department continues to implement a quality improvement agenda. In 2014, projects to address patient pathways in chronic spontaneous urticaria, to increase out-patient clinic capacity and to deal with high risk activities such as provocation challenges were initiated. These endeavors were supported by the appointment of a new clinical immunology consultant and enhanced by the addition of a new clinical nurse specialist post.

## Nephrology and Dialysis

The Renal Nursing Staff continue to provide the highest quality pre-dialysis education to pre-dialysis renal patients. Pre-dialysis 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.

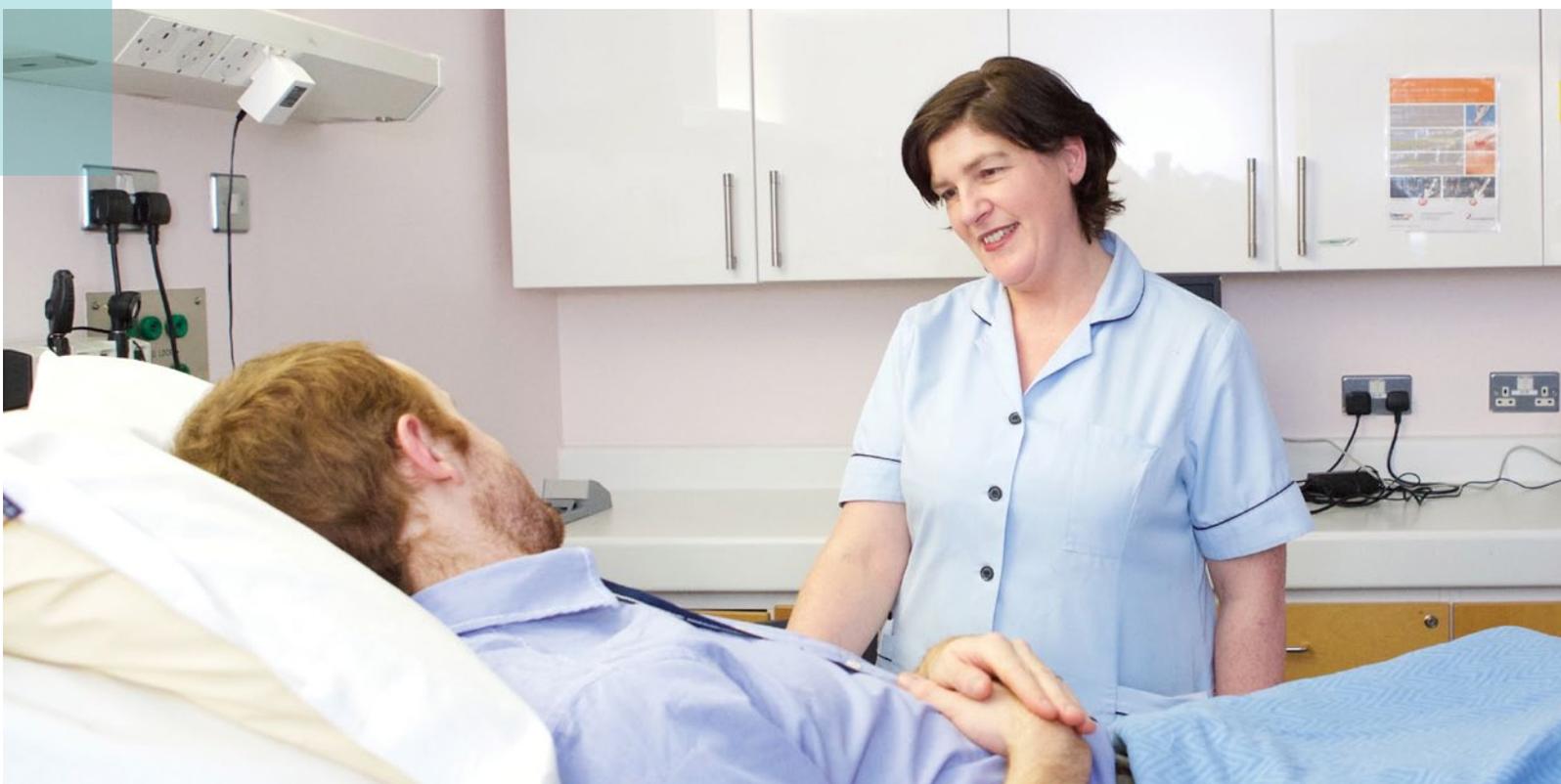
- In 2014 a total of 555 dialysis treatments were carried out.
- There were 230 patients on the pre -dialysis CKD programme in 2014.

## Haemodialysis

12 patients attending St James's Hospital started long-term Dialysis in 2014. 7 patients started here in St James's Hospital, 3 patients started in a satellite dialysis unit in Beacon (Sandyford). 1 patient started Haemodialysis in AMNCH (Tallaght) and 1 patient started Peritoneal Dialysis in AMNCH

## Renal Transplant Work-up

In 2014 - 7 patients were worked up for renal transplant. 3 patients received kidney transplant.





## Route 1

Discharge Lounge  
Wheelchair Set Down  
Breast Care Department

Dubdoc



# Surgery, Anaesthesia and Critical Care Directorate (SACC)

The Surgery, Anaesthesia and Critical Care Directorate (SACC) was created in response to a strategic review by the Hospital Board of corporate management structures in St James's.

Its remit was to consolidate surgical and associated services across the hospital. It replaces a number of smaller Directorates which had evolved within St James's corporate structures since the early 1990s. It also integrated some services which had not previously been in a directorate structure.

## ADON's

- Ms Fiona Murphy (Theatres, Day Surgery Centre, HSSU)
- Catherine Molumby (In Patient Wards)
- Catherine Tobin (Critical Care Services)
- Dympna St John Coss (OPD, Discharge Lounge, Abraham Colles & Ann Young Wards)

## Specialties and Clinical Leads

- Mr Paul Mc Cormick (General Surgery)
- No clinical lead appointed (Breast Service)
- Dr Noreen Gleeson (Gynaecology)
- Mr Rustom Manecksha (Urology)
- Mr Odhran Shelly (Plastic Surgery)
- Mr Prakash Madhavan (Vascular Surgery)
- Professor Con Timon (ENT)
- Mr Vincent Young (Cardiothoracic Surgery)
- Dr Noreen Dowd (Anaesthesia)
- Dr Elizabeth Connolly (Critical Care Services)
- Dr Joe Fitzgerald (Pain Medicine)
- Mr Niall Hogan (Orthopaedic Surgery)
- No clinical lead appointed (Oral & maxillo-facial Surgery)

## Directorate Service Managers

- Ms Martina Kelly
- Ms Carol Finn
- Ms Michelle Maher



**Dr Jeanne Moriarty**  
*Clinical Director*



**Fiona Murphy**  
*Operations Manager*

**Shona Schneeman**  
*Operations Manager*

January to April 2014 was a period of preparation by SACC and MED Clinical Directors, with presentations of the strategic overview of the new Directorate structures with a series of open meetings with all staff to address their concerns and to allow opportunities to contribute to the change process. The SACC Directorate programme focuses on the surgical patient process from Outpatients through to discharge. Core principles are based around delivering a safe, personal, clinically effective and high quality service to all patients, with clear accountability for all staff members.

Clinical leads were appointed for all surgical specialty groupings. The Clinical Leads are the key link with the consultants in each service. The four Assistant Directors of Nursing are aligned to the core services for surgery, anaesthesia and critical care and are supported by three Directorate Service Managers. This involved a review of all key roles in senior nursing and administration, with changes in role profiles for all staff concerned.

St James's Hospital delivers a wide range of surgical services at a local, regional and national level. Surgical services have been seriously affected by the financial constraints and reductions in health service budget. This is most visible in 2014 in the number of bed days lost to admissions through the Emergency Department. However a Demand / Capacity review commissioned by the CEO showed that there are inefficiencies to be addressed in the delivery of surgical services. Lack of adequate preparation of surgical patients, low day of surgery admissions and inability to access protected surgical beds all contribute to inability to deliver a streamlined service to the elective surgical patient across all services.

The use of the Day Surgery Centre as an overflow for admissions through the Emergency Department seriously curtailed access for elective patients, surgical and medical, booked for same day procedures. The net effect is an increase in last minute cancellations and increased waiting times for elective surgery.

### Key objectives

1. Establish a full anaesthesia pre-assessment service. There has been a pre-assessment service for day surgery patients since the DSC opened in 2006. However there is very limited access for elective in-patients for major surgery. A pilot project done in 2013 on colorectal cancer patients showed that anaesthesia pre-assessment, protocolised surgical pre-admission, use of the enhanced recovery pathway and having a protected bed for the day of admission reduced the average length of stay by 5 days.
2. Standardised surgical pre-admission work-up.
3. Day of Surgery admission (DOSA) The target is 85%, but effective DOSA relies on having a fully worked up patient arriving ready for surgery on the appointed day.
4. Protected elective surgical beds in the appropriate wards.
5. Use of the Productive Operating Theatre (TPOT) pathway.
6. Discharge planning. This is essential for all patients and needs to start as part of the surgical plan in OPD.

Funding was allocated to set up pre-assessment in late 2014 and this will commence in 2015. The initial specialties are upper and lower gastro-intestinal, breast, gynaecology and urology. The project group for Anaesthesia Pre-assessment are Dr Noreen

Dowd, Clinical Lead, Dr Catherine O'Malley, Dr Michael McKenny, Ms Fiona Murphy, Ms Carol Finn and Ms Eleanor Whelton.

### OPD Activity 2014

OPD activity continues to rise across the Directorate with an average increase in attendances of 5%. Development projects ongoing in SACC OPD include upgrading of ENT endoscope decontamination unit and upgrading and refurbishment of Oral and Maxillo-facial OPD to facilitate an increase in the number of ambulatory oral surgery procedures by this service.

A review of OPD activity and utilisation is being conducted by the COO.

### Theatre Activity 2014

Elective surgery was constrained by the increase in emergency admissions through the Emergency Department, with a significant number of cancellations. Notwithstanding this over 9000 cases were operated on in Main theatres, 6549 in Day Surgery, 142 in Endovascular, 130 external cases in Interventional Radiology and the Cardiac Cath Lab. There were approximately 1500 emergency surgical procedures.

Between January and June 2014 in-patients were admitted to the Day Surgery Centre because of emergency admission overflow.

#### In Patient Statistics 2014

Ward	DSO
OCC Bed Days	185
Transfers In	228
Admissions	5
Transfers Out	191
Discharges	42

### Critical Care

- Lead Clinician - Dr Elizabeth Connolly
- ADON - Ms Catherine Tobin
- CNM 3 GICU and HDU - Ms Rynagh Gilligan
- CNM 3KSICU and HDU - Ms Grainne M Donald
- CNM 2 National Burns Unit - Ms Helen Nolan

With the exception of the Coronary Care Unit, all inpatient Critical Care Units are now under the SACC



Directorate. A full annual activity report is published for both General ICU and HDU and KSICU and HDU.

Bed capacity in GICU and KSICU remains an issue. Additional funding to open 2 beds in KSICU and additional capacity in GICU/HDU was received in 2014, but recruitment of appropriately qualified nurses has been difficult. The lifting of the HSE recruitment embargo resulted in a number of resignations of experienced nursing staff to take up

promotional opportunities nationally. Recruitment efforts continue to be a priority for the Directorate.

Funding for a consultant intensivist and CNM 3 to promote Organ Donation within the Dublin Mid-Leinster Group has been received and recruitment commenced.

Separate reports have been issued for General ICU, HDU and Keith Shaw ICU.

## Critical Care Admissions 2014

### GICU Admission numbers 2013 and 2014

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2014	88	74	73	76	64	76	70	75	67	58	73	60
2013	64	56	49	60	62	62	79	70	82	85	73	75

### HDU Admission numbers 2013 and 2014

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2014	43	27	31	32	44	42	46	35	34	37	35	40
2013	44	32	37	30	34	39	56	56	42	34	46	39

### KSICU Admission numbers 2013 and 2014

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2014	42	37	34	38	33	36	39	39	42	41	41	32
2013	32	27	16	21	33	36	45	37	31	38	38	31

## Pain Medicine Service

The Pain service is provided by Drs McCrory and Fitzgerald, a Pain SpR, a Pain Fellow and 4 Clinical Nurse Specialists. They provide an in-patient and out-patient consultation service, manage acute post-operative pain and have Day Surgery procedural lists.

There were approximately 1900 in-patient referrals, 1600 Day Surgery procedures and for the acute pain service 1200 PCAs and over 800 epidurals.

## Wards

### ADON Ms Catherine Molumby, Ms Dympna St John Coss

SACC Directorate is responsible for the following wards;

- St John's
- Edward Hallaran Bennett
- Sir Patrick Dun's
- Keith Shaw
- Ann Young
- Abraham Colles
- Phase 1 H
- Private 2
- Private 3
- Discharge Lounge.

There are significant pressures on bed availability for elective surgery across all surgical services, due to the increasing numbers of emergent medical admissions through the Emergency Department and OPD.

Developments at ward level in upgrading the air handling to address aspergillus risk are ongoing across the hospital and will be completed in 2015.

A very successful Quality Improvement project around hip fracture patients was undertaken by the multi-disciplinary team, comprising Dr Geraldine McMahon, Clinical Effectiveness Lead, Mr Tom McCarthy, Consultant Orthopaedic Surgeon, Ms Kate Nulty, Physiotherapist, Ms Orla Beggs, CNM 2 Abraham Colles Ward, Ms Mary O'Brien, Acting Theatre Manager, Ms Geraldine Richardson, CNM2 Orthopaedic Theatres. Significant progress was made in achieving compliance with national targets of admission to a specialist orthopaedic ward and surgery within 48 hours of admission. A clinical pathway has been developed by the project team for all hip fracture patients.

The hospital will be joining the Productive Ward programme in 2015.

## New Appointments

### Surgery

Ms Sarah Early, Cardiothoracic Surgeon, Mr John Larkin, Colorectal Surgeon, Mr Rustom Manecksha, Urology, Mr Adrian O'Callaghan, Vascular Surgery.

### Critical Care

Dr Ignacio Loeches-Martin.

## External Appointments

Dr Ellen O'Sullivan, President College of Anaesthetists of Ireland.

Dr Tom Schnittger, Lecturer Department of International Health and Tropical Medicine, RCSI.

## Awards

Professor Thomas Lynch – William Stokes Award.



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# Laboratory Medicine Directorate (LabMed)

The LabMed Directorate is responsible for the overall management and development of the Clinical Pathology and Laboratory Medicine Services in support of St. James's Hospital and General Practitioners, and also provides a referral service for hospitals, laboratories and other agencies throughout the country.



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



**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 laboratory medicine directorate has two national reference laboratories and is also a national referral laboratory for many specialties in laboratory medicine.

## Accreditation/Licence

All laboratory medicine disciplines are accredited. The laboratory disciplines, outlined below, were accredited to the updated international standard ISO 15189:2012 in 2014. More than 1,000 tests are accredited in this system. The laboratories involved include:

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

## The Transfusion Medicine department

The Transfusion Medicine department, 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 2014.

## St. James's Hospital Tissue Establishment

St. James's Hospital Tissue Establishment incorporating the Cryobiology Laboratory has received their licence to operate as a Tissue Establishment from the Health Products Regulatory Authority (HPRA), formerly the Irish Medicines 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 licence in 2014.

## Developments/Projects 2014

A number of key projects were completed successfully in 2014 and include:

- The Laboratory Medicine's Strategic Plan 2014-2019.
- The collaboration of St. James's Hospital laboratory management with the Children's Hospital Group laboratory medicine representatives working under the umbrella of the Shared Services Sub Group for laboratory medicine with the submission of a joint paper to the National Paediatric Hospital Development Board.
- The development and submission of a separate business Case for the development of a single laboratory campus on the St. James's Hospital site was submitted in April 2014 to St. James's Hospital CEO and the HSE. This new laboratory proposed the consolidation of all existing laboratories on the St. James's Hospital campus, the new Children's hospital laboratory services, the Genetics Laboratory currently residing in the grounds Our Lady's Children's Hospital Crumlin with provision to accommodate the Maternity Hospital Laboratory, from the Coombe, if and when it transfers at a future date.
- In October 2014, a new group called the the Acute Hospitals Laboratory Modernisation Programme National Oversight Group convened and requested a business case be developed for the provision of laboratory services on the St. James's Hospital site to include the New Children's hospital laboratory and the genetics laboratory currently residing in the campus of Our Lady's Children's Hospital Crumlin as well as for the potential to accommodate a future maternity hospital laboratory from the Coombe re-location. The context would be that the proposal fits in with the National Laboratory Modernisation programme. A representative sub group from the Children's Hospital group, St. James's Hospital, the National Clinical Programme in Pathology and the HSE completed the business case (largely built from the previous case described above). This was submitted to the HSE in October 2014 and forwarded to the Department of Health in November 2014.
- The completion of a "proof of concept" initiative for the tagging of "precious samples" with Radio Frequency Identification (RFID) tags for full audit trail purposes was completed successfully. This was with a view to roll out across the campus for routine tagging and auditing of precious samples as well as other hospital key items. A business case will go forward in 2015 for roll out.
- The introduction of a pre-analytical sample sorter and aliquotter to help manage sample handling in the laboratory. This was successful and is now in routine use.
- The continual consolidation of tests on analysers saw the transfer of the aminoglycoside antibiotics onto the Roche analytical modules in biochemistry, which was successful and improved the availability of this service to the hospital on a 24/7 basis.
- The continued participation of the St. James's Hospital laboratory medicine personnel on the national procurement and selection of the new national medical laboratory information system project. In addition, laboratory management is represented on the National Project Board for this project. The selection of a successful vendor was completed in 2014. The national build will begin in 2015 and St. James's Hospital laboratory will be the first pilot site for local implementation together with the Midlands Hospital laboratories in Tullamore and Portlaoise, planned for 2016.
- Histopathology Order Communications (OCM) was introduced to optimise efficiency and effectiveness in the requesting, delivery and reporting of histopathology services in SJH. This was completed successfully.
- The introduction of GP Phlebotomy appointment system to streamline and improve efficiency for this service and was continually optimised throughout 2014 and is now regarded as one of the most highly efficient systems in operation, supported by the metrics that are continually monitored. Please see more information on this project below.
- The expansion of the phlebotomy services to support the hospital requirements was achieved

in 2014, particularly support to Transition units, the GUIDE Clinic and the MedEI directorate.

## Major Ongoing Service Developments-a continuum

### Molecular diagnostics in Cancer Therapeutics

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.

### Molecular Microbiology

The promise of molecular techniques to detect pathogenic organisms that first emerged about 20 years ago is now being delivered on a daily basis. The diagnostic virology/serology service at St. James's Hospital has expanded exponentially over the last number of years with increased diagnostic testing and the introduction of new diagnostic assays that have been essential for patient management and for the timely response to control of outbreaks of infection. The service has developed to meet the demands of the patient population that we serve, particularly patients attending haematology/oncology, HIV and Hepatology services but also the general patient population as evidenced by the service the hospital has received during the recent influenza and norovirus outbreaks. In addition, molecular diagnostics is becoming an increasingly important method for detection of bacterial pathogens. This area will undoubtedly continue to grow over the coming years.

### Workload

The workload generated within the hospital increased by 5% over 2013 levels. Work from GPs was up by 11% and work referred from AMNCH was up by 4% on 2013 levels. The total number of test requests carried out was 8.2 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 2014-workload figures, based on laboratory test requests, are outlined in Table 1.

The following figures look at the trend in workload growth over a five year period. Main issues arising are the large growth in microbiology in the 2014 period as previous years only demonstrated a modest growth. However this growth is across all sectors (hospital patients and GPs and external organisations). Contributory factors are the growth in STI testing and the ED-BBV project. The growth in CMD work has plateaued but over the five year period showed a 33% increase in workload. Coagulation has reduced due to demand management strategies based on evidence best practice.

## Workload trends 2010-2014

	2010	2011	2012	2013	2014	% CHANGE FROM 2010	% increase 2014/2013
<b>Haematology</b>	563,788	591,272	614,882	638,080	653,763	16	2
<b>Coagulation</b>	195,427	189,817	182,347	182,557	174,654	-11	-4
<b>Bl. Transfusion</b>	61,696	58,539	58,943	59,822	57,593	-7	-4
<b>Biochemistry</b>	5,168,631	5,417,229	5,670,696	6,250,639	6,569,704	27	5
<b>Microbiology</b>	367,910	377,244	385,112	383,069	454,649	24	19
<b>Histo - Blocks</b>	87,229	89,985	93,174	99,295	98,156	13	-1
<b>Cytology</b>	5,652	5,975	6,291	6,349	5,891	4	-7
<b>Immunology</b>	292,225	311,491	256,596	188,522	197,942	-32	5
<b>CMD</b>	4,889	5,243	5,970	6,453	6,502	33	1
<b>Total</b>	6,747,447	7,046,795	7,274,011	7,814,786	8,219,154	22	5

## Education and Learning

The Laboratory is a centre for education for the FRCPath, BSc in Medical Science and MSc in Biomedical Science/ Molecular Pathology/ Clinical Chemistry and Microbiology. It is actively engaged in research and development projects leading to undergraduate 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.

## St. James's Hospital GP Phlebotomy Clinic

### Project Background

St James Hospital GP Phlebotomy Clinic introduced Online Appointments for GP Blood Tests eliminating onsite waiting times, improving clinic efficiencies and patient communication. Historically the GP Phlebotomy Clinic operated as a walk in service to cater for as many patients that would attend on a

given day. As a result of on-going demand, ~30,000 per year, daily volumes had increased and excessive waiting times were frequently experienced. In response, St James Hospital GP Phlebotomy Clinic initiated a project, in conjunction with swiftQueue Technologies, to provide online appointments to improve the patient experience and deliver greater efficiencies for the clinic

### The project objectives

- Improve the service experience for our patients.
- Enhanced management of phlebotomy appointments.
- Increased operational efficiency and reduced waiting times.
- Reduce DNA (Did Not Attend) rate to < 5%
- Support reduction in manual overheads, e.g. patient data capture and written reports.
- Enhance patient ownership by providing a specific time of their choosing.

### SwiftQueue

SwiftQueue provides a robust, secure and easy to use online healthcare appointment system. From a clinic's perspective, swiftQueue allows full clinic management providing real-time controlled visibility of appointments and an efficient booking process. Patients can view available times in each clinic and

in 3 easy steps can select their appointment date/time. This service is available on a 24/7 basis.

Online adoption rates have risen steadily since project commencement. Analysis on uptake and usage supports the finding that the online appointment channel is being used across a broad range of ages and demographics. Email and SMS confirmations and reminders are employed to create a feedback loop between the clinic and the patient.

Patient feedback has been excellent as the patient feels engaged with the booking process and therefore is more likely to attend at their allocated appointment time and has confidence that they will be seen on time for every clinic visit.

**Key Metrics**

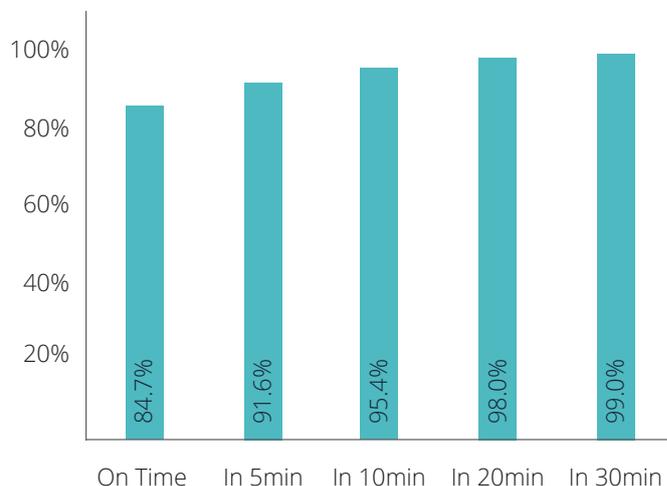
Throughout 2014 St James Hospital GP Phlebotomy Clinic has received excellent patient feedback and benchmarked with other SwiftQueue clinics consistently receives the best results for overall clinic performance. Please see the following charts demonstrating the consistent performance of the GP Phlebotomy Clinic. The significance of the Arrival On Time, figure 4.1, and Seen On Time, figure 4.2, for appointments is the foundation of the consistent reduced Patient Visiting Time, table below.

**Patients waiting time analysis for 2014**

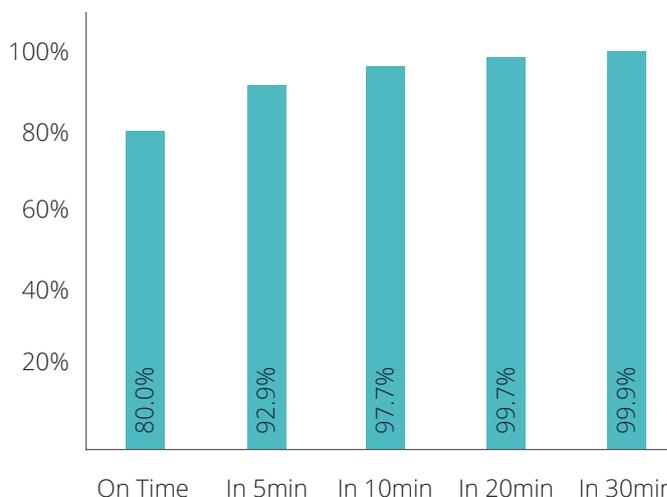
Average of Start to End Visit	Average Waiting time	Average Bleed Time
00:11:51	00:08:25	00:03:28

Improved patient engagement with the booking process has resulted that patients are more likely to attend their appointments as they have selected a convenient time for themselves and will receive both confirmation and reminder messages. Benchmarked with other swiftQueue clinics St James consistently is among the best patient "Did Not Attend" performance (see figure 4).

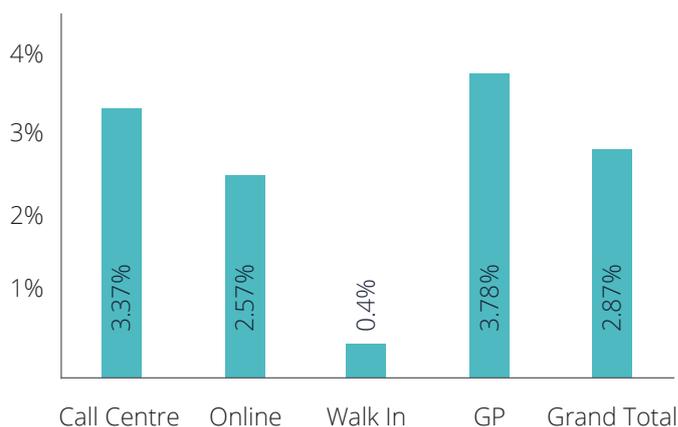
**Figure 4.1 Patients who attend On Time for their appointment for 2014**



**Figure 4.1 Patients who were seen On Time for their appointment for 2014**



**Figure 4.1 Patients Did Not Attend Analysis for 2014**



## Biochemistry Department

The Biochemistry Department continues to provide a comprehensive diagnostic support service for St James's Hospital, a large number of external healthcare institutions and an extensive primary care base. It receives many specialised referral tests in Endocrinology from across the country from other acute hospitals. It is one of the few remaining Radioimmunoassay sites licenced by the EPA. 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 Hypercholesterolemia. 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.

In 2014, INAB accreditation was achieved under ISO 15189:2012 standards along with all the other laboratory disciplines. This was only achieved with a major input from all staff that made this happen. The department supports all members of staff in advancing their careers with a number of staff undertaking MSc courses and provides thesis projects under the guidance of the Chemical Pathologist Dr Crowley. It also encourages all staff with their CPD activities both in attendance of external scientific meetings and internal lunchtime meetings and on-going training.

Further developments continued in the Core Lab with the transfer of Cortisol to the Core Biochemistry laboratory Cobas system in February 2014. It is intended to transfer ACTH and Calcitonin early in 2015 for further consolidation.

The Biochemistry laboratory continues with its plans to consolidate with the introduction of a Kryptor automated analyser on a trial basis for Trab, Thyroglobulin and Thyroglobulin Abs. If successful in validation this will revolutionise the turnaround times for these assays from weeks to days. We will continue to strive for greater consolidation and greater efficiencies in turnaround times. We also wish to keep up with the latest advances in both testing and instrumentation.

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 developments, 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 POCT where St. James's Hospital was the first acute teaching hospital in Ireland to achieve INAB accreditation for Glucose/ABG/Pregnancy tests under ISO 15189:2012 incorporating ISO 22870:2006. The department has also consolidated all ward glucometers using the Roche Accu-Check system which has full I.T. connectivity with the central laboratory using Cobas IT. In 2014, there was the installation and full validation of a new blood gas and Electrolyte/metabolite (ABG) measuring analysers for acute wards using the Siemens systems. This uses disposable cartridges and is the latest ABG technology with less down time and less need for daily laboratory staff maintenance of these instruments. The Biochemistry department continues to take a lead role in POCT monitoring and management across all hospital sites, especially in the hospital wards. This role will increase in the future. The department added a third Cobas 701 chemistry module in 2014 to give greater capacity and resilience. The department is preparing to redesign the Core Laboratory instrument layout to encompass a new pre-analytics and three chemistry/immunoassay lines which would enable us to be the flagship Biochemistry laboratory in this country. Work is to commence on this in 2015 with planned operation in Q1 2016.

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 continue to be 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 and is seen as an integral part of our brief and of the utmost importance in leading progression in new tests and technologies in Biochemistry/Endocrinology.

### 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 Health Products Regulatory Authority (HPRA) 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, with out of hours work to process products arriving from international collection centres. The Cryobiology Laboratory performed a total of 1070 procedures in 2014, a 21% increase on 2013. 69 Allogeneic transplants and 97 autologous transplants were performed in St James hospital in 2014. A total of 214 bone marrow and apheresis products units were harvested and processed in 2014. A total of 86 fresh products and 114 cryopreserved products were infused in 2014.

The transplant service at St James Hospital has carried out 2050 transplants since its formation 20 years ago in 1984.

### Immunology Laboratory Service

The Immunology Department provides a comprehensive fully centralised diagnostic laboratory service in tandem with an expanding clinical service for patients with immune system problems. Immunology laboratory services provide essential diagnostic support to specialists in a range of disciplines in St. James's Hospital and to a range of other hospitals and to primary care. The immunology clinicians, including a newly appointed consultant, continue to deliver high quality in-patient, day case and out-patient care for patients with diseases including primary and secondary immunodeficiency disorders, vasculitis, chronic urticaria and allergy, receiving referrals from across the country. The

Department also maintains a commitment to translational research with involvement in several high profile publications in 2014.

### Immunology Department

The Immunology Laboratory in St. James's Hospital is the largest diagnostic immunology unit in the country, and achieved accreditation to ISO 15189:2012 from the Irish National Accreditation Board (INAB) in 2014, following many years accredited to CPA (UK) Ltd standards that were also benchmarked to the ISO 15189 international standards.

Our highly skilled scientists carry out a diverse repertoire of tests encompassing a variety of flow cytometric, immunochemical and immunofluorescence techniques. The clinical immunology team provides direct support for test selection and result interpretation including an email advice service for primary care doctors focusing on allergy test ordering and interpretation.

The Laboratory processed 286,409 tests in 2014, representing an increase in workload of 11% compared to 2013. Further analysis of these workload figures highlights flow cytometry for primary and secondary immunodeficiency diagnosis and monitoring, and indirect immunofluorescence for diagnosis of vasculitis and connective tissue disease as particular areas of expansion. The highly specialized test repertoire, and high quality output attracts work from across Ireland.

The Immunology Laboratory continues to be a focus for the translation of research innovations into diagnostic processes that can provide direct benefits to patients. In 2014, significant work was carried out on a range of assays for use in disparate diagnostic settings. Extended lymphocyte phenotyping panels for the in-depth characterization of immunodeficiency disorders have been developed. These tests support the status of the immunology laboratory as a de facto national reference laboratory for primary immunodeficiency disease. Extensive validation work has also been carried out on a series of assays for Alzheimer's disease as part of a major international project examining early biomarkers in neurodegenerative syndromes. In addition, a novel assay for the assessment of renal involvement in vasculitis has been brought to the point of clinical evaluation. This offers a non-invasive way of diagnosing kidney involvement in these devastating disorders. Underpinning these innovations are collaborations with the clinicians and scientists of the Mercer's Institute for Successful Aging, the

department of Renal Medicine in AMNCH Tallaght and OLHSC Crumlin. These collaborations and developments continue to highlight the Immunology Laboratory in St. James's Hospital as a leading centre for immunology diagnostics.

### Immunology Clinical Service

There was a major change in 2014 to the clinical immunology service in St. James's Hospital. The appointment of a new consultant and an additional specialist nurse has led to the initiation of clinical quality improvement projects with an emphasis on providing a service that is responsive to the needs of both patients and clinical service users. The core areas of clinical interest are primary immunodeficiency disease, vasculitic disorders, serious allergic disease and chronic urticaria. Referral numbers to the outpatient department continue to increase rapidly reflecting an increasing demand for investigation of immune system problems. Requests for allergy assessments in particular are increasing year on year. To cater for this we have expanded the role of our nurse specialists to include allergy assessments and review of patients with chronic urticaria.

The Immunology Day Ward continues to operate at full capacity delivering management and review for an expanding cohort of patients with immunodeficiency diseases and vasculitis. Use of the day ward facility acts as a management hub for these patient groups facilitating home therapy programs and reducing the requirement for unplanned medical attendances and hospital admissions. The Day Ward also provides a limited service for allergy provocation challenges. In addition, the clinical team provides in-patient consultation cover for review of patients with suspected allergy, immunodeficiency and autoimmune disorders.

The clinical service contributes to a number of national and international collaborative projects including UKIVAS, the national vasculitis registry for UK and Ireland and the ESID database, a European database of primary immunodeficiency diseases. These collaborations highlight the ongoing involvement of the immunology department in the development of the knowledge base for these challenging disorders.

### Research and Learning

The department has a substantial commitment to undergraduate and post-graduate education in partnership with Trinity College Dublin. Clinicians and Scientists contribute to a variety of curricula including

undergraduate medicine, and several taught MSc. programs. In 2014 six students were undertaking PhD studies in the department. Research is carried out in the Institute for Molecular Medicine in the St. James's Campus and in the Diagnostic Immunology Laboratory. Research interests include: the pathogenesis of coeliac disease and the roles of NK cells and innate T cell subsets in immunodeficiency diseases, systemic vasculitis and HIV.

The department contributed to fourteen peer reviewed publications in 2014 and presented data at a number of national and international conferences. The Immunology Department in collaboration with partners in Trinity College Dublin continues to be an important hub for genuine translational research.

### 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.

The Cell counting and morphology laboratory handles high-volume, rapid-turnaround tests and has operated an extended working day 8am to 8pm since 2011. It processed almost 360,000 FBC requests in 2014, a slight increase on 2013. The Clinical Cytometry & Haemoglobinopathy laboratory saw a workload increase of 2.7% overall on 2013 and of 12.8% in the flow cytometry service. The latter now includes an expanded repertoire of immunophenotyping investigations including analysis of assessment of Minimal residual Disease (MRD) in Acute Lymphoblastic Leukaemia (ALL), Chronic Lymphocytic Leukaemia (CLL) and for plasma cells in Multiple Myeloma. There were 1,269 bone aspirate samples processed for morphological assessment

in the unit in 2014. A comprehensive laboratory screening service for haemoglobinopathy continues to be provided. The Haematinics and transplant drug monitoring laboratory saw an overall workload increase of 22% overall in 2014 compared to 2013, with similar increases in vitamin B12, Folate and Ferritin requests, the majority of which are provided for General Practitioners. A demand management project for haematinic requests commenced in 2014.

In 2014 INAB accreditation was achieved under ISO 15189:2012 standards along with all the other laboratory disciplines.

The department supports all members of staff in advancing their careers with a number of staff undertaking MSc courses at Dublin Institute of Technology and at the University of Ulster, Coleraine. All staff is supported in their CPD activities both in attendance at external scientific meetings, participation in an international online digital morphology CPD scheme, and internal lunchtime seminars.

### Developments in Haematology 2014

The clinical cytometry and haemoglobinopathy laboratory validated and introduced into use the Euroflow scientific consortium's Lymphoid screening tube (LST) in 2014, which uses Euroflow standardisation protocols and improves diagnostic capability with less reagent use. The laboratory continues to expand use of the Euroflow-developed infinicyte analysis software for flow cytometry. The department completed introduction of a fully-integrated flow cytometry "Workflow Manager" analysis software from Becton Dickinson, acquired during 2013, and has received site visits from several UK laboratories to view the setup. A new improved eight-colour method to detect minimal residual disease (MRD) in Chronic Lymphocytic Leukaemia (CLL), which uses an international protocol developed by ERIC (European Research Initiative in CLL), was introduced as part of a staff MSc project and presented at the Haematology Association of Ireland annual meeting.

One of the laboratory's senior medical scientists was invited to join an expert panel of the UK National External Quality Assurance Scheme (NEQAS) which aims to develop an EQA scheme for the developing field of digital morphology. The department's chief medical scientist made a presentation at the annual meeting of the International Council for Standardization in Haematology (ICSH) in San Francisco on standardisation of reporting units for

the blood count as co-author of this international guideline project. The laboratory's scientific staff members, once again, were key organisers of both a blood cell morphology quiz and of a laboratory science program at the Haematology Association of Ireland (HAI) annual meeting.

### 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 and provides an extensive and comprehensive diagnostic laboratory service for patients attending the NCHCD, for other patients within the hospital and also for hospitals at a local and a national level. Diagnosis of inherited and acquired disorders, monitoring of therapy and genetic analysis of inherited prothrombotic and inherited bleeding disorders are all part of the examination repertoire in this laboratory.

### Service developments in Coagulation 2014

The laboratory performed 175,000 tests in 2014 across both laboratories (154,000 tests in routine coagulation and 21,000 tests in NCHCD).

The department provided a specialist clinical laboratory service 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 22% of the investigations for bleeding disorders.

Test profiles for new anticoagulant therapies (Direct Thrombin Inhibitors and Direct Xa inhibitors) were introduced in 2014 allowing the measurement of these anticoagulants in specific circumstances.

The laboratory supports the education and training of its staff through post graduate education and attendance at meetings. Research projects undertaken during the year include the validation of a method for the measurement of Von Willebrand Factor propeptide and its application in the investigation of Von Willebrand Disease as well as the molecular diagnosis of May Hegglin Disease (MYH9 gene). Staff completed on-site training and attended meetings such as the Haematology Association of Ireland annual meeting, the ISTH advanced training course in Haemostasis and Thrombosis in Cascais,

Portugal and the ECAT participants meeting in Leiden, Netherlands.

The maintenance and continued development of the Coagulation Laboratory Quality Management System to ensure compliance with ISO 15189:2012 was evident in 2014 by the award of accreditation by INAB to this standard. This is maintained by continued audit, training, competency assessment, setting and achievement of quality objectives and by regular measurement of performance indicators within the laboratory.

### 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 2014 and this entailed auditing every area of the quality system and regular vertical audits of laboratory procedures, clinical processes and traceability.

The Hospital Transfusion Committee meets regularly and reviews the audit findings in addition to serious non-conformances and advises on hospital transfusion practice.

New initiatives in 2014 included review of the Maximum Surgical Blood Ordering Schedule (MSBOS) and ongoing audit of 'Code Red' transfusion management to help improve overall transfusion practice

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 62% of the nurses, 96% of the interns and 50% 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.

### Histopathology & Cytopathology

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.

The laboratory provided a second review of pathology of patients referred to SJH from all over Ireland as well as consultation second opinions to other pathologists from Ireland and the UK.

The workload of the department increased in 2014, by 4% in compared to 2013. We successfully met all our turnaround time targets in reporting 25,000 surgical specimens and 6340 cytology specimens.

The laboratory tendered for a tracking system and immunohistochemistry system, this was won by Roche. New immunohistochemistry machines are now installed and fully operational. The tracking system, the first of its kind in Ireland, will be installed by May 2015. This represents a huge improvement in quality and patient safety.

Five medical scientists became involved in specimen dissection including skin, breast, gynaecological pathology and small surgical cases. They plan to get a formal qualification in specimen dissection.

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 continues to embed the Faculty of Pathology's national quality assurance programme in its day to day activity.

The department completed 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.

Reports are also sent to some external centres electronically (Dublin Dental Hospital) and we plan to extend this service with the aim of becoming paper-free.

A Faculty report from the Royal College of Physicians commented on improvements made to training of NCHDs in the Department. It was felt to be an excellent centre to train in.

## Irish Mycobacteria Reference Laboratory

The primary role of the Irish Mycobacteria Reference Laboratory (IMRL) is the provision of a timely reference and advice service in relation to the diagnosis and treatment of tuberculosis and other mycobacterial disease. In 2014, the IMRL continued to provide a high quality service to its users. The laboratory performs a specimen and culture referral service for hospitals throughout Ireland. Approximately 6,000 diagnostic specimens are processed annually and the laboratory receives almost 400 mycobacterial cultures per year for referral tests such as identification, susceptibility tests to first line anti-tuberculous drugs and epidemiological typing using specialised molecular techniques.

The annual report for 2014 shows in detail the achievements and the workload of the laboratory throughout the year along with the involvement of laboratory and clinical staff in education and research aspects of mycobacteria.

### The main achievements of the IMRL in 2014

- Provision of a diagnostic service. There was a 3% reduction in the specimen workload compared with previous years with 5,260 specimens cultured. There was a 12% increase in the number of rapid diagnostic molecular tests (GeneXpert system) performed compared to 2013.
- Provision of a timely reference and advice service. There was a 12% increase (compared to 2013 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 229 *M. tuberculosis* complex isolates identified in 2014. 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 102 isolates as part of continued surveillance and research interests in the IMRL.

- In 2014 INAB accreditation was achieved under ISO 15189:2012 standards along with all the other laboratory disciplines.
- Major structural and organisational changes were made in the CL3 laboratory to provide better workflow and a safer working environment. During the five month refurbishment process, the diagnostic and reference services were maintained due to the dedication and contribution of all IMRL staff.
- 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 2014.
  - The IMRL and Dept. of Clinical Microbiology, TCD, continued to participate 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.

### Service Developments

- hsp 65 gene sequencing was introduced as an additional assay to identify non-tuberculous mycobacteria.
- Continued surveillance of the epidemiological types of *M. tuberculosis* complex isolates circulating in the population.

### 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 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 accommodated a TCD Microbiology student who wished to learn and gain experience in the Microbiology Department during the summer months.

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

### Translational 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. This project involves using whole genome sequencing technology to interrogate

- resistance mutations among multi-drug resistant-TB strains.
- clusters of M. tuberculosis isolates (as identified by MIRU-VNTR typing).
- newly positive cultures- to determine species identification, resistance profile, relatedness to other mycobacterial species.

A collaborative project entitled "Retrospective MIRU-VNTR typing of recurrent cases of tuberculosis-new infection or re-activation?" between the IMRL and the clinical respiratory team (SJH) begun in 2014. This project is led by the IMRL laboratory team-Prof Tom Rogers, Dr. Margaret Fitzgibbon and Philomena Raftery.

A collaborative project between the IMRL and the SJH clinical respiratory team led by Prof Keane investigating viable but non-culturable bacteria using Resuscitation promoter factors (Rpf) started in 2014.

An evaluation of two molecular assays for screening specimens for the detection of MTC was performed by Philomena Raftery.

- Abbott Real Time assay
- FluoroType MTB (HAIN Lifescience)

### 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. Publication in press!

### National Committees

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

### International Forum

In September 2014 the IMRL was present and participated in the annual European Reference Laboratory Network for Tuberculosis in Malta. The IMRL was represented at the annual European Society for Mycobacteria (ESM) meeting in Vienna, Austria. In 2014, Philomena Raftery was accepted as a European Laboratory Support Expert trainee. 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 coordinated by Oxford, to validate Next Generation Sequencing (NGS) as a diagnostic technique that could decrease turnaround times to identification and susceptibility testing of mycobacteria.

## Microbiology Laboratory 2014

### 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.

### Diagnostic Microbiology

The Microbiology Laboratory continued to provide a comprehensive service for its users during 2014 despite a continued and sustained increase in workload.

The workload continued to increase throughout 2014 with an 18% increase in total workload over

2013. There was a 16% increase in GP requested workload. SJH requests increased by 19%. Work received from HSE East (GMHS) increased by 33%. A significant proportion of the workload increase from SJH was related to the study through the Emergency Department for Blood Borne Virus (EDVS). This was carried out in collaboration with the ED and GUIDE. Between March and December almost 10,000 specimens were screened for HBsAg, HIV Ag/Ab and HCV Ab. This study was supported by the HSE and other funding agencies.

STI and other BBV investigations now account for almost 40% of the laboratory workload. The increase in SJH requested investigations was 21%. Total laboratory workload has increased by 105% since 2009. Investigations sent to the NVRL have not shown the expected decrease. HIV and HCV VL continue to increase. This is work that could and should be done internally and the laboratory awaits the transfer of funding to SJH to enable this.

Managing staffing levels and increased workload continued to be difficult in 2014 but this has been achieved because of the dedicated staff who work in Microbiology who have continued to introduce improvements of workflow process and by reconfiguring work areas.

In spite of increasing workloads and additional and expanding administrative and management responsibilities, the laboratory maintained its high level of service development and academic achievement. Various developments within the core laboratory include the enhanced detection of microorganisms and antimicrobial resistance utilising advanced phenotypic, mass spectrometry and molecular technology. The molecular laboratory developed competence in areas of WGS. The first LGV outbreak was reported this year. All the LGV cases were detected, tested and sequenced in the laboratory.

The timely introduction of a Norovirus and influenza assay was invaluable to both patient care and hospital management.

### Surveillance

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.

### Key developments in the laboratory include

- The introduction of investigations to enhance detection of resistant determinants, e.g. BLNAR & BLPACR including PCR for fts1 gene
- Investigation of Pip/Tazobactam resistant Enterobacteriaceae
- Enhanced ESBL/AmpC/CPE detection
- Phenotypic detection of CPE
- Phenotypic detection of AmpCs
- Rapid detection of CRE/ESBL/AmpC

Key Indicators TATs are reported quarterly and have all successfully met the target as outlined below.

- C diff direct toxin testing
- MRSA Screen testing
- Chlamydia / N gon (CT/NG)
- HIV serology testing
- Urines
- Wound Swabs
- Respiratory
- Fluids
- Tissues
- Auramine Microscopies

*Target: >= 80% of specimens meet estimated TAT as outlined in Microbiology User Manual.*

### Infection Control

The Infection Control Service comprises the management and professional leadership and direction to the Infection Prevention and Control team. There are weekly team meetings, regular Infection control Steering group meetings, attendance at Risk Management, the Quality Safety and Risk Committee meetings and Sterivigilance Meetings. There is provision of surveillance of infection across many areas of the hospital including antimicrobial resistance surveillance, clinical infection surveillance, environmental surveillance. The Infection Control doctor is involved with planning across the site which was particularly important in 2014 as build of the Mercer's Institute of Successful Ageing and decant projects for the National Paediatric Hospital emerged.

## 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.
- Medium for the recovery of pathogens.

## National Meticillin-Resistant Staphylococcus Aureus Reference Laboratory

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.

### Activities in 2014 included

- Characterisation of MRSA isolates recovered from blood culture isolates (EARS-Net isolates) and provision of resistance rates to the Health Protection Surveillance Centre. As the rates of MRSA recovered in Irish hospitals decline so too do the number of these isolates submitted for investigation however one particular strains ST22-MRSA-IV continues to predominate.
- In contrast to EARS-Net isolates there was 29% increase in the number of isolates submitted for reference lab investigation.

- Characterisation of non-hospital associated strains of MRSA submitted to the lab using spa typing.
- Investigation of S. aureus isolates for virulence toxins including Panton-Valentine Leucocidin (PVL) and exfoliative toxins ETA, ETB and ETD and mec resistance genes.
- Laboratory investigation of 25 clusters of MRSA in healthcare facilities in Ireland.
- Minimum inhibitory concentration of isolates against newer antibiotics in the treatment of MRSA including ceftaroline, tigecycline and synercid.
- Investigation of linezolid resistance among S. epidermidis isolates recovered in an ICU.

## Training & Education

In addition to fulfilling all mandatory training requirements of fire safety, manual handling and hand hygiene staff of the NMRSARL attended lectures, conferences and workshops throughout the year including:

- Journal clubs in various topics in microbiology.
- In-house training in waste management, chemical safety, the quality management system, risk management and the transport of patient specimens.
- Workshop 'Rapid NGS for Clinical & Public Health Microbiology', University of Münster.
- Trinseq Whole Genome Sequencing Workshop, Trinity College Dublin.
- International Symposium on Staphylococci and Staphylococcal Infections, Chicago.
- Focus on Infection, Royal College of Physicians.

Staff of the laboratory staff gave lectures to undergraduate and postgraduate microbiology students in the Moyne Institute, TCD, the Department of Clinical Microbiology, TCD, and Dublin Institute of Technology and also made oral presentations at SJH Grand Rounds and Microbiology Journal Clubs in several different hospitals.

## Research & Development

A staff member continued a PhD study on the 'Molecular characterisation of sporadically occurring MRSA recovered in Ireland' while another began a taught MSc in Clinical Laboratory Science in DIT



### Collaborative work

Professor Hilary Humphreys, Beaumont Hospital involving the characterization of MSSA isolates recovered from blood stream infections.

Professor David Coleman, Dr. Anna Shore and their team at the Dublin Dental School, TCD

- Investigation of the genetic mechanism of fusidic acid resistance in MRSA in Ireland.
- Investigation of the usefulness of a *S. aureus* DNA microarray for genotyping MRSA isolates in Ireland and for enhancing discrimination and tracking of MRSA.
- Characterisation of the genotypes, virulence and antimicrobial resistance genes of pvl-positive MRSA in Ireland.
- Investigation of MRSA from animal populations for the presence of *meC* in order to determine if isolates harboring this gene are a significant problem among MRSA isolates from animals in Ireland, or if the zoonotic spread of MRSA with this *meC* are contributing to the burden of MRSA among humans.
- Monitoring of the characteristics of novel and potentially emerging MRSA clones e.g. ST772-MRSA-V, and the evolution of existing MRSA clones in Irish hospitals and communities, such as subpopulations of ST22-MRSA-IV with enhanced virulence or extended antimicrobial resistance potential.
- Investigating the role whole genome sequencing plays in the control of an MRSA or MSSA outbreak; Investigating the genotypes, virulence and antimicrobial resistance potential of MSSA isolates associated with blood stream infections (BSI) and MRSA from BSIs in order to investigate why MSSA BSIs are increasing in Ireland while MRSA BSIs are decreasing.

Professor Martin Cormican investigating MRSA isolates recovered from patients and the environment of a nursing home.

School of Veterinary Medicine, University College Dublin characterizing ST398-MRSA and ST398-MSSA recovered from pigs and humans in Ireland.



# DiagIm Directorate

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

## Service Delivery

There was a continued focus on improving our wait times for all procedures in 2014. The activity of the department increased in all areas with a significant increase in MRI activity from the MRI scanner in St. Luke's Radiation Oncology. In 2014, the department was joined by Dr. Mark Knox, acting as a long-term locum Consultant Radiologist, he supported the ongoing expansion of the breast imaging service. The department has helped with new clinical/radiology conferences in Radiation Oncology and Intensive Care.

Imaging Modality	2013	2014	Variance
General Radiology + Max Fax	116,972	117,643	1%
G.I. (including IVP)	1,243	1,137	-9%
Mammography	6,677	6,670	0%
Ultrasound	19,210	19,987	4%
C.T.	31,751	33,318	5%
Interventional Radiology: Therapeutic	3,445	3,359	-2%
Interventional Radiology: Diagnostic	417	341	-18%
Nuclear Medicine	5,893	5,810	-1%
M.R.I	10,140	11,991	18%
PET/CT **	11,619	12,519	8%
<b>TOTALS</b>	<b>207,367</b>	<b>212,775</b>	<b>3%</b>

\*\* This is a weighted figure, actual raw number of PET/CT's = 3,057 (7% increase on 2013 raw PET/CT figure of 2,850)

## Radiography

On-going clinical training of undergraduate and postgraduate radiography students by the radiographers is undertaken within the Directorate. In 2014, the joint one year honours degree course in diagnostic radiography at Trinity College Dublin and Singapore Institute of Technology commenced. This programme was co-ordinated by radiographers at St. James's Hospital. The Directorate facilitated the clinical placements of students during the overseas immersion programme in Dublin.

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

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

**Dr. Niall Sheehy**  
*Clinical Director*

**Sandra Dobrei**  
*Clinical Nurse Manager*

**Suzanne Dennan**  
*Radiographic Services Manager*

**Brendan O'Hagan**  
*Business Manager*





**CLINICAL SUPPORT SERVICES**



SCOPE Health and Social Care Professions' Management Unit is comprised of Speech & Language Therapy, Medical Social Work, Clinical Nutrition, Occupational Therapy and Physiotherapy.



**Siobhan Nunn**  
*Manager*

**Gina O' Donohue**  
*Speech and Language Therapy  
Department Manager*

**Siobhan Nunn**  
*Medical Social Work Department  
Manager (0.5wte)*

**Paula Markey**  
*Acting Medical Social Work Department  
Manager*

**Sandra Brady**  
*Clinical Nutrition Department Manager*

**Aoife O'Gorman**  
*Occupational Therapy Department  
Manager*

**Niamh Murphy**  
*Physiotherapy Department Manager*

**Patricia Reilly**  
*Administrator*

Currently there are 161.35wte Allied Health Professionals (AHP), 9.98wte Clerical/Admin and 11.7wte Attendants. In 2014 SCOPE provided a service to 21,190 New Inpatients and completed 110,790 Return Inpatient contacts. A service was provided to 12,848 New Outpatients and completed 30,861 Return Outpatients contacts.

## New Developments/Quality Initiatives

- In June 2014 Siobhan Nunn, Medical Social Work Manager took over from Niamh Murphy, Physiotherapy Manager as SCOPE Manager
- In August 2014 SCOPE appointed an ICT Project Co-ordinator to progress and manage the implementation of electronic clinical documentation and data collection for all departments.
- SCOPE Research & Innovation (R&I) Group organised their Annual R&I Presentations, an in-service presented by the chair of the Tallaght/St. James's Joint Research Ethics Committee on applying for ethics approval. The R&I Group awarded 3 bursaries to staff.
- SCOPE held an H&SCPs focus group on delay discharges, looking at discharge in terms of the journey of the patient from admission, through to referral and intervention and finally on to discharge.
- SCOPE Local Health & Safety Group met 6 times in 2014. They organised an Elder Abuse in-service for staff working with elderly patients.
- After the great success in 2013 SCOPE commenced another 10 week health and fitness programme in 2014 for 10 of St. James's Hospital staff.
- SCOPE manager commenced attending the Hospital Executive Management Committee Meetings.
- SCOPE started to provide a service to Inpatient Radiation Oncology patients in 2014.
- SCOPE departments continue to collaborate and strengthen further links with their community colleagues to assist in the patients receiving a seamless discharge from the hospital to the community.
- SCOPE departments were actively involved in the hip fracture quality improvement project, and the opening of Hollybrook in Feb. 2014.

## Clinical Nutrition

### Service Trends

Clinical Nutrition activity significantly increased in Radiation Oncology with the opening of inpatient beds including a high upper gastrointestinal cancer caseload. Demand for Clinical Nutrition input to gynae-oncology cancer surgery remained high, driven by national gynae-oncology cancer activity and

patient complexity. Activity patterns associated with the changes in medical take are beginning to emerge.

### New Developments/Quality Initiatives

- Clinical Nutrition staff participated in the St. James's Hospital Nutrition Steering Committee. Protected Mealtimes were piloted in two wards and this quality initiative was subsequently extended to other clinical areas.
- Recruitment continued to a phase II 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.
- Data collection for a prospective study of malabsorption and malnutrition after oesophageal and gastric cancer surgery was completed in 2014. Results will be presented at the European Surgical Association Conference, May 2015.
- A fortnightly joint dietitian and consultant surgeon malabsorption clinic was initiated in September 2014, to facilitate the systematic investigation and management of symptoms of malabsorption after gastric and oesophageal cancer surgery.
- A pilot project of the Nutrition Care Process Model was commenced. This is an internationally recognised structured process describing nutritional care using standardised terminology.
- An audit of the current service to outpatients with coeliac disease was completed in 2014. This informed plans to introduce group education sessions for annual reviews in 2015.
- Group low FODMAP diet education sessions for patients with Irritable Bowel Syndrome (IBS) were established following a successful pilot, addressing developing waiting lists and optimising effective use of time available.
- Clinical Nutrition participated in the 2014 international survey in critical care nutrition, benchmarking practice against international guidelines.
- Clinical Nutrition staff members in surgical and medical oncology specialities were actively involved in facilitating safe, timely discharge for patients discharged on home parenteral nutrition.
- The INDI Nutrition Support Reference Guide Home Parenteral Nutrition chapter was updated by Clinical Nutrition staff in Medical Oncology. Staff contributed to "Good Nutrition for Cancer Recovery" recipe book for patients.

- The senior dietitian and Diabetes Nurse Specialists ran 4 Berger structured education programme for Type 1 Diabetes patients in 2014. This focuses on enhancing diabetes self-management skills with positive feedback received.
- Demands on dietetic resources for patients on continuous subcutaneous insulin infusion therapy (CSII), an advanced insulin treatment option used in the management of type 1 diabetes, continued to grow with approximately 10% of all type 1 DM patients on insulin pump therapy in Ireland attending St. James's.

### Education / Continuous Professional Development

- Five undergraduate students of BSc (Hons) Human Nutrition & Dietetics completed clinical practice C placements. A placement was also provided for a University of Ulster undergraduate student in 2013-2014.
- A number of staff members attended Non-Managerial Professional Supervision and Behaviour Change skills training.
- The department was involved in medical and nursing (undergraduate and post-graduate), HCA and catering staff training, including the MSc. in Translational Oncology and National Stroke Foundation training. Staff presented at the St. James's Oncology study day, NCCP study days for community nurses and cancer patients, the St. James's multidisciplinary research seminar and had a number of oral and poster presentations at the Irish Nutrition and Dietetic Institute Research symposium.

### Medical Social Work

#### Service Trends

Flexibility in the face of changing demands and service provision is a constant theme within the Social Work Department. 2014 saw the number of patients requiring long term care increase significantly, resulting in social work providing a service to 314 listed patients under the Nursing Home Support Scheme. 60 Child protection reports were made to the HSE.

#### New Developments/Quality Initiatives

- Provision of an offsite service to 50 patients in Hollybrook from February 2014, in order to support patients and their families and expedite discharge.

- A follow up Social Work service was provided to 50 patients who were placed by St James's in contract beds in a variety of locations, from September 2014.
- Reconfiguration of staff in December 2014 to meet the specific needs of 20 patients going through the Ward of Court Application process.
- MSW Department were instrumental in the restoration of the Social Protection Hospital Homeless Liaison post which was cut in July 2014 and the development of the draft National Homeless Hospital Discharge protocol.
- The palliative MSW secured funding from the MED Day funding to hold 2 bereavement evenings per year for the next 6 years. Bereavement Evenings held in June and October 2014.
- Reconfiguration of posts to increase service to general medicine.
- Development of resources for parents and staff to use when talking to children about bereavement in palliative care.
- Efficiencies in team meetings implemented as a result of findings of team survey.

### Education/Continuous Professional Development

- Social work participated in the presentation of a complex NHSS case to Grand Rounds in December 2014.
- 5 Student Social Workers completed Practice Placements in 2014.
- A number of staff attended supervision training.
- Staff presented the following training:
  - "Psycho Social Impact of Illness" Medical Surgical Nursing Programme 17th June 2014.
  - "Motivational Interviewing" to Health Care Professionals on STIFF course.
  - "HIV in a Medical Setting" UCD Masters Social Work Students.
- MSW presented a poster to the IAOC on "Bereavement Group Evening".
- Delivery of a Medical Social Work module to Senior Freshman Year for Social Work students at Trinity College. 6 lectures delivered by MSW team.

## Occupational Therapy (OT)

### Service Trends

Combined inpatient and out-patient activity in 2014 was comparable with 2013 (<1 %) and delivered in excess of 21,500 contacts.

### New developments/quality initiatives

- A joint hospital and community OT initiative was implemented to deliver a six week evidence-based joint protection patient education self-management programme to rheumatology patients in the Dublin South City catchment area.
- The OT department acquired new TEOREMA upper limb therapeutic rehabilitation equipment which simulates normal functional activity and has a therapeutic application across all clinical areas.
- Occupational therapists in orthopaedics and vascular surgery implemented a clinical redesign and workload measurement project which resulted in the implementation of improved OT care pathways.
- Preparation for electronic documentation on EPR has resulted in the standardisation and streamlining of all Occupational Therapy assessment forms and documentation practices.
- The out-patient Neurology Occupational Therapy service increased from 0.25 to 0.4wte in 2014 providing essential services to Multiple Sclerosis and Parkinson's out-patients. The Neurology OT commenced a "vocational rehabilitation" and an "adjustment to diagnosis" self-management group programme.
- An MDT burns outreach visit was delivered which incorporated training and support for regional clinical therapy and nursing services.
- The Plastics OT service revised the Early Active Mobilisation protocol for Zone V-VIII extensor tendon repairs as well as the Zone III and IV Flexor Tendon Repairs.

### Education / Continuous Professional Development

- In 2014, 10 TCD undergraduate OT student placements, 24 TCD/Singapore Immersion programme students, 13 AHP students from Pittsburgh University and 15 observational OT student placements were facilitated.
- OTs completed and commenced postgraduate qualifications in OT, Neurological Rehabilitation and Gerontology.

- The Neurology OT completed specialist training in the Multiple Sclerosis FACETS fatigue management programme in the UK and a specialist postgraduate MSc module in Multiple Sclerosis Service Development as well as presenting at the European Committee for Treatment and Research in Multiple Sclerosis Annual Conference, Barcelona, 2014.
- The Clinical Specialist OT in Burns and Plastics attended the Federation of European Societies for Surgery of the Hand annual conference and delivered an educational series on "Introduction to Hand Assessment Principles and Techniques" to Irish Hand Therapists.
- All OTs were trained in the use of the Functional Independence Measure which will be introduced as an outcome measure.
- Research outcomes from the six week FAME: Fatigue management patient education programme which was implemented with Lupus patients were presented to all SCOPe staff.
- The OT Practice Tutor in collaboration with Physiotherapy and Speech and Language Therapy presented on "Interdisciplinary Education at St. James's Hospital" at the "InMed" conference in Belfast.

## Physiotherapy

### Service Trends

In 2014, 26,422 out-patient and 66,381 physiotherapy inpatient treatments were delivered. Outpatient referrals increased by 17%.

### New Developments/Quality Initiatives

- Service user involvement continued this year with the publication of a physiotherapy patient/referrer feedback newsletter 'What you Told Us' and 'What we did?' 2014.
- The theme of "Health and Wellbeing" for patients and staff was developed further. Achievements included:
  - World Physiotherapy Day in September with the launch of the physiotherapy 'Be Active, Be Fit' leaflet for hospital staff.
  - A joint PCCC/AMNCH/ SJH physiotherapy Health and Wellbeing seminar in SJH with Stephanie O Keefe, the national director presenting.

Ward	Total Activity	Ward	Total Activity
2GF	3790	KAVANA	1183
2MF	3503	KEVINS	2323
2TF	2456	KSICU	1682
ADAMS	2195	MERCER	3207
BENNET	1229	P1HW	1735
BURNS	1014	PRI1	2375
COLLES	3296	PRI2	2461
DUNS	2180	PRI3	2666
HANDH	1042	SHAW	4314
HDU	1013	SYNGE	2528
HOUSTN	2731	WILDE	2704
ICU	3644	YOUNG	1611
JOHNS	2233	Other	7,833

- 25 physiotherapy staff volunteered at the St. James's Foundation Fun Run and Mini Marathon.
- In house staff exercises class are offered once a week at lunch time.

- The Physiotherapy Quality committee continues to meet bimonthly using the HIQA standards to develop quality improvement plans. In 2014 this committee focused on staff engagement with a theme of making the physiotherapy department a 'great place to work'. A survey was done and an action plan was developed.
- A physiotherapy performance indicator dashboard was developed. Each physiotherapist did an average of 230 treatments per month.

### Education/Continuous Professional Development

- From Sept 2013-July 2014 the department facilitated 42 TCD undergraduate physiotherapy placements of 5 week duration, an increase of 27% from the previous academic year. Physiotherapy also had 12 TCD Singapore student placements of 4 weeks duration in April and 4 MSc Respiratory physiotherapy placements of 3 weeks in Feb.
- Mandatory training levels remained high (over 90%) for most of the year.



- Research and innovation remained a strong focus and 10 year anniversary of “Physiotherapy research through collaboration” was celebrated in December 2014.
- In 2014 there were 12 staff undertaking Masters Qualifications and 2 staff registered for part time PHD's.
- 37 abstracts were presented at conferences nationally and internationally and 12 AMNCH/SJH Ethics applications were made.
- 3 physiotherapy research interns (JobBridge) were facilitated.
- to measure oro-laryngeal pressure in Head and Neck Cancer patients.
- Project team was established with IMS/Med Physics department to re review option of centralising image storage options for SLT FEES/ Stroboscopy and Cleft/Lip and Palate data.
- Newly designed user friendly swallow charts which were introduced onto the wards in December 2013 were audited with positive response from all users.
- Cleft/Lip and Palate team commenced an initiative aiming to standardize procedures around secondary palatal surgery including: patient suitability, pre and post op assessment, timing of surgery and type of surgery used by the Cleft Lip and Palate teams in Ireland North & South.

## Speech & Language Therapy (SLT)

### Service Trends

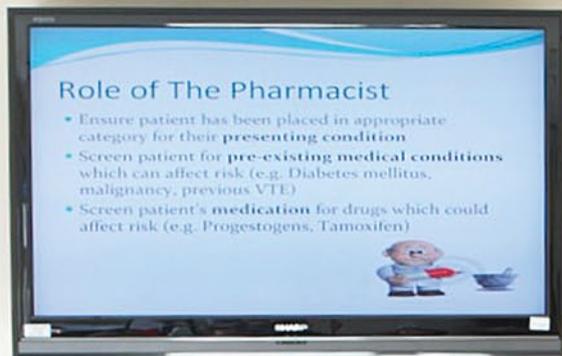
- In-patient referrals to Speech and Language Therapy increased by 9.5% compared to 2103 figures.
- Development of the communication app “Conversable” in collaboration with Medical Physics Department.
- Commenced a 3 month pilot project to capture data on Speech and Language Therapist's time spent on non-clinical tasks and duties assigned to their role.

### New Developments/Quality Initiatives

- Speech and Language Therapy Department relocated to a new department located on Brookfield Road in June 2014.
- SLT department successfully moved to electronic patient documentation in May 2014.
- SLT led, in collaboration with Clinical Nutrition and Nursing, in establishing the Plate Pals Volunteer Programme in Hospital 4 in which volunteers are supported to provide companionship, gentle encouragement and assistance to residents at mealtimes.
- SLTs involved in the Hospital 2 Quality Improvement Plan have been involved in the development and roll out of patient rehabilitation folders.
- Revision of timing of SLT service delivery to Oesophageal Cancer patients leading to improved patients pathway and more efficient use of their designated 3 sessions.
- SLT Head and Neck Cancer team hosted Macmillan Surgical Voice Restoration Course for SLTs nationally in November 2014.
- Radiation Oncology SLT service commenced a multi- site research study in collaboration with University of Limerick, validating a wireless tool

### Education/Continuous Professional Development

- Two senior therapists commenced Masters' degrees and one commenced a Diploma.
- Therapists continued to attend a variety of courses/study days.
- In 2014, 9 undergraduate SLT students' placements from Trinity College and 2 SLT master students from University Of Limerick were facilitated and supported by the SLT practice tutor and team. An SLT assistant student completed a placement and a number of allied health students (AHP) from Pittsburgh University were also facilitated.
- Therapists were involved in the provision of on-going education sessions/lectures to relevant hospital staff including undergraduate and post graduate medical/dental and nursing staff.
- Staff held “out of hours” education sessions focused on supporting carers of patients with communication disorders post stroke.



# Pharmacy

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.

Veronica Treacy  
*Director of Pharmacy Services*

Gail Melanophy  
*Chief 1 Pharmacist*

Sandra Conaty  
*Business Manager*

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, Rathgar. Each pharmacy department is now registered with the Pharmaceutical Society of Ireland, under the Pharmacy Act requirements of 2007.

## Summary of the main developments in 2014

- A historic Memorandum of Understanding was signed in December 2015, between St. James's hospital and the School of Pharmacy & Pharmaceutical Sciences TCD, which forges even stronger links between the two institutions and a commitment to collaboration in teaching, training and research.
- Prescribers Guide Mobile application development - Developmental work for a mobile application for the SJH Prescribers guide continued between the Pharmacy Dept. and IMS/Facilities Dept in 2014. A Windows® mobile application was piloted on mobile devices in November 2014.
- A business case for the introduction of robotics in the dispensary was accepted and this project will progress through 2015.
- A business case to include the building of a new Aseptics unit as part of NCH decant project was accepted and will progress through 2015.

## Medicines Management Services

- The Medicines Management team consists of 22 staff including pharmaceutical technician, clerical and stores staff. We work closely together to purchase, supply, dispense and distribute drug and non-drug items for both St. James's and St. Luke's Hospitals.
- In 2014 the Medicines Management team was nominated and short-listed for the annual Hospital Pharmacy (HPN) Awards.
- The Hospital's drugs spend was 2% higher than in 2013, while the volume of drugs dispensed reduced by 1.5%.
- 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 2014, it represented 5.5% of the total activity of 399,241 transactions and responded to 372 out-of-hours queries.
- Drug shortages were a continuing problem this year. Purchasing staff managed to source alternative licensed or unlicensed products in most cases without causing delay to patient treatment, however these alternatives often had cost implications.

## Projects undertaken during 2014

- A number of technicians completed Good Clinical Practice (GCP) training and now dispense for clinical trials for the SJH Hepatology centre and Medicine for the Elderly (MEDEL).
- A review of the traceability and record keeping for pharmacy blood products was undertaken. This is currently a manual and time consuming process. It is hoped that the introduction of a 'track and trace' system could improve and streamline this in the future.
- Our Stores staff have expanded their traditional role and now manage the fluid top-ups in A&E and Theatre.
- An audit of interruptions in the dispensary was undertaken. It is hoped that the new Pharmacy Build in 2015 will provide an opportunity to improve work flow and reduce many of the unnecessary interruptions.

## Aseptic Compounding Services

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 21402 individual patient specific products in 2014. This represents an increase of 5.7% when compared to 2013.

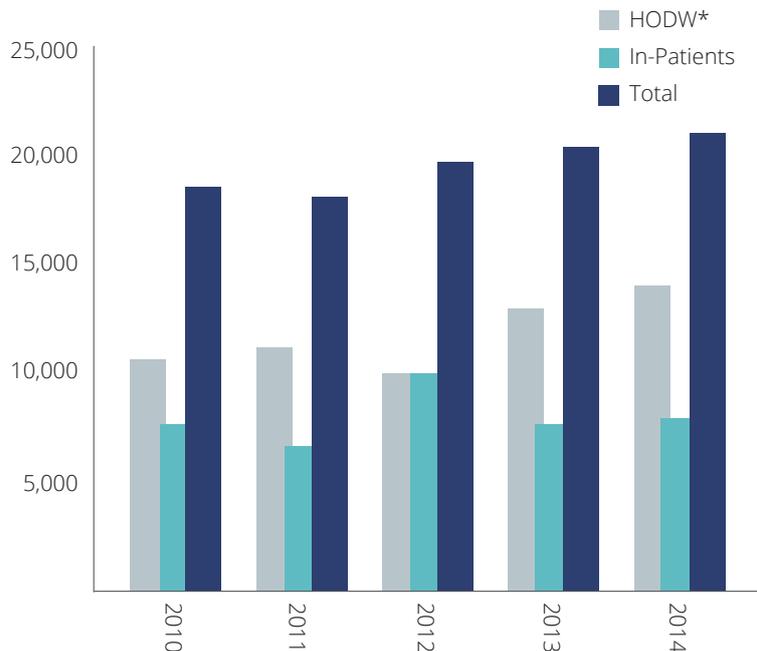
In 2014 the main achievements in the ACU were:

- The ACU won "Aseptic Compounding Unit of the Year" at the annual HPN Hospital Pharmacy Awards.
- The ACU staff training and reaccreditation training programmes were revised in 2014.
- Eleanor Muir (Senior Technician) won the poster competition at the annual national meeting of pharmacy technicians (N.A.H.P.T.). Her poster was titled "A Review of the Technician Reaccreditation Programme in the ACU".
- The increase in the number of patients treated in the haematology / oncology day ward continued to present challenges

## Cumulative Number of Transactions 2009 to 2014



## ACU production figures



to the ACU. Continuous review and quality improvements to work practices in the ACU increased the efficiency of production ensuring all patients are treated in a timely manner.

- The risk-based audit process, established in 2011, was further progressed.
- Aisling Collins (ACU Chief Pharmacist) was awarded a Pharmaceutical Society of Ireland Judges Commendation Award for contribution to aseptic compounding services nationally.

## Clinical Pharmacy Services

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.

Service improvements in 2014 included:

### Novel Oral anticoagulants (NOACs)

On the advice of the SJH New Drugs Committee a 'Preferred drug review' of NOAC therapy was undertaken by the Pharmacy Department in liaison with the HSE Medicines Management Programme.

### IV Drug Administration Guidelines

The SJH Intravenous Drug Administration Guidelines intranet version was redesigned to facilitate easier identification of individual drug monographs.

### Clinical Intervention audit

2 week measure of clinical pharmacist intervention activity was completed in early August. Intervention recording during this period tested a new platform the 'eClinical Pharmacy Suite'.

### Biological therapy review

Initiated a review of increased infliximab activity in Gastroenterology and increased biological use in Immunology.

### Cardiology

Our clinical pharmacist with responsibility for Cardiology contributed to the development of a new online cardiac rehab module.

### Prescribers Guide updates

Updated sections included Empiric antimicrobial

guidelines, and the Antiemetic and Endocrinology chapter.

### Falls Management

Continued involvement as part of the multidisciplinary committee with a hospital focus on Falls Management.

### Additional work

- With the opening of the Hollybrook unit, clinical pharmacist services commenced on Robinson's and McAleese ward. In cooperation with medication safety facilitator, the Clinical Pharmacist in Hollybrook revised the inpatient prescription chart to create a 90 day long stay inpatient chart.
- An update of the SJH hypoglycaemia guidelines was also completed.
- An audit of discharge prescriptions in the Acute Admissions Unit (AMAU) was also commenced in the 2nd half of 2014.

## HOPE Clinical Pharmacy Services

HOPE Directorate gained a new inpatient ward in 2014 Donal Hollywood ward. In parallel, the HOPE Directorate Pharmacy service initiation the provision of pharmaceutical care on the ward from the specialist service.

Three members of the Directorate Clinical Pharmacy team are working toward postgraduate qualifications in Clinical Oncology through John Moore and Newcastle universities.

A number of compassionate access programmes were opened to enable the treatment of cancer patients on new moieties e.g. trametanib for metastatic melanoma and ibrutinib for CLL and mantle cell lymphoma.

The programme for the development of a chemotherapy prescribing protocols for haematology patients under Bone Marrow and Stem Cell transplant continued.

The HOPE Clinical Pharmacy Service was revised to provide specialist pharmaceutical support to Palliative Care and the Sickle Cell Thalassaemia service.

## 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 a shortage of staffing resources were the main challenges faced by GUIDe pharmacy in maintaining and developing the service during 2014.

### 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).

There was a small increase in the number of inpatients under the HIV service (245 in Jan-Dec 2014 vs. 224 in Jan-Dec 2013), and while the number of inpatients under the ID service remained constant (185 in 2014 vs. 186 in 2013) there was a significant increase in the number of ID patient consults (622 in 2014 Vs. 545 in 2013), which was an additional workload for GUIDe 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 2014 was 2,523, there were 12059 dispensing episodes and a total of 26,701 items dispensed. This represents a 56% increase in the number of patients and a 58% increase in the number of items dispensed, compared with 2009.

64 patients in total received treatment for Hepatitis C from the GUIDe clinic in 2014. This included 13 patients who were involved in the early access HCV programme for cirrhotic patients who were treated with an oral regime of directly acting antivirals (DAA's), 37 patients who received triple therapy (including a DAA) and 14 patients who received dual therapy.

### Additional work

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

Algorithms were developed for reimbursed Hepatitis C treatments based on genotype and level of cirrhosis.

Patient information leaflets were developed for newly available Hepatitis C medication.

### Achievements

The quality improvement initiative which was successfully introduced in 2013 to reduce the amount of preventable wastage of antiretrovirals by avoiding excessive supply at out-patient appointments was continued in 2014. The value of ARVs "not-dispensed" to accommodate supplies remaining unused at home in the months from January to December 2014 was €300,852.

One member of staff successfully completed their MSc in Hospital pharmacy with a thesis looking at drug- drug interactions between antiretrovirals and co-medicated drugs in the GUIDe clinic.

Two members of the team presented posters at the annual Hospital Pharmacy association of Ireland conference and one member of the team presented a poster at the Infectious Diseases Society of Ireland annual meeting.

One member of the team also presented at the information day for the Hepatitis C project ECHO which is an Irish Hepatitis C Outcomes and Research network (ICORN) initiative.

### MSc. in Hospital Pharmacy

The M.Sc. in Hospital Pharmacy, Trinity College Dublin, is the only hospital pharmacy course of its kind in the Ireland. It consists of a two year practice-based teaching programme, complemented by both face-to-face and online lectures, tutorials and workshops from clinical experts and hospital managers. The course is unique in that it provides students with the knowledge and skills necessary to undertake a wide variety of roles within hospital pharmacy and contribute positively to patient care through all aspects of medicines management, and not just clinical pharmacy. Subjects covered include medical and surgical therapeutics, medicines information, pharmacoeconomics, purchasing skills, good manufacturing practice, 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, under the expert tuition of a hospital-



based tutor, 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 20,000 word research project in either a clinical or non-clinical area. 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.

### **Pharmacy Department - 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 2014**

Laura McDonald MSc Clinical Pharmacy (UCC).

#### **Intern Projects for 2014**

"To Design, Pilot and Evaluate a New Prescription Form for Discharge/ Outpatients in a Large Teaching Hospital"

"The Introduction of a Hypoglycaemia Treatment Box onto the Wards of an Irish Teaching Hospital.



# National Medicines Information Centre (NMIC)

In 2014, the NMIC celebrated twenty years since it was established to provide independent, evidence-based information and advice to healthcare professionals throughout Ireland.

The aim of the NMIC service is to promote the safe, effective and efficient use of medicines through information provision, mainly by means of a clinical enquiry answering service, proactive information provision through our publications, and education.



**Prof. Michael Barry**  
*Medical Director*

**Claudine Hughes**  
*Chief II Pharmacist*



**Dr Mary Teeling**  
*Medical Advisor*



**Dr Mary Jo MacAvin**  
*Medical Advisor*

## Clinical Enquiry Answering Service

Since 1994, the NMIC clinical enquiry answering service has responded to over 74,000 enquiries from healthcare professionals throughout Ireland. In 2014, over 75% of the enquiries received originated from primary care. Although many different types of enquiries were answered, the most common enquiries related to the administration/dose of a medicine (frequently relating to the unauthorised use of a medicine), adverse effects, drug interactions and choice of therapy. A marked trend, particularly in recent years, has been an increase in the number of enquiries relating to the choice of therapy. These therapeutic dilemmas, which can be difficult to manage, may reflect the increasing numbers of medicines available, greater prevalence of polypharmacy and increasing complexity of managing patients with multiple co-morbidities.

The quality of the NMIC clinical enquiry answering service is routinely audited through a service user questionnaire. In addition, service users are asked about the impact of the information, provided by the NMIC, on patient care and outcomes - in 2014, 92% of respondents reported that the information provided by the NMIC had a positive impact on patient care and outcomes.

## Publications

The NMIC proactively provides medicines information through its two publications, a monthly current awareness newsletter "Therapeutics Today" and a bimonthly therapeutics bulletin. Topics covered in the NMIC bulletin 2014 (Vol.20) included Thyroid disorders, Medication use in Breastfeeding, Lipid Lowering Agents, Epilepsy and Update on Prescribing and Dispensing of Medicines in Ireland. All NMIC publications are circulated to doctors and pharmacists nationwide and are available on [www.nmic.ie](http://www.nmic.ie)

## Educational Role

The NMIC continues to provide information support to agencies such as the HSE and Medicines Management Programme. We continue 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 2014, the NMIC worked on a successful pilot external quality assurance process for pharmacist education modules developed by the Irish Pharmacy Union Academy. 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.



# William Stokes Post-Graduate 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 July), ACLS courses, MRCPI clinical teaching throughout the year and SpR study days in many specialities. Formal annual Intern reviews, under TCD supervision, take place in September every year, while SHO assessments take place in November and December in conjunction with the RCPI. The Trinity Basic Specialist Training (BST) scheme, the largest SHO scheme in Ireland, is administered through the centre with approximately 80 SHOs training in 1 or 2 year rotations.

Major events for the Post-Graduate Centre in 2014 included the annual GP Study Day on 17th January 2015, which saw the largest number of GPs attend to date (>200). The 3rd annual Eoin B Casey Medal took place on 30th April 2014, the winners of which were Dr John McCabe and Dr Hadia Paryani. This award was established to honour Dr Casey who worked as a consultant rheumatologist in St James's for nearly 30 years and who sadly passed away on May 23rd 2014. Drs Noel Donlon and Dr Barbara Carey won the annual Intern Medals which recognise clinical or scientific research performed by Interns at our institution. In September, Prof Thomas Lynch, Professor of Urology, won the 4th annual William Stokes Award and gave an excellent lecture to hospital staff on his work and interests in renal cell carcinoma and men's health. The Medical Teacher of the Year Award was very deservedly won by Dr Barry O'Shea.

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 Frances Hoolahan and Patricia O'Brien who provided essential support in the daily running of the Post-Graduate Centre.



Prof. Gaye Cunnane  
*Director*



Frances Hoolahan  
*Postgraduate Medical  
Education & Training  
Administrator*



# 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, the streamlining of cancer services on a regional basis is essential.

## Progress in 2014

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. These include:

- Community Cancer Awareness Education Programme.
- Cancer website for the new Cancer Institute.
- Patient Education and Information System.
- Outcome data provides information to patients, enables audit and continuous quality improving of services.

## Aim and Purpose

The aim is to coordinate and consolidate the efforts among cancer care professionals on the ground and to optimize resources. The purpose of this office is to be used as a resource to enable and mobilize efforts in cancer care services among the institutions in the area of

- Communications
- Health education
- Service improvement
- Audit
- 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

Community Education Programme – Your Health Is Your Wealth

The Regional Office has run a number of community awareness programmes in the last few years with Dublin City Council on early detection and prevention of cancer under the banner of 'Your Health Is Your Wealth'. These programmes were to engage our communities and promote the benefit of early detection of common cancers and to inform the public of signs and symptoms of cancer. They were highly successful projects utilizing Dublin City Council who have an already established network of links with the public in their areas and the hospitals with the best cancer experts in the country.

The primary goal of Your Health Is Your Wealth community awareness programme on early detection and prevention of cancer was to promote the benefit of early detection of common cancers and to inform the public of signs and symptoms of cancer. Working with the Community Officers from Dublin City Council we held this years' meeting on Thursday 22nd May in the Ballyfermot Civic Centre in aid of European Neighbours



Prof. John Reynolds  
*Regional Director*



Hilary Craig  
*Regional Oncology  
Communications and  
Health Promotions Officer*

Suzanne Rowley  
*Cancer Audit Manager*

Day. Areas the community officers targeted to join the meeting were, Ballyfermot, Chapelizod, Crumlin, Drimnagh, Walkinstown, Liberties, Coombe, Inchicore, Kilmainham, Islandbridge.

The meeting was very well attended and presentations were given by Professor John Kennedy, Consultant Medical Oncologist and Dr. Patrick Ormond, Consultant Mohs Surgeon, St. James's Hospital. Information stands from the Irish Cancer Society, Marie Keating Foundation, ARC Cancer Support Centres and our public health colleagues from Speech and Language services were located in the back of the centre for the community to avail of information after the presentation.

Following the presentation a Q&A session took place where the Consultants were asked a variety of questions regarding cancer awareness from family history, research on the different types of cancer to questions on sun protection and screening.

Dublin City Council advised:

"The feedback has been tremendous and everyone has complimented the doctors for their delivery of a most informative and people friendly presentation. The question and answer session was excellent also. It is indeed so very reassuring to know that we have excellent doctors like Prof Kennedy and Dr Ormond working on our behalf."

## Health Education and Service Improvement

### Cancer Website for the New Cancer Institute

The development of the cancer website has been a huge project running across multiple departments, personnel and services. Its goal is to improve communication and information to our patients and families, informing everyone of treatment and research available. This new cancer website has been specifically designed to inform patients and their families about St. James's Hospital Cancer Institute, cancer services and cancer research to enhance patients' and families' awareness of what services are available in our hospital.

This website is the first component to building the new Cancer Institute serving cancer patients across Dublin Mid-Leinster as well as providing academic and clinical training for consultants and researchers. The website features patients and consultants providing sensitive and honest information about cancer types, treatments and research.

The cancer website provides up to date information on different cancer types. Making this website more interactive was essential and this relied on engagement with key stakeholders, consultants, nursing professionals and teams. Creating videos with patients who describe

their experience was essential to ensure patients and families who view the site could have a first-hand account of what the service is about. Videos of consultants are included so that patients and their families understand what to expect if accessing the service.

It has been a huge undertaking as it was providing up to date medical information. This large project went live March 2015.

### PEIS System

The Patient Education and Information System is a system that allows patients to access TV, the internet, admissions information and films. It is an information and educational tool utilized for patients who are a long time in hospital.

This system will be able to access the new cancer website providing patients with up to date information on different cancers from our consultants and videos featuring patients who describe their experiences.

Working with the Facilities Management team we supported the pilot system in Denis Burkitt ward for the HOPE Directorate and it has proved very effective.

### Cancer Audit

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. The Hospital registry structure also enables the research function of the academic centre, Trinity College, interfacing with translational and clinical cancer research, and clinical trials.

In 2014, the CAP provided comprehensive Key Performance Indicators (KPI) in many cancers including breast, lung, prostate, oesopagogastric and rectal for the National Cancer Control Programme (NCCP). This allows us to evaluate the quality of our cancer service and compare against our performance against other cancer centres. The programme seeks to develop a framework for and to foster a culture of continuous quality improvement in the delivery of cancer care.

In 2015, the CAP is working towards the upgrade of their current IT system and data capture mechanisms to ensure more efficient and real time data capture of cancer information.

# Bone Marrow for Leukaemia Trust (BMLT)



## Board Members

- Professor Shaun McCann, Chair
- Dr Emer Lawlor, Consultant Haematologist
- Mr Cedric Christie, Solicitor
- Ms Sheila Sugrue, National Lead Midwife at HSE
- Professor Paul Browne, Consultant Haematologist & Acting Head of Faculty of Health Sciences, TCD
- Mr Eddie Fleming, Secretary
- Ms Maureen Sheridan, Office Manager
- Ms Kathryn Johnston, Fundraising Officer
- Mr Michael Cronin, FCCA and CPA

The BMLT was established in Dublin in 1980 and is a national voluntary non-profit organisation dedicated to the care and treatment of patients and their families with leukaemia, lymphoma multiple myeloma and other serious blood diseases, through the setting up of the first stem cell transplant unit in St James' Hospital, Dublin.

The years 2012-2013 were difficult for the Bone Marrow for Leukaemia Trust (BMLT). Like every other charity the BMLT was the victim of the recession but thankfully our supporters were, as usual, magnificent. They continued to fund-raise for the patients, their relatives and the Bone Marrow Transplant Unit in St James' Hospital. The Board of Directors continued to meet monthly, with the exception of the summer and we were extremely upset to witness the departure of Pierce Kent from the board. Pierce is an expert in 'Governance' and he made sure that the BMLT fulfilled all the requirements of the new 'Charities Act'. When Pierce joined the board in February 2009 we had no idea that remuneration would surface as a contentious issue in Ireland and thankfully the BMLT directors have always worked gratis and the only monies paid are for the office staff and fund raising.

At the end of 2012 Frances Campbell, our longest serving fund-raiser became very ill and unfortunately died at the end of the year. She is sadly missed as she was a great friend to many of our patients and their families. Tragically her daughter, Susan, an early recipient of a bone marrow transplant, died a few months later. We extend our deepest sympathy to their family.

The major priorities for the BMLT were the purchase and furnishing of apartments for patients and their relatives. Thankfully we now have seven apartments, fully furnished, in the Chocolate Factory complex, Kilmainham, which are serviced by the Hilton Hotel. This initiative has been greatly appreciated by patients and their relatives. The total amount spent by the BMLT including the furnishing of the apartments was €1,850,274. It is hoped to acquire another apartment in the same complex in 2014.



Shaun McCann  
Chairperson BMLT



The BMLT is very aware of quality of life issues for patients undergoing bone marrow transplantation. The BMLT provided initial start-up funding for the Open Window project which has been a major success and has received international recognition in Europe and the USA. The BMLT has provided funding of €63,586 to provide an updated Open Window facility and Wi-Fi for all patients receiving a transplant in the Denis Burkitt Unit.

One of the major projects undertaken by the BMLT in 2012-2013 was the total refurbishment of the Denis Burkitt Transplant Unit. The BMLT donated €326,515 to SJH to undertake this work and thankfully the Denis Burkitt Unit now has 'a state of the art environment'. This could only have been achieved with the magnificent support of all our fund-raisers to whom we are very grateful.

The BMLT has also provided funding to SJH to allow the upgrading of a CNM nursing post in the stem cell collection unit. The BMLT contributed €4,900 to this end. Previous funding by the BMLT for a Transitional Care Nurse in the stem cell transplant unit since 2007 resulted in St James' Hospital including the Transitional Nurse into the permanent staff in the hospital from May 2012. The BMLT continues to support patients, their families and donors with emergency financial help at a cost of €60,000 per year.

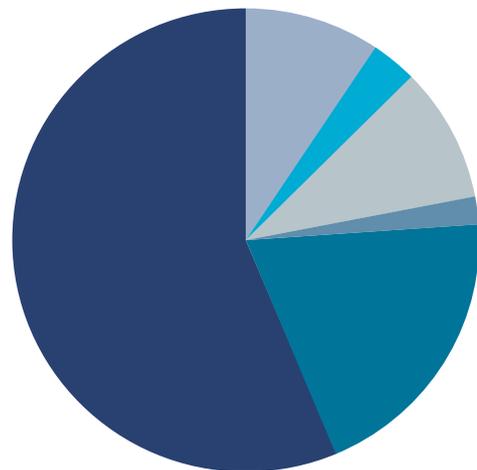
Another unfortunate happening in 2013 was the cancellation of the annual 'Charity Walk'. This was to have been held in Turkey but because of the war in Syria and political unrest in Istanbul the BMLT board decided to cancel the walk. These decisions are always very difficult however the board decided that the safety of the 'walkers' was paramount and thus the walk was cancelled. We plan a walk in 2014 and hopefully this will not be disrupted by civil or military strife.

On behalf of the BMLT I wish to thank all our fund-raisers and the CEO and Board of St James' Hospital for helping us to make the burden of stem cell transplantation a little easier for patients and their families.

Professor Shaun McCann. Hon.FTCD  
Chair BMLT

### BML Expenditure 2012

	€	
<b>Fundraising</b>	174,996	21%
<b>Office/Admin</b>	73,658	9%
<b>Legal/Professional</b>	15,147	2%
<b>Apartments - Purchased</b>	480,659	56%
<b>Apartments - Maintained</b>	28,144	3%
<b>Hospital Donations</b>	78,451	9%
	<b>851,055</b>	



- Apartments Purchased (56%)
- Fundraising (21%)
- Hospital Donations (9%)
- Office Admin (9%)
- Apartments Maintained (3%)
- Legal and Professional (2%)



Frances Campbell

1940 - 2012

I have known Frances since the early 1980s. I first met Frances and her husband, Joe when her daughter Susan became ill with Leukaemia. After a number of discussions we agreed with Susan that a bone marrow transplant was indicated. That decision galvanised the role that Joe and Frances played in the Bone Marrow for Leukaemia Trust, BMLT, a charitable trust set up by the late Eugene Murray and Professor Ian Temperley.

Unfortunately Joe died prematurely of cancer but Frances stayed on as a member of the BMLT. Frances was known and loved by our supporters the length and breadth of Ireland.

She became the backbone of the Trust and was legendary for her popularity with fundraisers throughout Ireland. Frances was always a calming influence and I never heard an unkind word said about her. Everybody liked her.

Frances provided the BMLT with a steady and reassuring face. She was always 'there' with a kind word and was a source of consolation to numerous patients and their families. As a fundraiser she was always associated with the 'walks' and she took part in these until very recently.

Frances will be sorely missed by me, all my colleagues in the BMLT, and all the patients and their families who have interacted with us over the last 30 years. Her children and grandchildren will miss her and the only consolation for them is the knowledge that she was such a kind reassuring presence that meant so much to so many people.

May she rest in peace.

Professor Shaun McCann.  
Chair BMLT.

On behalf of the Bone Marrow for Leukaemia Trust



# St. James's Hospital Foundation

The role of St. James's Hospital Foundation is to facilitate and attract private financial contributions 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.

Public and corporate generosity towards St. James's Hospital in 2014 continued to be exceptional.

During 2014 following a strategic review, the Board of the Foundation took a decision to develop the Foundation's philanthropic capacity and develop fundraising activities to increase financial support available for improving patient care. A series of key appointments was agreed upon to achieve this goal.

A new CEO, Fiachra O Riordan was appointed in September of 2014. Fiachra previously spent 11 years as CEO of The Sunday Business Post. Clodagh Memery was appointed soon after as Director of Philanthropy to drive Philanthropic and Major corporate donations. Clodagh was Associate Director at the Trinity Foundation. Jamie Conroy was appointed as Fundraising Events Manager having held a similar position at Our Lady's Children's Hospital, Crumlin.

Key goals for the team are to develop a process to support the hospital strategy and deploy funding in concert with the Hospitals needs and wishes. To work with the hospital and stakeholders to strengthen the research environment, which will lead to better patient outcomes.

The Foundation has recently moved to new offices on campus within the Clinical Research Facility and has just finished construction of a new website which can be found at [www.supportstjames.ie](http://www.supportstjames.ie). You can also contact us by emailing [ask@supportstjames.ie](mailto:ask@supportstjames.ie) or calling 01 4284086.



Prof. James FM Meaney  
*Chairman*



Fiachra O'Riordan  
*Chief Executive*



Small Grants group photo

## Research at St. James's

During 2014 the Foundation actively managed 52 Research Funds on behalf of consultants and other members of staff at St. James's Hospital. €1,839,682 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.

### Patrick Kavanagh Ward

As the leading cancer centre, the re-designation of the Patrick Kavanagh Ward as a dedicated oncology, haematology and radiation therapy ward was another step in the transforming patient care. Funding from the Foundation of over €90,000, towards ensuring optimum levels of equipment, was provided for electric beds, infusion pumps, drip stands, vital signs monitors and foot stalls. This essential equipment has helped to increase patient care, comfort and safety as well as reducing infection risk.

### Small Grants Competition

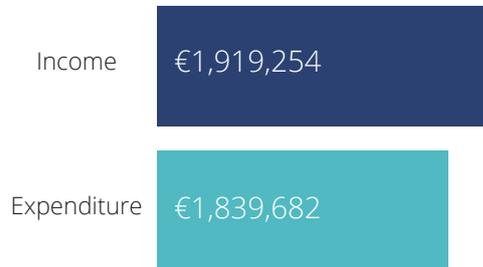
Over 50% of applicants were awarded funding totalling €83,000 in the 2013 Small Grants Competition. The 57 initiatives represent primarily items of equipment and initiatives to improve the lives of patients and benefit staff in their work. These ranged from a cognitive assessment tool for elderly patients to the provision of specialist hydrotilt chairs for the management of patient posture, pressure and comfort. A range of small items of equipment for use by the Departments of Clinical Nutrition, Occupational Therapy, Physiotherapy and Speech and Language Therapy, immunology day ward and psychiatric department was provided for their hospital-wide service.

The competition included two innovative digital projects, aiming to improve patient experience, received funding of €5,000 from The Digital Hub's Connected Health project and St. James's Hospital Foundation.

### Events

1100 competitors signed up to 'Run the Liberties' in the 2014 Liberties Fun Run, raising over €30,000 to improve facilities for patients and their families. Plans for a

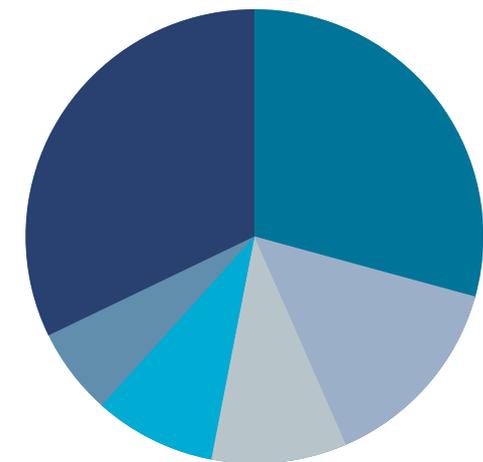
Research Funds 2014



2014 Income fundraising/donations €307,242



2014 Expenditure €281,339



- Patrick Kavanagh Ward (€90,000)
- Small Grants Comp 2013 (€83,000)
- Other (€35,339)
- Fun Room/Family Rooms (€30,000)
- Stroke Appeal (€23,000)
- Newfill (€20,000)



Under starter's orders, the 6th St. James's Hospital Liberties Fun Run. 1100 competitors signed up and raised over €30,000.



2014 Women's Mini Marathon - in excess of €23,000 was raised for departments and specialities throughout the hospital by the SJH team.

family room, which will be constructed in 2015, are being finalised. In excess of €23,000 was raised from our Women's Mini Marathon supporters for departments and specialities throughout the hospital including breast care, ovarian cancer and diabetes.

### Quality of life and wellbeing for patients, their families and staff

Fundraised income of €20,000 contributed to the provision of treatment to HIV positive patients who have been diagnosed with lipoatrophy (the degeneration of fat and muscle tissue, mostly of the face, is one of the effects of HIV / AIDS medication). This can have a devastating emotional and mental impact on the patient The New Fill Project aims to restore facial tissue and healthier appearance, helping patients lead a better quality of life.

Donations raised specifically for the Stroke Unit appeal (€23,000) contributed to a new Patient Monitor benefiting both patients and staff.

The enhancement of amenities and physical environment continued including a contribution to the upgrade of the relatives' room on Anne Young Ward and the donation of an entertainment information system for patients to the Walter Stevenson Ward. With regard to services, cookery demonstrations were held in the Diabetes Day Centre and the Department of Occupational Therapy continued its gardening programme and days out for the benefit of elderly residential and day patients. Funding was provided to continue the programme of remembrance services 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.**





# PROGRAMME DIVISION REPORTS



Route 4  
← Mary Mercers Ward  
Denis Burkitt Ward



# Quality and Safety Improvement Directorate

The Quality and Safety Improvement Directorate was established in 2014. The Directorate team work with front-line clinical and supporting service staff to continuously improve the quality and safety of care so that patients receive safe, high-quality care that enables them to achieve their best possible health and wellbeing outcomes and have positive experiences of care.

The Directorate aims to support effective quality assurance from the clinical front-line to the Hospital Board, as recommended by the National Standards for Safer Better Healthcare. The Hospital plans to develop collaborative relationships and engage in networks with international peer organisations to promote a best practice in quality and safety improvement.

The Directorate's activities in 2014 were focussed on three main pillars of work:

- Person-centred Care
- Safety, including Clinical Risk Management
- Quality Assurance and Improvement

## Person-centred Care

The Directorate's person-centred care activities are designed to support and enhance the ways by which the Hospital places the patient at the centre of care planning, delivery and improvement. This approach is concerned with themes such as access, equity, provision of information, patient engagement and the protection of rights in order to promote positive experiences of care for patients, their families and carers and for the staff who provide care.

Responding effectively to patient feedback, concerns and complaints is a key element of person-centred care. In 2014 the Complaints Office managed all patient complaints and concerns in accordance with the requirements of the Health Act 2004 and the National Standards for Safer Better Healthcare and sustained compliance with the HSE target times for complaints responses.

The Office implemented new procedures introduced by the HSE in 2014 whereby patients who are dissatisfied with the Hospital's response to their concerns are directed to the Office of the Ombudsman and in doing so have established an effective interface between the Hospital and his Ombudsman's office.

The main themes of patient concerns reported as complaints in 2014 related to access, treatment issues and communication and the findings of the investigation of patient and family concerns informed a number of quality improvement projects throughout the year

The Directorate also continued to support existing person-centred activities including the work of the Patient Advocacy Committee, Patient Safety and Protection Committee and the Patient Ethics Committee.



Una Geary  
QSID Manager

## Safety

The well-established electronic Adverse Incident Reporting system, Risk Management and Safety Investigation functions are now supported by the new Directorate. Significant achievements with regard to patient safety improvement included:

- The HSE Safety Incident Management Policy was adopted in May 2014 and all clinical safety investigations are conducted in accordance with the national policy. Senior Hospital staff undertook training to embed the new guidelines in practice, the highlight of which was a training seminar on *'Addressing the Challenges of Safety Investigations'* that enabled staff to learn from the experiences of major hospitals in the UK and consider the legal and operational aspects of safety investigations.
- The Hospital's Adverse Incident Reporting System demonstrated on-going staff engagement in the reporting of adverse incidents, near-miss events and staff awareness of safety risks. The Hospital continues to actively engage in national reporting of safety risks to the State Claims Agency.
- The Hospital commenced adoption of the National Open Disclosure Policy in 2014 and reflects this approach in safety investigation procedures.
- The Medication Safety Programme continued under the leadership of the Medication Safety Facilitator. The Medication Safety Committee comprised of senior medical, pharmacy and nursing staff, met on five occasions in 2014 to ensure that risks and events were analysed objectively. Safety initiatives were developed in response to key issues identified through medication safety incident reporting and investigation.
- A Hospital Safety Committee was established as a sub-committee of the Executive Management Group to provide increased governance focus and support for safety management in the Hospital. This Committee oversees the work of a broad range of safety subcommittees including inter alia, the Anti-microbial Stewardship Committee, Point-of-care Testing Committee, Falls Prevention and Management Committee (led by the Nursing Directorate) and the Prevention and Control of Infection Quality Steering Committee. It reports to the Quality, Safety and Risk Steering Committee of the Board.

## Quality Assurance & Improvement

In 2014 the Directorate continued working in preparing the Hospital for the integration of the National Standards for Safer Better Healthcare which the Hospital plans to use as a framework that will inform and support sustainable quality and safety improvement across the Hospital in the coming years. The work undertaken included activities such as in-depth analysis of the standards, aligning the requirements in the standards with existing structures and processes and using the standards to inform and advance the broad range of existing quality improvement activities underway in collaboration with front-line teams and quality and safety committees including the Prevention and Control of Healthcare Acquired Infection, Clinical Nutrition, Falls Management, End-of-life Care etc. The Directorate continued to oversee the development, renewal and implementation of the Hospital's clinical policies, procedures and guidelines.

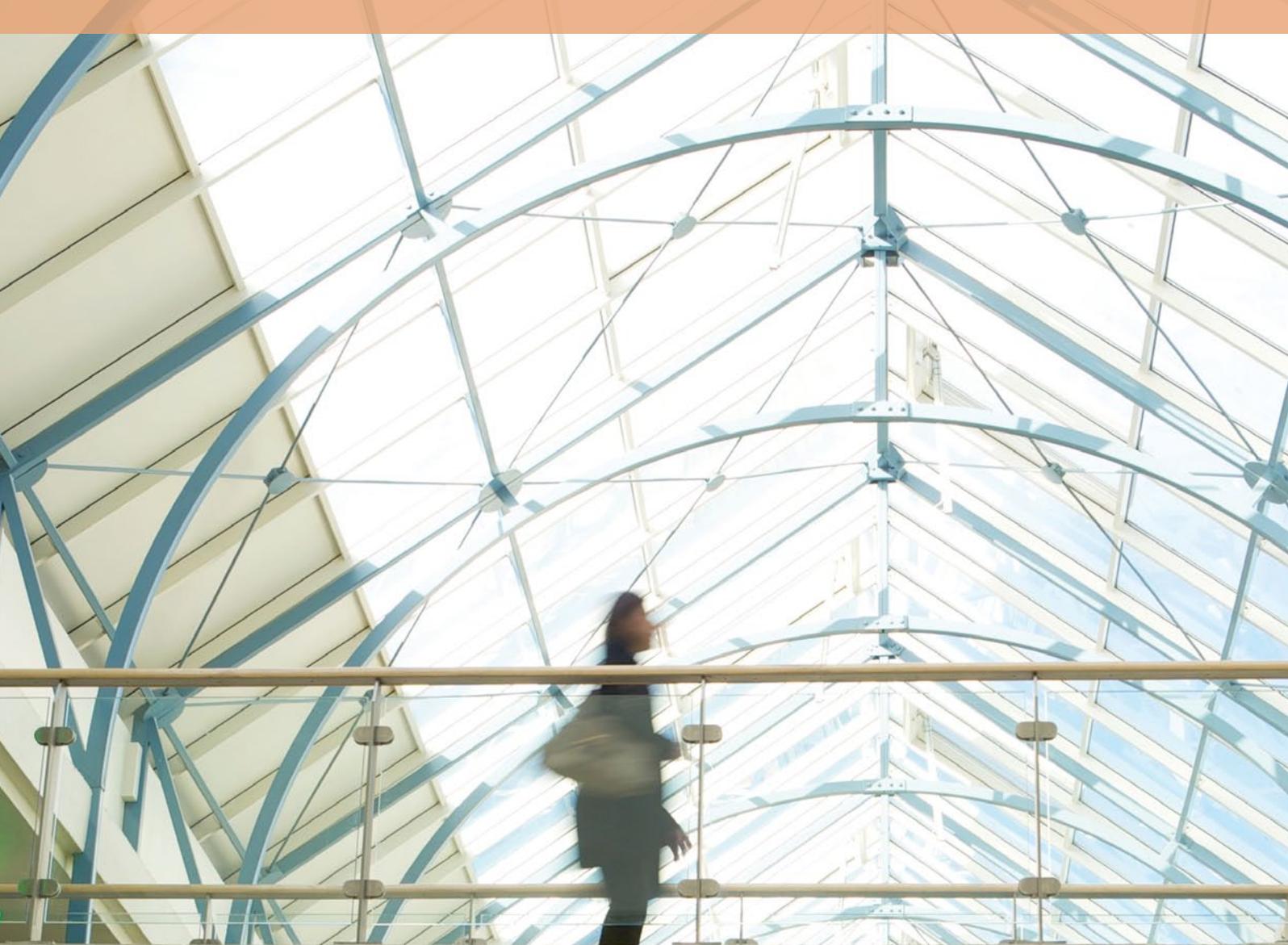
Key events relating to quality assurance across the Hospital in 2014 included the following:

- The Prevention and Control of Healthcare Acquired Infection
  - An unannounced Health Information and Quality Authority hygiene inspection in May 2014, found that the Hospital was generally clean and acknowledged the work undertaken by the Hospital in promoting and improving hand hygiene practice. Recommendations identified a number of areas for improvement, all of which were addressed through Quality Improvement Plan that was publically reported on the St James's Hospital internet site.
  - Hand hygiene continued to be prioritised under the leadership of a dedicated committee led by the CEO.
  - Infectious incident preparedness in 2014 included preparing the Hospital for the potential presentation of a patient at-risk of having Ebola. The Hospital implemented national guidance for personal protective equipment and training. The work of teams in high-risk clinical areas was supported by a multidisciplinary Ebola Preparedness Group.
  - A committee established by the Director for Capital Build Developments focussed on

providing assurance regarding the patient safety risks associated with the Capital Builds Project.

- The LabMed Directorate succeed in achieving accreditation by the Irish National Accreditation Board (INAB) for all of its services including Point-of-Care Testing.
- The Medicine for the Elderly Directorate was re-registered as a designated centre for the provision of residential care services following a HIQA inspection in July 2014. No significant risks were identified and areas of good practice were acknowledged.





## Medical Physics & Bioengineering

**Walsh C, Murphy D.**

Should the justification of medical exposures take account of radiation risks from previous examinations? *BJR* 01/2014; 87(1037).

**Walsh C, O' Connor U, O' Reilly G.**

Eye dose monitoring of PET/CT workers, *BJR* 08/2014; 87(1042).

**Frewen J, Savva GM, Boyle G, Finucane C, Kenny R.**

Cognitive Performance in Orthostatic Hypotension: Findings from a Nationally Representative Sample. *J Am Geriatr Soc.* 2014 Jan;62(1):117-22.

**Frewen J, Finucane C, Savva GM, Boyle G, Kenny RA.**

Orthostatic hypotension is associated with lower cognitive performance in adults aged 50 plus with supine hypertension. *J Gerontol A Biol Sci Med Sci.* 2014 Jul;69(7):878-85.

**Kenny E, Coakley D, Boyle G (2014)**

Non-contact in vivo measurement of ocular microtremor using laser speckle correlation metrology. *Physiological Measurement*, 35, 2014, p1229-1243.

**Finucane C, O'Connell MDL, Fan CW, Soraghan C, Savva G, Kenny RA.**

Age-Related Normative Changes in Phasic Orthostatic Blood Pressure: Findings from the Irish Longitudinal Study on Ageing (TILDA), *Circulation.* 2014 Nov 11; 130 (20):1780-9.

**Soraghan C.J, Hermann S, Boyle G.**

"User-Centered Design and Older People: Introductory considerations for Engaging Users", in *Human-Computer Systems Interaction: Backgrounds and Applications Advances in Intelligent Systems and Computing*, Volume 300, pp. 221-231, Springer International Publishing, 2014. [[http://dx.doi.org/10.1007/978-3-319-08491-6\\_19](http://dx.doi.org/10.1007/978-3-319-08491-6_19): *Advances in Intelligent Systems and Computing*].

**O'Regan C, Kenny RA, Cronin H, Finucane C, Kearney PM.**

Antidepressants strongly influence the relationship between depression and heart rate variability: findings from The Irish Longitudinal Study on Ageing (TILDA). *Psychological medicine*, 2014, 45 (03), 623-636.

**McCrary C, Finucane C, Frewen J, O'Hare C, Kenny RA, & Kearney P.**

Social disadvantage and social isolation are associated with a higher resting heart rate in men: results from The Irish Longitudinal Study on Ageing (TILDA). *J Gerontol B Psychol Sci Soc Sci.* 2014 Dec 6. [Epub ahead of print].

**Romero - Ortuno R, O'Connell MD, C Finucane, CW Fan, RA Kenny.**

Higher orthostatic heart rate predicts mortality: The Irish Longitudinal Study on Ageing (TILDA). *Aging Clin Exp Res.* 2014 Jul 18. [Epub ahead of print].

**Finucane C, Feeney J, Nolan H, Regan C O.**

Changes in Physical and Behavioural Health in Older Irish Adults. In: *The Over 50's in a Changing Ireland.* 2014, Dublin, Trinity College Dublin.

**Feeney J, Dooley C, Finucane C, Kenny RA.**

Stressful Life Events and Orthostatic Blood Pressure Recovery in Older Adults. *Health Psychology*, 2014 Dec 22. [Epub ahead of print].

**Jansen S, Frewen J, Finucane C, De Rooij SE, Van Der Velde N, Kenny RA.**

Atrial fibrillation is associated with syncope and falls in a general population cohort. *Age and Ageing* (In Press).

**Donoghue OA, Ryan H, Duggan E, Finucane C, Savva GM, Cronin H, Loughman J, Kenny RA.**

Relationship between fear of falling and mobility varies with visual function among older adults. *Geriatr Gerontol Int.* 2014 Oct;14(4):827-36. doi: 10.1111/ggi.12174.

**Romero-Ortuno R, Soraghan C.J**

"A Frailty Instrument for primary care for those aged 75 years or more: findings from the Survey of Health, Ageing and Retirement in Europe, a longitudinal population-based cohort study (SHARE-FI75+)." *BMJ Open* 4, no. 12 (2014): e006645, doi: 10.1136/bmjopen-2014-006645.

**Cournane S, Fagan A.J, Browne J.E.**

'An audit of a hospital-based Doppler ultrasound quality control protocol using a commercial string Doppler phantom.' *Physica Medica*, (2014), 20, 380-384.

**Cournane S, Sheehy N, Cooke J.**

The novel application of Benford's second order analysis for monitoring radiation output in interventional radiology.' *Physica Medica*, (2014), 30(4):413-8.

**Cournane S, Byrne D.G, O'Riordan D, Silke B.**

"Factors determining the length of stay following an emergency medical admission" Accepted by *EJIM*.

**Cournane S, Creagh D, O'Hare N, Sheehy N, Silke B.**

"MR Imaging in Acutely Ill Medical Patients in an Irish hospital-Influence on outcome and hospital length of stay". *Journal of American College of Radiology*, 11 (7), (2014), 698-702.

**Roary R, Byrne D.G, O’Riordan D, Conway R, Cournane S, Silke B,**

‘Outcomes in relation to healthcare structures the Acute Medical Admission Unit experience’ *Acute Medicine* 2014; 13(4): 152-158.

**Cournane S, Byrne DG, O’Riordan D, Fitzgerald B, Silke B.**

“Chronic Disabling Disease – Impact on outcomes and costs in emergency medical admissions” accepted QJM.

**Cournane S, Creagh D, Byrne D.G.N, Silke B.**

“Consultant duration in clinical practise as a cost determinant of an Emergency Medical Admission”. *European Journal of Health Economics (EJHE)* Jul 9. [Epub ahead of print].

**Lahiff C, Cournane S, Creagh D, Fitzgerald B, Conway R, Byrne D, Silke B.**

“Factors Predicting the Hospital Episode Costs of Emergency Medical Admissions”. *European Journal of Internal Medicine*, (2014) 25(7), 633-8.

**O’Connor U, Walsh C, Gallagher A, Dowling A, O’Reilly G.**

Occupational eye doses from diagnostic and interventional procedures in an Irish Hospital setting, A review of findings from 2011-2014, IAEA-CN-223: International Conference on Occupational Radiation Protection. Book of contributed papers, 1-5th December 2014, Vienna.

## HOPE Directorate

**Gleason E, O’Donnell JS, Hams E, Fallon PF, Preston RJ.**

Activated Factor X Inhibits Leukocyte Pro-inflammatory Cytokine Release upon Toll-like Receptor Stimulation *Haematologica*, 2014 Jan;99(1):185-93. PMID: 23872307.

**Kinsella JA, Tobin WO, Kavanagh GF, O’Donnell JS, McGrath RT, Tierney S, Feeley TM, Egan B, O’Neill D, Collins DR, Coughlan T, Hamilton G, McCabe DJ.**

Increased thrombin generation potential in symptomatic versus asymptomatic moderate or severe carotid stenosis and relationship with cerebral microemboli, *Journal of Neurology, Neurosurgery & Psychiatry*, 2014; Jul 17. pii: jnnp-2013-307556. PMID: 25033981.

**Kinsella JA, Tobin WO, Kavanagh GF, O’Donnell JS, McGrath RT, Tierney S, Feeley TM, Egan B, O’Neill D, Collins RD, Coughlan T, Harbison JA, Doherty CP, Madhavan P, Moore DJ, O’Neill SM, Colgan MP, Saqqur M, Murphy RP, Moran N, Hamilton G, McCabe DJ.**

Increased endothelial activation in recently symptomatic versus asymptomatic carotid artery stenosis and in cerebral microembolic-signal-negative patient subgroups. *European Journal of Neurology*, 2014 Jul; 21(7):969-e55. PMID: 24712648.

**Laffan M, Lester W, O’Donnell JS, Will A, Tait RC, Goodeve A, Millar CM, Keeling D.**

Diagnosis and management of von Willebrand disease: A United Kingdom Haemophilia Centre Doctors Organisation guideline approved by the British Committee for Standards in Haematology. *British Journal of Haematology*, 2014;4 Nov; 167(4):453-65. PMID: 25113304.

**Matino D, Lillicrap D, Astermark J, Dolan G, Kessler C, Lambert T, Makris M, O’Donnell JS, Pipe S.**

Santagostino E, Saint-Remy, Iorio A. Switching clotting factor concentrates: Considerations in estimating the risk of immunogenicity. *Haemophilia*, 2014; Mar;20(2):200-6. PMID: 24533949.

**Tobin WO, Kinsella JA, Kavanagh GF, O’Donnell JS, McGrath RT, Tierney S, Egan B, Feeley TM, Coughlan T, Collins DR, Harbison JA, McCabe DJH.**

Longitudinal assessment of von Willebrand factor antigen and von Willebrand factor propeptide in response to alteration of antiplatelet therapy after TIA or ischaemic stroke. *Journal of Neurology*, 2014; Jul; 261(7):1405-12. PMID: 24781842.

## MedEL Directorate

### **Barrett A, O'Sullivan V.**

The wealth health and wellbeing of Ireland's older people, before and during the economic crisis. *Applied Economics Letters*, vol 21, no.10, 675-678.

### **Barrett A, Kamiya Y, O'Sullivan V.**

Childhood Sexual Abuse and Later-Life Economic Consequences. *Journal of Behavioral and Experimental Economics*. 7: 10-16.

**Bocchetta M, Galluzzi S, Kehoe PG, Aguera E, Bernabei R, Bullock R, Ceccaldi M, Dartigues JF, de Mendonça A, Didic M, Eriksson M, Félician O, Frölich L, Gertz HJ, Hallikainen M, Hasselbalch SG, Hausner L, Heuser I, Jessen F, Jones RW, Kurz A, Lawlor B, Lleo A, Martinez-Lage P, Mecocci P, Mehrabian S, Monsch A, Nobili F, Nordberg A, Rikkert MO, Orgogozo JM, Pasquier F, Peters O, Salmon E, Sánchez-Castellano C, Santana I, Sarazin M, Traykov L, Tsolaki M, Visser PJ, Wallin ÅK, Wilcock G, Wilkinson D, Wolf H, Yener G, Zekry D, Frisoni GB.**

The use of biomarkers for the etiologic diagnosis of MCI in Europe: An EADC survey. *Alzheimer's Dement*. 2015 Feb; 11(2):195-206.e1. doi: 10.1016/j.jalz.2014.06.006. Epub 2014 Aug 20. PubMed PMID: 25150733.

### **Bhangu JS, King-Kallimanis B, Cunningham C, Kenny RA.**

The relationship between syncope, depression and antidepressant use in older adults. *Age Ageing* 43(4): 502-9. July 2014.

### **Cousins GI, Galvin R, Flood M, Kennedy MC, Motterlini N, Henman MC, Kenny RA, Fahey T. 2014.**

Potential for alcohol and drug interactions in older adults: evidence from the Irish longitudinal study on ageing. *BMC Geriatrics*. 14(57).

### **Donoghue OA, Jansen S, Dooley C, De Rooij S, Van Der Velde N, Kenny RA.**

Atrial Fibrillation Is Associated With Impaired Mobility in Community-Dwelling Older Adults. *Journal of the American Medical Directors Association*. 15(12): 929-933.

### **Donoghue OA, Savva GM, Cronin H, Kenny RA, Horgan NF.**

Using Timed Up-and-Go and usual gait speed to predict incident difficulty in daily activities among community-dwelling adults aged 65 and older. *Archives of Physical Medicine and Rehabilitation* 95(10):1954-61.

### **Donoghue OA, Ryan H, Duggan E, Finucane C, Savva GM, Cronin H, Loughman J, Kenny RA.**

Relationship between fear of falling and mobility varies with visual function among older adults. *Geriatrics & gerontology international* 14(4):827-36.

### **Donoghue OA, O'Hare C, King-Kallimanis B, Kenny RA.**

Antidepressants are Independently Associated with Gait Deficits in Single and Dual Task Conditions. *American Journal of Geriatric Psychiatry*, 23 (2) 189-199.

### **Donoghue OA, Ryan H, Duggan E, Finucane C, Savva GM, Cronin H, Loughman J, Kenny RA.**

Relationship between fear of falling and mobility varies with visual function among older adults. *Geriatr Gerontol Int*. 2014 Oct; 14(4):827-36. doi: 10.1111/ggi.12174.

### **Donoghue OA, Savva GM, Cronin H, Kenny RA, Horgan NF.**

Using Timed Up-and-Go and usual gait speed to predict incident difficulty in daily activities among community-dwelling adults aged 65 and older. *Archives of Physical Medicine and Rehabilitation*, 95(10) 929-933.

### **Enudi W, Lawlor B, O'Connell HP.**

A survey of patients' knowledge about lithium therapy in the elderly. *Prim Care Companion CNS Disord*. 2014; 16(2). pii: PCC.13m01550. doi: 10.4088/PCC.13m01550. Epub 2014 Mar 6. PubMed PMID: 25133060; PubMed Central PMCID: PMC4116289.

### **Feeney J, Dooley C, Finucane C, Kenny RA.**

Stressful Life Events and Orthostatic Blood Pressure Recovery in Older Adults. *Health Psychology*, 2014 Dec 22. [Epub ahead of print].

### **Finucane C, O'Connell MDL, Fan CW, Soraghan C, Savva G, Kenny RA.**

Age-Related Normative Changes in Phasic Orthostatic Blood Pressure: Findings from The Irish Longitudinal Study on Ageing (TILDA), *Circulation*. 2014 Nov 11; 130(20):1780-9.

### **Frewen J, Finucane C, Savva GM, Boyle G, Kenny RA.**

Orthostatic hypotension is associated with lower cognitive performance in adults aged 50 plus with supine hypertension. *J Gerontol A Biol Sci Med Sci*. 2014 Jul; 69(7):878-85.

### **Frewen J, Savva GM, Boyle G, Finucane C, Kenny R.**

Cognitive Performance in Orthostatic Hypotension: Findings from a Nationally Representative Sample. *J Am Geriatr Soc*. 2014 Jan; 62(1):117-22.

**Frewen J, Savva GM, Boyle G, Finucane C. 2014.**

Cognitive Performance in Orthostatic Hypotension: Findings from a Nationally Representative Sample. *Journal of the American Geriatrics Society*. 62(1): 117-22.

**Gallagher D, Coen RF, Lawlor BA.**

Alzheimer's Disease. In *Neurodegenerative Disorders: A Clinical Guide*. 2nd Ed, O. Hardiman & C.P. Doherty eds, Springer-Verlag, London (in press).

**Galvin R, Moriarty F, Cousins G, Cahir C, Motterlini N, Bradley M, Kenny RA.**

Prevalence of potentially inappropriate prescribing and prescribing omissions in older Irish adults: findings from The Irish Longitudinal Study on Ageing study (TILDA). *European journal of clinical pharmacology*, 70(5): 599-606.

**Gillespie P, O'Shea E, Cullinan J, Buchanan J, Bobula J, Lacey L, Gallagher D, Mhaolain AN, Lawlor B.**

Longitudinal costs of caring for people with Alzheimer's disease. *Int Psychogeriatr*. 2014 Sep 23:1-10. [Epub ahead of print] PubMed PMID: 25248030.

**Greene BR, Doheny EP, Kenny RA, Caulfield B.**

Classification of frailty and falls history using a combination of sensor-based mobility assessments. *Physiol Meas*. 35(10): 2053-66. 19 Sept 2014 [Epub ahead of print].

**Griofa CO, Courtney J, Finucane C, Gray C** Tracking transverse 2D ultrasound images of the carotid artery. 2014. *IEEE International Symposium on Medical Measurements and Applications (MeMeA)*.

**Hayakawa T, McGarrigle CA, Coen RF, Soraghan CJ, Foran T, Lawlor BA, Kenny RA.**

Orthostatic blood pressure behaviour in people with mild cognitive impairment predicts conversion to dementia. *Journal of the American Geriatrics Society*, [in press].

**Hegarty FJ, Amoore J, Scott, R. Blackett, P. & McCarthy J.P.**

The role of Clinical Engineers in Hospitals, Ch. 7 *Clinical Engineering*. Academic Press Elsevier, Oxford, UK. 2014.

**Henretta J, McCrory C.**

Early Life Circumstances and Differences in Midlife Functional Mobility using the Timed-Up-and-Go (TUG) Measure. *Journals of Gerontology: Social Sciences*, February 2014.

**Hudson E, Nolan A.**

Public healthcare eligibility and the utilisation of GP services by older people in Ireland. *Journal of the Economics of Ageing* 29 Sept 2014 [in press].

**Hudson E, Barrett A.**

Peer Groups, Employment Status and Depressive Symptoms Among Older Adults in Ireland. *Population Ageing* 7: 43-54.

**Jansen S, Frewen J, Finucane C, De Rooij SE, Van Der Velde N, Kenny RA.**

Atrial fibrillation is associated with syncope and falls in a general population cohort. *European Heart Journal*, 2014, 35, 256-256.

**Jaspreet B, King-Kallimanis BL, Cunningham C, Kenny RA.**

The relationship between syncope, depression and antidepressant use in older adults. *Age and Ageing*. 43(4): 502-509.

**Kamiya Y, Doyle M, Henretta JC, Timonen V.**

Early-Life Circumstances and Later-Life Loneliness in Ireland. *The Gerontologist* 54(5): 773-783.

**Kenny E, Coakley D, Boyle G (2014)**

Non-contact in vivo measurement of ocular microtremor using laser speckle correlation metrology. *Physiological Measurement*, 35, 2014, p1229\_1243.

**Kenny Gibson W, Cronin H, Kenny RA, Setti A.**

Validation of the self-reported hearing questions in the Irish Longitudinal Study on Ageing against the Whispered Voice Test. *BMC Research Notes* 7(361).

**Kelly ME, Loughrey D, Lawlor BA, Robertson IH, Walsh C, Brennan S.**

The impact of exercise on the cognitive functioning of healthy older adults: a systematic review and meta-analysis. *Ageing Res Rev*. 2014 Jul;16:12-31. doi: 10.1016/j.arr.2014.05.002. Epub 2014 May 23. PubMed PMID: 24862109.

**Kelly ME, Loughrey D, Lawlor BA, Robertson IH, Walsh C, Brennan S.**

The impact of cognitive training and mental stimulation on cognitive and everyday functioning of healthy older adults: a systematic review and meta-analysis. *Ageing Res Rev*. 2014 May; 15:28-43. doi: 10.1016/j.arr.2014.02.004. Epub 2014 Mar 4. Review. PubMed PMID: 24607830.

**Killane I, Donoghue OA, Savva GM, Cronin H, Kenny RA, Reilly RB.**

Relative Association of Processing Speed, Short-Term Memory and Sustained Attention With Task on Gait Speed: A Study of Community-Dwelling People 50 Years and Older. *Biological Sciences and Medical Sciences*. 69(11): 1407-14.

**King-Kallimanis BL, Kenny RA, Savva GM.**

Factor structure for the frailty syndrome was consistent across Europe. *J Clin Epidemiol* 67(9): 1008-15. Sept 2014.

**Lawlor BA, Kennelly S, O'Dwyer S, Cregg F, Walsh C, Coen RF, Kenny RA, Howard R, Murphy C, Adams J, Daly L, Segurado R, Gaynor S, Crawford F, Mullan M, Lucca U, Banzi R, Pasquier F, Breuilh L, Riepe M, Kalman J, Wallin A, Borjesson A, Molloy W, Tsolaki M, Olde Rikkert M. (2014)**

NILVAD protocol: a European multicentre double-blind placebo-controlled trial of nilvadipine in mild-to-moderate Alzheimer's disease. *BMJ open*, 4, (10), 2014, pe006364.

**Mellqvist Fässberg M, Östling S, Braam AW, Bäckman K, Copeland JR, Fichter M, Kivelä SL, Lawlor BA, Lobo A, Magnússon H, Prince MJ, Reischies FM, Turrina C, Wilson K, Skoog I, Waern M.**

Functional disability and death wishes in older Europeans: results from the EURODEP concerted action. *Soc Psychiatry Epidemiol*. 2014 Sep; 49(9):1475-82. doi: 10.1007/s00127-014-0840-1. Epub 2014 Feb 20. PubMed PMID: 24554123; PubMed Central PMCID: PMC4143593.

**McCarthy JP, Scott R, Blackett, Amooore J, Hegarty FJ.**

Health Technology Management. Ch. 4 Clinical Engineering, Academic Press Elsevier, Oxford, UK. 2014.

**McCrorry C, Dooley C, Layte R, Kenny RA.**

The Lasting Legacy of Childhood Adversity for Disease Risk in Later Life. *Health Psychol*. 25 Aug 2014 [Epub ahead of print].

**McCrorry C, Finucane C, Frewen J, O'Hare C, Kenny RA, Kearney P.**

Social disadvantage and social isolation are associated with a higher resting heart rate in men: results from The Irish Longitudinal Study on Ageing (TILDA). *J Gerontol B Psychol Sci Soc Sci*. 2014 Dec 6. [Epub ahead of print].

**McGarrigle CA, Cronin H, Kenny RA.**

The impact of being the intermediate caring generation and intergenerational transfers on self-reported health of women in Ireland. *International Journal of Public Health*. 59(2): 301-8.

**Mosca I and Kenny RA.**

Exploring differences in prevalence of diagnosed, measured and undiagnosed hypertension: the case of Ireland and the United States of America. *International Journal of Public Health* 59(5): 759-767.

**Murphy C, Whelan B, Normand C.**

Formal home care utilisation by older adults in Ireland: Evidence from the Irish Longitudinal Study on Ageing. *Health and Social Care in the Community*, December 2014 [Epub ahead of print] DOI: 10.1111/HSC12157.

**Nivakoski S.**

Determinants of Pension Coverage and Retirement Income Replacement Rates – Evidence from TILDA.

*Economic and Social Review* 45(3): 299-328.

**Nolan A.**

Health: Funding, Access and Efficiency. Chapter 12 in O'Hagan, J. and Newman, C. (eds.) *The Economy of Ireland: National and Sectoral Policy Issues*, 12th edition, Dublin: Gill and Macmillan, 18 Sept 2014.

**Nolan A, O'Regan C, Dooley C, Wallace D, Hever A, Cronin H, Hudson E, Kenny RA. (eds.)**

The Over 50s in a Changing Ireland: Economic Circumstances, Health and Well-Being TILDA Wave 2 Summary Report, 29th January 2014.

**Nolan J, Loskutova E, Howard A, Mulcahy R, Moran R, Stack J, Bolger M, Coen RF, Dennison J, Akuffo KO, Owens N, Power R, Thurnham D, Beatty S. (2014)**

The impact of supplemental macular carotenoids in Alzheimer's disease: CARDS report 2. *Journal of Alzheimer's Disease*, Epub ahead of print, PMID 25408222

**O'Halloran AM, Finucane C, Savva GM, Robertson IH, Kenny RA.**

Sustained Attention and Frailty in the Older Adult Population. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 69(2): 147-56.

**O'Halloran AM, Kenny RA, King-Kallimanis BL.**

The latent factors of depression from the short forms of the CES-D are consistent, reliable and valid in community-living older adults. *European Geriatric Medicine*. 5(2): 97-102.

**O'Regan C, Kenny RA, Cronin H, Finucane C, Kearney PM.**

Antidepressants strongly influence the relationship between depression and heart rate variability: findings from The Irish Longitudinal Study on Ageing (TILDA). *Psychological medicine*, 2014, 45 (03), 623-636.

**O'Sullivan M, Coen RF, O'Hara D, Shiel A. (2014)**

Cognitive rehabilitation for Mild Cognitive Impairment: Developing and piloting an intervention. *Aging, Neuropsychology and Cognition*. DOI:10.1080/13825585.2014.927818.

**O'Sullivan V, Nolan B, Barrett A, Dooley C. 2014.**

Income and Wealth in the Irish Longitudinal Study on Ageing. *Economic and Social Review* 45(3): 329-348.

**Peklar J, Henman MC, Kos M, Richardson K, Kenny RA.**

Concurrent use of drugs and supplements in a community-dwelling population aged 50 years or more: potential benefits and risks *Drugs Aging* 31(7): 527-40. July 2014.

**Peklar J, O'Halloran AM, Maidment ID, Henman MC, Kenny RA, Kos M.**

Sedative load and frailty among community-dwelling population aged  $\geq 65$  years. *Journal of American Medical Directors Association*, November 2014 [Epub ahead of print].

**Richardson K, Kenny RA, Bennett K.**

The effect of free health care on polypharmacy: a comparison of propensity score methods and multivariable regression to account for confounding. *Pharmacoepidemiology and Drug Safety*. 23(6): 656-65.

**Robertson DA, Savva GM, Coen RF, Kenny RA (2014)**

Cognitive Function in the Prefrailty and Frailty Syndrome. *Journal of the American Geriatrics Society* (early view access; DOI: 10.1111/jgs.13111).

**Romero-Ortuno R, O'Connell MDL, Finucane C, Fan CW, Dooley C, Kenny RA.**

Higher Orthostatic Heart Rate Predicts Mortality In The Irish Longitudinal Study Of Ageing (TILDA). *Ageing Clin Exp Res*. E. Pub [ahead of print] 18 July 2014.

**Setti A, Stapleton J, Leahy D, Walsh C, Kenny RA, Newell FN.**

Improving the efficiency of multisensory integration in older adults: audio-visual temporal discrimination training reduces susceptibility to the sound-induced flash illusion. *Neuropsychologia* 61:259-68 Aug 2014.

**Soraghan C, Hermann S, Boyle G.**

Human-Computer Systems Interaction: Backgrounds and Applications 3. *Advances in Intelligent Systems and Computing* Volume 300, 2014, pp 221-231.

**Soraghan C, Fan CW, Hayakawa T, Cronin H, Foran T, Boyle G, Kenny RA, Finucane C.**

TILDA Signal Processing Framework (SPF) for the analysis of BP responses to standing in epidemiological and clinical studies. 2014 IEEE-EMBS International Biomedical and Health Informatics (BHI). 793-796.

### Published Abstracts

**Finucane C, Feeney J, Nolan H, O'Regan C, Cronin H, Kenny R.A.**

TILDA, TCD, Dublin, Ireland, 2 St. James's Hospital, Dublin, Ireland. *Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387. The Changing Physical Health of the Over 50s (2009-2012): Findings from the Irish Longitudinal Study on Ageing.

**Robinson D, Boyle G, Feighan J, Soraghan C, Dominguez-Villoria L, Clarke D, Rigby J, Lindau S, Kenny R.A.**

St. James's Hospital, Dublin, Ireland, 2 National

University of Ireland, Maynooth, Meath, Ireland, 3 University of Chicago, Chicago, USA.

*Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387  
Mapping Health Services to Meet the Needs of an Ageing Community: The Local Asset Mapping Project (LAMP). Frailty and Disability across the North and South of Ireland: A Data Harmonisation Study.

**Siobhan Scarlett, Bellinda King-Kallimanis, Jonathan Briody, Rose Anne Kenny, Matthew O'Connell** The Irish Longitudinal Study on Ageing, Department of Medical Gerontology, Chemistry Extension Building, Trinity College, Dublin, Ireland. *Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387.

**Lannon R, Beirne A, McCarroll K, Walsh C, Cunningham C, Walsh JB, Casey M.**

Bone Health Unit, Mercer's Institute for Research on Ageing, St James's Hospital, Dublin 8, Ireland, 2 Mercer's Institute for Research on Ageing, St James's Hospital, Dublin 8, Ireland, 3 Dept of Biostatistics, Trinity College Dublin, Dublin 2, Ireland. Prediction of fracture Leading to Hospital Admission in Community Dwelling Older Adults. *Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387.

**McHugh J, Lee O, Aspell N, McCormack E, Loftus M, Brennan S, Lawlor B, NEIL Program.**

Institute of Neuroscience, Trinity College, Dublin, Ireland. Food Enjoyment is associated with Nutritional Status among Irish Older Adults living alone. *Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387.

**Beirne AM, Byrne A, Robinson D.**

Department of Medicine for the Elderly, St James's Hospital, Dublin 8, Ireland. Do We Tell GPs What They Need to Know? A Quality Assessment Review of GP Correspondence from a Medicine for the Elderly Outpatient Clinic. *Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387.

**Hall P, Bhangu J, Rice C, McMahan G, Kenny R.A.**

St. James's Hospital, Dublin, Ireland, 2 Trinity College, Dublin, Ireland.  
Resource Utilisation in Older Patients Presenting with Falls to the Emergency Room. *Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387.

**Beirne A.M, Bruce I, Coen R, McCarroll K, Robinson D.J, Lawlor B.A, Cunningham C.J.**

Mercer's Institute for Research on Ageing, St James's Hospital, Dublin 8, Ireland.  
Changing Patient Demographics and Diagnostic Profiles Attending a National Memory Clinic: A Retrospective Review. *Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387.

**Beirne A.M, Sheehy N, Lawlor BA, Cunningham, McCarroll K.**

Mercer's Institute for Research on Ageing, St James's Hospital, Dublin 8, Ireland, Department of Radiology, St James's Hospital, Dublin 8, Ireland.  
The Utility of FDG PET Brain in the Diagnosis of Neurodegenerative Conditions. *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**McGarrigle A, McCrory C, Kenny R.A.**

Trinity College Dublin, Dublin, Ireland.  
The Impact of Caring for Spouses on Depression and Health Behaviours in Over 50s in Ireland, the Irish Longitudinal Study on Ageing Christine. *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**Beattie A, Walsh JB, Casey M, McCarroll K, Stassen L.FA.**

Dept of Oral and Maxillofacial Surgery, Dublin Dental University Hospital, Dublin, Ireland, Mercer's Institute for Research on Ageing, St James's Hospital, Dublin 8, Ireland.  
Bisphosphonate Related Osteonecrosis of the Jaws in the Osteoporotic Patient. *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**Bhangu J, Hall P, Rice C, McMahon G, Crean P, Sutton R, Kenny R.A.**

St. James's Hospital, Dublin, Ireland, 2 Trinity College Dublin, Dublin, Ireland, 3 Imperial College, London, UK.  
FUSE: Falls and Unexplained Syncope in the Elderly. The Utility of Implantable Loop Recorders. *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**Donoghue O, Jansen S, Dooley C, De Rooij S, Van der Velde N, Kenny R.A.**

The Irish Longitudinal Study on Ageing (TILDA), Trinity College Dublin, Dublin, Ireland, Academic Medical Center, Department of Internal Medicine, Section of Geriatric Medicine, Amsterdam, The Netherlands.  
Reduced Gait Speed in Community-Dwelling Adults with Atrial Fibrillation. *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**Donoghue O, Setti A, Dooley C, Kenny R.A**

The Irish Longitudinal Study on Ageing (TILDA), Trinity College Dublin, Dublin, Ireland, 2School of Applied Psychology, University College Cork, Cork, Ireland.  
Do Self-Reported Sensory Deficits Predict Recurrent Falls Over 2 Years? *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**Kennedy C, Robinson D Romero-Ortuno R O'Shea D, Kenny R, O'Shea D, Connell J.O.J.**

St Vincent's University Hospital, Dublin, Ireland, 2 St James's Hospital, Dublin, Ireland, 3TILDA, Dublin, Ireland.

Assessment of Functional Capacity in Metabolically Healthy Obese Older Adults. *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**Lannon R, McCarroll K, Fallon N, Casey M, Walsh JB.**

Bone Health Unit, Mercer's Institute for Research on Ageing, St. James's Hospital, Dublin, Ireland.  
Clinical experience of Denosumab at a Specialist Bone Health Unit. *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**Lannon R, Murphy N, Steen G, Casey M, Walsh JB.**

Bone Health Unit, Mercer's Institute of Research on Ageing, St. James's Hospital, Dublin, Ireland.  
A Study of Patients with Bilateral Colles Fractures Attending a Specialist Bone Health Clinic. *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387  
Vitamin D in Acute Hip Fracture.

**Larkin J, McKeag A, Keane M.**

Cappagh National Orthopaedic Hospital, Dublin, Ireland.  
Setting Our Goals on a Gerontological Rehabilitation Unit from a Nursing Perspective. *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**Maheer N, Fallon N, Steen G, Hade D, Lannon R, McCarroll K, Casey M, Walsh JB**

St. James's Hospital, Dublin, Ireland.  
Non-Attendance at a Bone Health Clinic Following Hip Fracture. *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**McCarroll K, Beirne A, Casey M, McNulty H, Strain S, Ward M, Laird E, Molloy A, Cunningham C.**

Mercer's Institute for Successful Ageing, Dublin, Ireland, Department of Gerontology, St. James's Hospital, Dublin.  
Northern Ireland Centre for Food and Health, Coleraine, Derry, NI, USA, 4Biomedical Sciences Institute, Trinity College Dublin, Dublin, Ireland.  
Cognitive Frailty in Older Irish Adults, *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**Burns M, Somers K, McElwaine P, Harbiso J.**

School of Medicine, Trinity College, Dublin, Ireland, Department of Gerontology, St. James's Hospital, Dublin, Ireland.  
Validation of the Picture Naming Task from the NIH Stroke Scale for an Irish Population, *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**Ntlholang O, O'Donoghue E, O'Kelly F, O'Doherty K, O'Kelly S, Robinson D.**

St. James's Hospital, Dublin, Ireland, 2Coombe Family Practice, Dolphin's Barn Street, Dublin, Ireland, Rialto Medical Centre, South Circular Road, Dublin, Ireland.  
Taking the Service to the Community—Geriatrician–Primary Care Liaison Service. *Ir J Med Sci* (2014) 183 (Suppl 7):S269–S387.

**O'Connor E, Doyle S, Coleman S, Connaughton F, Cunningham C.**

St. James's Hospital, Dublin, Ireland.

Outcomes of a Multi-Disciplinary Rehabilitation Consultation Team, *Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387.

**O'Halloran A, Bressan J, King-Kallimanis B, O'Connell M, Olohan A, Keenan E, Barry J, Kenny RA.**

Trinity College, Dublin, Ireland, 2HSE Addiction Service, Dublin Mid-Leinster, Ireland.

Frailty as a Marker of Premature Biological Ageing: Preliminary Evidence from The Irish Longitudinal Study of Ageing (TILDA) and a Community-based Methadone Treatment Program, *Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387.

**Soh J, Foley J, Casey M, Walsh JB, Lannon R, McCarroll K.**

Medicine for the Elderly Directorate, St James's Hospital, Dublin, Ireland.

Extended Zoledronic Acid Treatment in Older Patients with Osteoporosis, *Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387.

**Kelly M, Loughrey D, Lawlor B, Robertson I, Walsh C, Brennan S.**

The NEIL Programme, Trinity College Institute of Neuroscience, Dublin, Ireland, The Department of Statistics, Trinity College Dublin, Dublin, Ireland  
Cognitive Interventions for Healthy Older Adults: A Systematic Review.

**Kelly M, Loughrey D, Lawlor B, Robertson I, Walsh C, Brennan S.**

Trinity College Dublin, Dublin, Ireland.

P171 Exercise Interventions for Healthy Older Adults: A Systematic Review, *Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387.

**O'Halloran A, Normand C.**

Centre for Health Policy and Management, Trinity College Dublin, Dublin, Ireland, The Longitudinal Study on Ageing, Trinity College Dublin, Dublin, Ireland.

Exploring the Impact of Frailty on the Health and Social Care System in Ireland, Lorna Roe, *Ir J Med Sci* (2014) 183 (Suppl 7):S269-S387.

**Carmody M, Nolan H, Fan CW, O'Dwyer C, Kenny RA, Finucane C.**

Combining The Active Stand Test and Pattern Recognition Enables Vasovagal Syncope Prediction. *Age and Ageing* 43 (Suppl 2), ii21-ii21.

**Finucane C, Fan CW, Soraghan C, O'Connell MDL, Donoghue O, Cronin H, Savva GM, Kenny RA.**

Impaired Orthostatic Blood Pressure Control is associated with Falls in Community Dwelling Adults aged over 50: Findings from the Irish Longitudinal Study on Ageing. *Age and Ageing* 2014, 43 (suppl 2), ii17-ii17.

**Foran T.**

Clinical Engineering and Successful Ageing at St. James's Hospital.

BEAI Spectrum, Sept. 2014.

**McCarroll K, Beirne A, Casey M, McNulty H, Strain S, Ward M, Laird E, Molloy A, Cunningham C.**

Cognitive Frailty in Older Irish Adults, IGS Abstracts 2014 [ *Ir J Med Sci* (2014) 183 (Suppl 7):S269\_S387].

## MED Directorate

### Dermatology

**Fahy C.M.R, Fortune A, Quinn F, McMEnamin M.E., Browne P.V, Langabeer S, McCarron S, Hayden P, Marren P, Ni Chonghaile M, Irvine A.D, Vandenberghe E, Barnes L**

"Development of mycosis fungoides after bone marrow transplantation for chronic myeloid leukaemia; transmission from allogeneic donor" *British Journal of Dermatology* 2014;170,462-467.

**Storan ER1, Galligan J, Barnes L.**

Phototherapy-induced erythema in patients with psoriasis and obesity treated with narrowband UVB phototherapy.

*Photodermatol Photoimmunol Photomed*. 2014 Mar 7. doi: 10.1111/phpp.12121. [Epub ahead of print].

**Conlon NP, Hayden P, Barnes L, Doran M, O'Shea F, Feighery C.**

Schnitzler's syndrome; a case highlighting the complications of long-standing acquired autoinflammation. *Eur J Dermatol* 2014 (epub ahead of print) doi:10.1684/ejd.2014.2345.

**Wall D, Fraher, M, Kanba W, O'Connell B, Watson R, Timon C, Stassen LFA, Barnes L.**

Infection of the beard area. Kerion: a review of 2 cases. *IMJ* July/Aug 2014;Vol 107,number 7: 219-221.

**Gallagher A, Hourihane JO'B, Kenny LC, Irvine AD, Khashan AS.**

A longitudinal study of skin barrier function in pregnancy and the postnatal period *Obstetric Medicine* 2014; 7, 4: 156-159.

**Connor S, O'Brien M, Irvine A, O'Marcaigh A, Smith O.**

C3-C4 shingles post haematopoietic stem-cell transplantation. *Arch Dis Child* 2014 doi: 10.1136/archdischild-2014-306419 PMID: 25187495.

**O'Donovan SM, Murray DM, Hourihane JO'B, Kenny LC, Irvine AD, Kiely M.**

Cohort profile: The Cork BASELINE birth cohort study: Babies after SCOPE: Evaluating the Longitudinal Impact on Neurological and Nutritional Endpoints *International Journal of Epidemiology* 2014 Aug 7. pii: dyu157. [Epub ahead of print] PMID: 25102856.

**Kiely C, Devaney D, Fischer J, Lenane P, Irvine AD.**

Ichthyosis prematurity syndrome: a case report and review of known mutations. *Pediatr Dermatol.* 2014 May 29. doi: 10.1111/pde.12320. [Epub ahead of print] PMID: 24889544.

**Cole C, Kroboth K, Schurch N, Sandilands A, Sherstnev A, O'Regan GM, Watson RM, McLean WHI, Barton GJ, Irvine AD, Brown SJ.**

Filaggrin-stratified Transcriptome analysis of Paediatric Skin Identifies Mechanistic Pathways in Atopic Dermatitis. *Journal of Allergy and Clinical Immunology* 2014 May 28. pii: S0091-6749(14)00596-X. doi: 10.1016/j.jaci.2014.04.021. [Epub ahead of print] PMID:24880632 \*Corresponding author.

**Nason GJ, Baker JF, Seoighe D, Irvine AD, McDermott M, Orr D, Capra M, Kelly PM.**

Congenital-Infantile Fibrosarcoma of the Foot – Avoidance of Amputation. *Irish Medical Journal* May; 107(5): 148-9. PMID: 24908860

**Courtney DG, Atkinson SD, Allen EH, Moore JE, Walsh CP, Leslie Pedrioli DM, Macewen CJ, Pellegrini G, Maurizi E, Serafini C, Fantacci M, Liao H, Irvine AD, McLean WH, MooreTC.**

siRNA Silencing of the Mutant Keratin 12 Allele in Corneal Limbal Epithelial Cells Grown from Patients with Meesmann's Epithelial Corneal Dystrophy. *Invest Ophthalmol Vis Sci.* 2014 May 6. pii: iovs.13-12957v1. doi: 10.1167/iov.13-12957. [Epub ahead of print].

**Salinas CF, Irvine AD, Itin PH, Di Giovanna JJ, Schneider H, Clarke AJ, Sternesky-McGovern L, Fete M.**

Second International Conference on a Classification of Ectodermal Dysplasias: Development of a Multi-axis Model. *American Journal of Medical Genetics Am J Med Genet A.* 2014 Apr 3. doi: 10.1002/ajmg.a.36507. [Epub ahead of print] PMID: 24700551.

**Hughes R, McAleer M, Collins S, Watson R, Irvine A, White M.**

Rapidly Involuting Congenital Hemangioma with Pustules: Two Cases. *Pediatric Dermatology* 2014 Apr 1. doi: 10.1111/pde.12309. [Epub ahead of print] PMID: 24689686.

**Thawer-Esmail F, Jakasa I, Todd G, Wen Y, Brown SJ, Kroboth K, Campbell LE, O'Regan GM, McLean WHI, Irvine AD, Kezic S, Sandilands A.**

amaXhosa patients with Atopic Dermatitis have decreased levels of filaggrin breakdown products but no loss-of-function mutations in filaggrin *Journal of Allergy and Clinical Immunology* 2014 Jan; 133(1): 280-282.e2. doi: 10.1016/j.jaci.2013.09.053. PMID: 24369804\*Corresponding author.

**Foley C, Moran B, McMenamin M, McDermott R, Ormond P, Irvine AD**

Spontaneous regression of Cutaneous Metastases of Squamous Cell Carcinoma *Quarterly Journal of Medicine* 2014; 107(1): 61-3. doi: 10.1093/qjmed/hct162. Epub 2013 Jul 30 PMID: 23904518.

**Conte MI, Pescatore A, Paciolla M, Esposito E, Miano MG, Lioi MB, McAleer MA, Giardino G, Pignata C, Irvine AD, Scheuerle AE, Royer G, Hadj-Rabia S, Bodemer C, Bonnefont JP, Munnich A, Smahi A, Steffann J, Fusco F, Ursini MV.**

Insight into IKBKG/NEMO Locus: Report of New Mutations and Complex Genomic Rearrangements Leading to Incontinentia Pigmenti Disease. *Hum Mutat.* 2014 Feb; 35(2):165-77. doi: 10.1002/humu.22483. Epub 2013 Dec 12. PMID: 24339369.

**Foley CC, Paller AS, Irvine AD (2014)** Disorders of cornification (Ichthyosis) In: Eichenfield L, Frieden I, Zaenglein A and Mathes E Eds. *Neonatal and Infant Dermatology (3rd Edition)* pp 281-302. Elsevier, Philadelphia (ISBN-13: 978-1-4557-2638-7).

**Irvine AD.**

Commentary: Methotrexate and Cyclosporine in treatment of severe eczema in children *British Journal of Dermatology* 2014 Mar; 170(3): 499-500. doi: 10.1111/bjd.12821 PMID: 24617433.

**Irvine AD.**

Crossing barriers; restoring barriers? Filaggrin protein replacement takes a bow *Journal of Investigative Dermatology* 2014 Feb; 134(2): 313-4. doi: 10.1038/jid.2013.506. PMID:24424455. Oral presentations Dermatology; IAD Autumn meeting October 3rd 2014. Kerion induced scarring alopecia.

**Flynn Dr A, Wynne DR B.**

IAD Spring meeting May 9th. Use of Moh's Micrographic Surgery for management of destructive facial non melanoma skin cancer- the Irish experience.

**Higgins E, Wynne B, Ormond P.**

Audit of Melanoma cases not discussed at MDT in St. James's Hospital 2012.

**Emergency Dept****Ramasubbu Dr B.M, Yap Dr L, El-gammal Dr A, Kennedy Dr U.**

Cognitive Frailty in Older Irish Adults  
Improvement of Communication with Primary Care Practitioners with The Use of Emergency Department Discharge Summaries.  
JAEM 2014; 13: 22-5.

**Judge Dr G, Rasheed Dr A, Crowley Dr V, Kennedy Dr U.**

Oral Presentation at Irish Association of Emergency Medicine Annual Scientific Meeting 2014: "An Audit of Urinary Amylase requests from the Emergency Department".

**Dr Laura Morrissey, Dr Una Kennedy, Dr Breida Boyle**

Poster Presentation: At Irish Association of Emergency Medicine Annual Scientific Meeting 2014: "Audit of Emergency Department Sepsis Management"  
Poster presentation: American Association for the Study of Liver Diseases (AASLD) Conference, Boston, November 2014.  
"A Universal Testing Programme for Blood Borne Viruses in an Urban Emergency Department – a call for widespread ED testing in Ireland".

**O'Connell S, Lillis D, O'Dea S, Tuite H, Fleming C, Barry H, Dalby L, Shields D, Norris S, Crowley B, Plunkett PK, Bergin C.**

1. Infectious Disease Department, St James's Hospital, Dublin, Ireland, 2. Department of Emergency, St James's Hospital, Dublin, Ireland, 3. Hepatology Department, St James's Hospital, Dublin, Ireland, 4. Infectious Disease Department, University College Hospital Galway, Dublin, Ireland, 5. Microbiology Department, St James's Hospital, Dublin, Ireland, 6. Department of Clinical Medicine, Trinity College Dublin, Dublin, Ireland.

**GUIDe****Dooley S, Delamere S, Kelly G and Loy A.**

A Retrospective Case Note Audit of Asymptomatic STI Screening Amongst Men Attending HIV Clinic in GUIDe.

**Loy A, McInerney J, Pilkington L, Keegan H, Delamere****S, Martin CM, Sheils O, O'Leary J, Mulcahy F.**

Human Papillomavirus DNA and mRNA prevalence and association with cervical cytological abnormalities in the Irish HIV population.

**C Sadlier, D Rowley, S Surah, S O'Dea, S Delamere, J O'Leary, P Smyth, S Clarke, O Sheils, C Bergin.**

International Journal of STD & AIDS 09/2014;  
Article: Prevalence of Human Papillomavirus in men who have sex with men in the era of an effective vaccine; a call to act. HIV Medicine 04/2014:  
Article: High Prevalence of asymptomatic of asymptomatic sexually transmitted infections in HIV-infected men who have sex with men: A stimulus to improve screening.

**S Keaveney, C Sadlier, S O'Dea, S Delamere, C Bergin.**

International Journal of STD & AIDS 01/2014  
The evolution of OPAT in Ireland 2013-2015. Oral presentation at the UK National OPAT meeting London April 2015.

**Neurology****Bennett L, Bergin M, Gooney M, Doherty C.P, Synnott C, Wells S.G (2015)**

Epilepsy services in Ireland: A survey of people with epilepsy in relation to satisfaction, preferences and information provision. *Epilepsy Research*, In Press <http://dx.doi.org/10.1016/j.eplepsyres.2015.03.006>.

**Alhusaini S(1), Whelan CD(2), Doherty CP, Delanty N(4), Fitzsimons M(5), Cavalleri GL(2).**

Temporal Cortex Morphology in Mesial Temporal Lobe Epilepsy Patients and Their Asymptomatic Siblings. *Cereb Cortex*. 2015 Jan 9. pii: bhu315. [Epub ahead of print].

**Anney RJ, Avbersek A, Balding D, Baum L, Becker F, Berkovic SF, Bradfi JP, Brody LC, Buono RJ, Catarino CB, Cavalleri GL, Cherny SS, Chinthapalli, K, Coff AJ, Compston A, Cossette P, de Haan GJ, De Jonghe P, de Kovel CG, Delanty, N, Depondt C, Dlugos DJ, Doherty CP, Elger E, S, Walley NM, Weber YG, Wei Z, Whelan C, Yang W, Zara F, Zimprich F.**

International League Against Epilepsy Consortium on Complex Epilepsies. Genetic determinants of common epilepsies: a meta-analysis of genome-wide association studies. *Lancet Neurol*. 2014 Sep; 13(9):893-903. doi: 10.1016/S1474-4422(14)70171-1. Epub 2014 Jul 30.

**Kinsella JA, Tobin WO, Kavanagh GF, O'Donnell JS, McGrath RT, Tierney S, Feeley TM, Egan B, O'Neill D, Collins DR, Coughlan T, Harbison JA, Doherty CP, Madhavan P, Moore DJ, G, McCabe DJ.**

Increased thrombin generation potential in symptomatic versus asymptomatic moderate or severe carotid stenosis and relationship with cerebral microemboli. J

Neurol Neurosurg Psychiatry. 2014 Jul 17. pii: jnnp-2013-307556. doi: 10.1136/jnnp-2013-307556. [Epub ahead of print] PubMed PMID: 25033981.

**Kinsella JA(1), Tobin WO, Kavanagh GF, O'Donnell JS, McGrath RT, Tierney S, Feeley TM, Egan B, O'Neill D, Collins RD, Coughlan T, Harbison JA, Doherty CP, Madhavan, McCabe DJ.**

Increased endothelial activation in recently symptomatic versus asymptomatic carotid artery stenosis and in cerebral microembolic-signal-negative patient subgroups. *Eur J Neurol*. 2014 Apr 9. doi: 10.1111/ene.12403. [Epub ahead of print].

**Ntlholang O1, Walsh S, Bradley D, Harbison J.**

Identifying palliative care issues in inpatients dying following stroke. *Ir J Med Sci*. 2015 Apr 8. [Epub ahead of print].

**Bradley D, Rees J.**

Brain tumour mimics and chameleons. *Pract Neurol*. 2013 Dec;13 (6):359-71.

**Kimmich O, Molloy A, Whelan R, Williams L, Bradley D, Balsters J, Molloy F, Lynch T, Healy DG, Walsh C, O'Riordan S, Reilly RB, Hutchinson M.**

Temporal discrimination, a cervical dystonia endophenotype: penetrance and functional correlates. *Mov Disord*. 2014 May; 29(6):804

**Ntlholang O, Mahon O, Bradley D, Harbison JA.**

Does hyperostosis frontalis interna have any clinical relevance in stroke patients? *QJM*. 2014 Sep;107 (9):783.

**Budini F, Lowery MM, Hutchinson M, Bradley D, Conroy L, De Vito G.**

Dexterity training improves manual precision in patients affected by essential tremor. *Arch Phys Med Rehabil*. 2014 Apr;95(4):705-10.

**Sadnicka A, Kimmich O, Pisarek C, Ruge D, Galea J, Kassavetis P, Pareés I, Saifee T, Molloy A, Bradley D, O'Riordan S, Zrinzo L, Hariz M, Bhatia KP, Limousin P, Foltynie T, Rothwell JC, Hutchinson M, Edwards MJ.**

Pallidal stimulation for cervical dystonia does not correct abnormal temporal discrimination. *Mov Disord*. 2013 Nov; 28(13):1874-7.

**McKenna MJ, Murray B, Lonergan R, Redmond JM.**

Immunomodulators for multiple sclerosis may ameliorate spinal bone loss. *Ir J Med Sci*. 2013 Mar;182(1):29-32.

**Bradley D, Cronin S, Kinsella JA, Tobin WO, Mahon C, O'Brien M, Lonergan R, Cooney MT, Kennelly S, Collins DR, O'Neill D, Coughlan T, Smyth S, McCabe DJ.**

Frequent inaccuracies in ABCD2 scoring in non-stroke specialists' referrals to a daily Rapid Access Stroke

Prevention service. *J Neurol Sci*. 2013 Sep 15;332 (1-2):30-4.

**Bradley D, Rees J.**

Updates in the management of high-grade glioma. *J Neurol*. 2014 Apr 261(4):651.

**Lonergan R, Kinsella K, Fitzpatrick P, Duggan M, Jordan S, Bradley D, Hutchinson M, Tubridy N.**

Unmet needs of multiple sclerosis patients in the community. *Mult Scler Relat Disord*. 2015 Mar;4(2):144-50.

## Rheumatology

**Conway R, Doran MF, O'Shea FD, Crowley B, Cunnane G.**

The impact of hepatitis screening on diagnosis and treatment in rheumatoid arthritis. *Clin Rheumatol* 2014; 33: 1823 – 1827.

**McCarthy EM, Smith S, Lee RZ, Cunnane G, Doran MF, Donnelly S, Howard D, O'Connell P, Kearns G, Ni Gabhann J, Jefferies CA.**

The association of cytokines with disease activity and damage scores in systemic lupus erythematosus patients. *Rheumatology (Oxford)* 2014; 53: 1586 – 1594.

**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, Harvey B, Kearns G, Jefferies C.**

Estrogen receptor alpha regulates tripartite motif-containing protein 21 expression contributing to dysregulated cytokine production in systemic lupus erythematosus. *Arthritis Rheumatology* 2014; 66: 163 – 172.

**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* 2014; 107: 593 – 594.

**Low C, Conway R, O'Shea FD.**

Pseudo-pseudogout. *Irish Medical Journal* 2014; 107; 333 – 334.

**O'Dwyer T, O'Shea F, Wilson F.**

Physical activity in spondyloarthritis: a systematic review. *Rheumatology International* 2015; 35: 393 – 404.

**Conlon NP, Hayden P, Barnes L, Doran M, O'Shea F, Feighery C.**

Schnitzler's syndrome: a case highlighting the

complications of long-standing acquired auto-inflammation. *European Journal of Dermatology* 2014; 24: 405 – 406.

**O'Dwyer T, Rafferty T, O'Shea F, Gissane C, Wilson F.** Physical activity guidelines: is the message getting through to adults with rheumatic conditions? *Rheumatology (Oxford)* 2014; 53: 1812 – 1817.

**O'Dwyer T, O'Shea F, Wilson F.** Exercise therapy for spondyloarthritis: a systematic review. *Rheumatology International* 2014; 34: 887 – 902.

**Durcan L, Wilson F, Cunnane G.** The effect of exercise on sleep and fatigue in rheumatoid arthritis: a randomized controlled study. *Journal of Rheumatology* 2014; 41: 1966 – 1973.

**Durcan L, Gleeson N, McKiernan S, Cunnane G.** A benign tumor as the apparent trigger for myopathy. *Journal of Clinical Rheumatology* 2014; 20: 115 – 117.

**Cunnane G.** Relapsing polychondritis. *Kelley's textbook of Rheumatology* 2014; 9th edition.

**Cunnane G.** Hemochromatosis. *Kelley's textbook of Rheumatology* 2014; 9th edition.

**Hugle B, Burgos-Vargas R, Inman RD, O'Shea F, Laxer RM, Stimec J, Whitney-Mahoney K, Duvnjak M, Anderson M, Tse SM.** Long-term outcome of anti-tumor necrosis factor alpha blockade in the treatment of juvenile spondyloarthritis. *Clin Exp Rheumatol.* 2014 May-Jun;32(3):424-31.

**Durcan L, Coole A, McCarthy E, Johnston C, Webb MJ, O'Shea FD, Gissane C, Wilson F.** The prevalence of patellar tendinopathy in elite academy rugby: A clinical and imaging study. *J Sci Med Sport.* 2014 Mar;17(2):173-6.

### Abstract Publications

**O'Dwyer T, O'Shea F, Wilson F.** Reduced levels of daily physical activity and decreased Cardiorespiratory fitness among adults with Ankylosing Spondylitis are associated with impaired axial mobility.

**O'Dwyer T, O'Shea F, Wilson F.** Increased body fat and decreased strength among adults with ankylosing spondylitis is associated with functional impairment.

**Fitzpatrick C, O'Shea F, Connolly D.** The impact of fatigue on activities of daily living for people with ankylosing spondylitis.

**Galavan N, O'Shea F, Feighery C, Connolly D.** The impact of co-morbidities and fatigue on daily activities in people with Sjogrens Syndrome.

**Magee C, Stack J, Doran M.** Screening for Pulmonary Hypertension in Systemic Sclerosis patients.

**O'Shea F, Gallagher P, Mullan R, O'Rourke K, Sheehy C, Sullivan C, Silke C, Stafford F, FitzGerald O.** Preliminary Analysis of ASRI reveals interesting differences between men and women with ankylosing spondylitis. *ACR oral presentation: (Boston).*

**Azeez M, Wilson F, Cunnane G.** Exercise and cognition in rheumatoid arthritis.

### Notice of achievements regarding Publications via High Impact Journals

**Donohoe CL, O'Farrell NJ, Doyle SL, Reynolds JV (2014)** The role of obesity in gastrointestinal cancer: evidence and opinion. *Therap Adv Gastroenterol.* 2014 Jan;7(1):38-50.

**Horan M, Weitz A, Mc Cormack O, Muldoon C, Ravi N, Reynolds JV (2014)** Severe dysphagia, candidiasis, and an oesophageal mass, but over 50 biopsies negative for malignancy. *Dysphagia.* 2014 Feb; 29(1):109-12.

**Nur MM, Finn S, Reynolds JV.** Identification of potential therapeutic molecular targets preferentially expressed by esophageal cancer cells. *Expert Rev Anticancer Ther.* 2014 Mar; 14(3):267-9.

**O'Sullivan KE, Reynolds JV, O'Hanlon C, O'Sullivan JN, Lysaght J.** Could signal transducer and activator of transcription 3 be a therapeutic target in obesity-related gastrointestinal malignancy? *J Gastrointest Cancer.* 2014 Mar; 45(1):1-11.

**Valkenet K, Trappenburg JC, Gosselink R, Sosef MN, Willms J, Rosman C, Pieters H, Scheepers JJ, de Heus SC, Reynolds JV, Guinan E, Ruurda JP, Rodrigo EH, Nafteux P, Fontaine M, Kouwenhoven EA, Kerkemeyer M, van der Peet DL, Hania SW, van Hillegersberg R, Backx FJ.** Preoperative inspiratory muscle training to prevent postoperative pulmonary complications in patients undergoing esophageal resection (PREPARE study): study protocol for a randomized controlled trial. *Trials.* 2014 Apr 27; 15:144. doi: 10.1186/1745-6215-15-144.

**Lynam-Lennon N, Maher SG, Maguire A, Phelan J, Muldoon C, Reynolds JV, O'Sullivan J.** Altered mitochondrial function and energy metabolism is associated with a radioresistant phenotype in

oesophageal adenocarcinoma. *PLoS One*. 2014 Jun 26; 9(6):e100738.

**Mc Cormack O, Reynolds JV.**

Images in clinical medicine. Intermittent facial flushing and diarrhea. *N Engl J Med*. 2014 Jul 17; 371(3):260.

**Howard JM, Cathcart MC, Healy L, Beddy Muldoon GP, Reynolds JV.**

Leptin and adiponectin receptor expression in oesophageal cancer. *BJS* 2014; 101: 643-52.

**Elliot JA, O'Farrell NK, King S, Halpenny D, Malik V, Muldoon C, Johnston C, Reynolds JV.**

Value of CT-PET after neoadjuvant chemoradiation in the prediction of histological tumour regression, nodal status and survival in oesophageal adenocarcinoma. *BJS* 2014; 101: 1702-11.

**Mc Cormack O, Zaborozski A, King S, Healy L, Daly C, O'Farrell N, Donohoe CL, Ravi N, Reynolds JV.**

New onset atrial fibrillation post surgery for esophageal and junctional cancer: incidence, management, and impact on short and long term outcomes. *Ann Surg* 2014; 260:772-

**Lynam-Lennon N, Connaughton R, Carr E, Mongan A, O'Farrell N, Porter R, Brennan L, Pidgeon G, Lysaght J, Reynolds J, O'Sullivan J.**

Excess visceral adiposity induces alterations in mitochondrial function and energy metabolism in esophageal adenocarcinoma. *BMC Cancer* 2014, Dec 314:907

**Martin P, Noonan S, Mullen M, Scaife C, Tosetto M, Nolan B, Wynne K, Hyland J, Sheahan K, Elia G, O'Donoghue D, Fennelly D, O'Sullivan J.**

Predicting response to vascular endothelial growth factor inhibitor and chemotherapy in metastatic colorectal cancer. *BMC Cancer* 2014, Nov 27, 14:887.

**Phelan JJ, MacCarthy F, Feighery R, O'Farrell NJ, Lynam Lennon N, Doyle B, O'Toole D, Ravi N, Reynolds JV, O'Sullivan J.**

Differential expression of mitochondrial energy metabolism profiles across the metaplasia-dysplasia-adenocarcinoma disease sequence in Barrett's oesophagus. *Cancer Letters* 2014, Nov 1, 354 (1) 122-31.

**Lynam Lennon N, Maher S, Ryan A, Phelan J, Reynolds J, O'Sullivan J.**

Alterations in mitochondrial function and energy metabolism are involved in the radioresistance of esophageal adenocarcinoma. *Plos One* 2014 June 26; 9(6).

**Weiner-Gorzel K, Dempsey E, Milewska M, McGoldrick A, Toh V, Walsh A, Lindsay S, Gubbins L, Cannon A, Sharp D, O'Sullivan J, Murphy M, Madden S, Kell M, McCann A and Furlong F.**

Overexpression of the microRNA miR-433 promotes resistance to paclitaxel through the induction of cellular senescence in ovarian cancer cells. *Cancer Medicine* (In Press).

**Palles C, Chegwidden L (83 other authors), McManus R, Reynolds JV, O'Sullivan J, MacMathuna P, McGarrigle S, Kelleher D, Vermeire S, Cleyne I, Bisschops R, Tomlinson I and Jankowski J.**

Ploymorphism near TBX5 and GDF7 are associated with increased risk for Barrett's Esophagus. *Gastroenterology*. Nov 2014.

**O'Toole A, Michielsen A, Nolan B, Tosetto M, Sheahan K, Mulcahy H, Winter D, Hyland J, O'Connell R, Fennelly D, O'Donoghue D, O'Sullivan J, Doherty G and Ryan E.**

Tumour microenvironment suppresses dendritic cell maturation at all stages of disease progression in colorectal cancer. *BJ Cancer* 2014 Aug 26; 111(5):927-32.

**Sheridan J, Walsh P, Kevans D, Cooney T, O'Hanlon S, Nolan B, White A, McDermott E, Sheahan K, O'Shea D, Hyland J, O'Donoghue D, O'Sullivan J, Mulcahy H and Doherty G.**

Determinants of short and long term survival from colorectal cancer in very elderly patients. *J Geriatric Oncology*, May 18th 2014.

**O'Sullivan K, Phelan J, Lysaght J, O'Sullivan J, Reynolds J.**

The role of inflammation in Cancer of the Esophagus. *Expert Review of Gastroenterology & Hepatology*. Review.

**Picardo SL, O'Brien MP, Feighery R, O'Tole D, Ravi N, O'Farrell NJ, O'Sullivan JN, Reynolds JV.**

A Barrett's esophagus registry of over 1000 patients from a specialist center highlights greater risk of progression than population-based registries and high risk of low grade dysplasia. *Dis Esophagus*. Jan 15.

**Mockler MB, Conroy MJ, Lysaght J.**

Targeting T cell immunometabolism for cancer immunotherapy; understanding the impact of the tumor microenvironment. *Front Oncol*. 2014 May 16; 4:107. PubMed PMID: 24904823.

**Ahearne M, Lysaght J, Lynch AP.**

Combined influence of basal media and fibroblast growth factor on the expansion and differentiation capabilities of adipose derived stem cells. *Cell Regeneration* 2014; 3: 13.

**Lowry M.C, Reynolds, J.V, Cathcart, M.C.**

The role of PGE2 and its corresponding receptors (EP1-4) in oesophageal carcinogenesis: novel therapeutics for chemoprevention and/or intervention. *Carcinogenesis and Mutagenesis*. 2014 August; Accepted for publication.

**Howard, J.M, Cathcart M.C, Healy, L, Beddy, P, Muldoon, C, Pidgeon, G.P, Reynolds J.V.**

Leptin and adiponectin receptor expression in oesophageal cancer. *Br J Surg*. 2014 May; 101(6):643-52. Epub 2014 Mar 24.

**Cathcart M.C, Gately K, Cummins R, Drakeford C, Kay E.W, O' Byrne K.J, Pidgeon G.P.**

Thromboxane synthase expression and correlation with VEGF and angiogenesis in non-small cell lung cancer. *BiochimBiophysActa*. 2014 May; 1842(5): 747-55. Epub 2014 Jan 28.

**Lahiff C, Schilling, C, Cathcart M.C, Mulligan N, Doran P, Muldoon C, Murray D, Pidgeon G.P, Reynolds J.V, Macmathuna P.**

Prognostic significance of neuroepithelial transforming gene 1 in adenocarcinoma of the oesophagogastric junction. *Br J Surg*. 2014 Jan; 101(2):55-62.

**Clinical and Scientific: Peer reviewed papers****Laghe R, Norris L, Abu Saadeh F, Blackshields G, Varley R, Harrison A, Gleeson N, Spillane C, Martin C, O' Donnell D, D' Arcy T, O'Leary J, O'Toole S.**

A novel serum microRNA panel to discriminate benign from malignant ovarian disease.

**Cancer letters accepted for publication Oct 2014****d'Adhemar CJ, Spillane CD, Gallagher MF, Bates M, Costello KM, Barry-O'Crowley J, Haley K, Kernan N, Murphy C, Smyth PC, O'Byrne K, Pennington S, Cooke AA, Ffrench B, Martin CM, O'Donnell D, Hennessy B, Stordal B, Finn S, McCann A, Gleeson N, D'Arcy T, Flood B, O'Neill LA, Sheils O, O'Toole S, O'Leary JJ.**

The MyD88+ Phenotype Is an Adverse Prognostic Factor in Epithelial Ovarian Cancer. *PLoS ONE* 2014; 9(6): e100816. doi:10.1371/journal.pone.0100816. PubMed PMID: 24977712; PubMed Central PMCID: PMC4076208.

**Durcan L, Gleeson N, McKiernan S, Cunnane G.**

A benign tumor as the apparent trigger for myopathy *J Clin Rheumatology* 2014; 20(2):115-7. PubMed PMID 24561420.

**Wahab NAA, Abu Saadeh F, Lavelle M, Gleeson N.**

Could sentinel node mapping of groin cause abdominal wall metastases in vulval cancer? *Gynecologic&Obstetrical Investigation* Nov 2014. [Epub ahead of print]DOI: 10.1159/000368230 PubMed PMID: 25412581.

**Abu Saadeh F, Cheema I, McCormick P, Gleeson N.**

Co-operative radical pelvic surgery: A role for the gynecologist in vaginal reconstruction using a uterine myoserosal flap in urological and anorectal cancer surgery. *International Journal of Gynecological Cancer* 70/2014; doi: 10.1097/IGC. 000000000000195. PubMed PMID: 24987923

**Abu Saadeh Feras, Wahab Nor, Gleeson N.**

An unusual presentation of endometriosis. *British Medical Journal Case Reports* 2014 doi: 10.11/bcr-2014-20427.

**Kamran MW, O'Toole F, Meghen K, Wahab AN, Abu Saadeh F, Gleeson N.**

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 vulval cancer: A correlation with groin node metastasis. *European Journal of Gynaecological Oncology* 2014; 35(3): 230-5

**Keegan H, Pilkington L, McInerney J, Jeney C, Benczik M, Cleary S, von Bunau G, Turner M, D'Arcy T, O'Toole S, Pal-Szenthe B, Kaltenecker B, Mózes J, Kovács A, Solt A, Bolger N, O'Leary J, Martin C.**

Human papillomavirus detection and genotyping, by HC2, full-spectrum HPV and molecular beacon real-time HPV assay in an Irish colposcopy clinic. *J Virol Methods*. 2014 Jun; 201:93-100. doi: 10.1016/j.jviromet.2014.02.002. Epub 2014 Feb 28. PubMed PMID: 24583109.

**Busschots S, O'Toole S, O'Leary JJ, Stordal B.**

Carboplatin and taxol resistance develops more rapidly in functional BRCA1 compared to dysfunctional BRCA1 ovarian cancer cells. *Exp Cell Res*. 2014 Dec 12. pii:S0014-4827(14)00527-8. doi: 10.1016/j.yexcr.2014.12.001. [Epub ahead of print] PubMed PMID: 25499884.

**Kelly LA, Seidlova-Wuttke D, Wuttke W, O'Leary JJ,**

**Norris LA.** Estrogen receptor alpha augments changes in hemostatic gene expression in HepG2 cells treated with estradiol and phytoestrogens. *Phytomedicine*. 2014 Jan 15; 21(2):155-8. doi: 10.1016/j.phymed.2013.07.012. Epub 2013 Aug 23. PubMed PMID: 23972791.

## Published Abstracts

**Abu Saadeh F, O'Toole S, Gleeson N, Norris L.** Peak anti-Xa levels following LMWH (tinzaparin) prophylaxis in gynaecological cancer patients post surgery. *Thrombosis Research* 2014; 133 S2: 223.

**Ibrahim N, Norris L, O'Toole S, McHugh T, Gleeson N.** Does extended thromboprophylaxis help reduce the incidence of venous thromboembolism in gynaecological cancer patients? *Thrombosis Research* 2014; 133 S2: 224

**Ibrahim N, Norris L, O'Toole S, Gleeson N.** The effect of LMWH (tinzaparin) post surgery in gynaecological patients: a study of anti-Xa activity levels. *Thrombosis Research* 2014; 133 S2: 204.

**Ibrahim N, Norris L, Nikolov N, Gleeson N.** Thromboelastography as a tool for detecting hypercoagulability in gynaecological cancer patients undergoing surgery *Thrombosis Research* 2014; 133 S2: 204-5.

## Original work and Case presentations to learned societies

**Abu Saadeh F, Gleeson N.**

A novel myoserosal flap for reconstruction of the vagina & vestibule in urological and anorectal cancer surgery. Presented to the Society of Pelvic Surgeons. Tampa, Florida Nov 2014.

**Field K, Norris L, Abu Saadeh F, Gleeson N.** MMPs and IL-6 as potential biomarkers for endometriosis Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014.

**Burke N, O'Riain C, Darcy T, Abu Saadeh F, Gleeson N.**

Endometrial cancer in oldest age: Challenges & treatment approaches. Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014.

**Wong A, O'Toole S, Abu Saadeh F, Gleeson N.**

Tissue factor inhibitor 2 (TFPI2) in clear cell cancer and benign ovarian tumours. Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014.

**Shireen R, O'Toole S, Abu Saadeh F, Kamran W, Gleeson N.**

Human epididymis protein 4 (HE4) could discriminate complex atypical hyperplasia from endometrial cancer. Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014.

**Collins V, NorWahab A, O'Riain C, Abu Saadeh F, Gleeson N.**

Endometrial cancer 14 years after hysterectomy. Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014.

**Galvin D, Collins V, Abu Saadeh F, Gleeson N.**

Ovarian tumour & elevated AFP does not always equal yolk sac tumour. Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014.

**Galvin D, Burke N, O'Riain C, , Abu Saadeh F, Gleeson N.**

Generalised pustular psoriasis (GPP) in Pregnancy. Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014.

**Galvin D, Collins V, Wahab NA, O'Riain C, Gleeson N, Abu Saadeh F.**

Paravaginal aggressive angiomyxoma. Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014

**McCormick C, Rizmee S, O'Riain C, Abu Saadeh F, Gleeson N, Kamran W.**

Risk reduction surgery (RRS) in gynaecological practice: A categorical analysis of indications and outcomes. Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014.

**McCormick C, Collins V, Iavanazzo C, O'Riain C, Kamran W, Gleeson N, Abu Saadeh F Benign.**

Metastasising leiomyoma to the lung: A report of two cases. Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014.

**McGoldrick A, O'Riain C, Darcy T, Gleeson N, Abu Saadeh F.**

Less radical surgery for cervical cancer: Is it necessary to remove parametrium in early stage cervical cancer (Stage IA2 & IB1). Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014.

**O'Gorman C, Burke N, Norris L, Gleeson N, Abu Saadeh F.**

Reducing venous thromboembolic events associated with ovarian cancer: Are we winning the battle? Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014.

**Petch S, Collins V, Norris L, Gleeson N, Abu Saadeh F.**

Extended venous thromboembolism (VTE) prophylaxis in gynaecological cancer surgery: A survey of current practice. Presented to Junior Obstetrics & Gynaecology Society ASM Dublin Nov 2014.

**Abu Saadeh F, O'Toole S, Gleeson N, Norris L.**

Peak anti-Xa levels following LMWH (tinzaparin) prophylaxis in gynaecological cancer patients post

surgery. Presented to 7th International Conference on Thrombosis & Hemostasis Issues in Cancer, Bergamo, Italy. May 2014.

**Ibrahim N, Norris L, O'Toole S, McHugh T, Gleeson N.**

Does extended thromboprophylaxis help reduce the incidence of venous thromboembolism in gynaecological cancer patients? Presented to 7th International Conference on Thrombosis & Hemostasis Issues in Cancer, Bergamo, Italy. May 2014.

**Ibrahim N, Norris L, O'Toole S, Gleeson N.** The effect of LMWH (tinzaparin) post surgery in gynaecological patients: a study of ant-Xa activity levels. Presented to 7th International Conference on Thrombosis & Hemostasis Issues in Cancer, Bergamo, Italy. May 2014

**Ibrahim N, Norris L, Nikolov N, Gleeson N.**

Thromboelastography as a tool for detecting hypercoagulability in gynaecological cancer patients undergoing surgery. Presented to 7th International Conference on Thrombosis & Hemostasis Issues in Cancer, Bergamo, Italy. May 2014.

## SACC Directorate

**Jonker WR1, Hanumanthiah D, Ryan T, Cook TM, Pandit JJ, O'Sullivan EP.**

Who operates when, where and on whom? A survey of anaesthetic-surgical activity in Ireland as denominator of NAP5. NAP5 Steering Panel Anaesthesia. 2014 Sep; 69(9):961-8. doi: 10.1111/anae.12763. Epub 2014 Jun 29.

### Critical Care

**Conroy MJ, Mac Nicholas R, Grealy R, Taylor M, Otegbayo JA, O'Dea S, Mulcahy F, Ryan T, Norris S, Doherty DG.**

Circulating CD56dim natural killer cells and CD56+ T cells that produce interferon- $\gamma$  or interleukin-10 are expanded in asymptomatic, E antigen-negative patients with persistent hepatitis B virus infection. *J Viral Hepat* 2015 Mar; 22(3):335-45. doi: 10.1111/jvh.12299. Epub 2014 Sep 3. PMID: 25186004.

**Martin-Loeches I.**

Risks for multidrug-resistant pathogens in the ICU. Review article *Curr Opin Crit Care* 2014 Oct;20(5):516-24. PMID: 25188366.

**Martin-Loeches I et al.**

*RespRes* 2014. Predicting treatment failure in patients with community acquired pneumonia: a case control study.

**Martin-Loeches I, Torres A.**

Are pre-operative care bundles needed to prevent post-operative pneumonia? *Intensive Care Med* 2014 Jan;40(1):109-10. PMID 23982728.

**Forel JM, Martin-Loeches I, Luyt CE.**

Treating HSV and CMV reactivations in critically ill patients who are not immunocompromised: pro *Intensive Care*

*Med.* 2014 Dec; 40(12):1945-9. Epub PMID: 25361591.

**Nseir S, Martin-Loeches I.**

Ventilator-associated tracheobronchitis: where are we now? *Rev Bras Ter Intensiva* 2014 Jul-Sep;26(3):212-4. PMID: 25295816.

**De Waele JJ, Bassetti M, Martin-Loeches I.**

Impact of de-escalation on ICU patients' prognosis. *Intensive Care Med* 2014 Oct;40(10):1583-5. PMID 2525217149.

**Ulldemolins M, Vaquer S, Llauradó-Serra M, Pontes C, Calvo G, Soy D, Martin-Loeches I.**

Beta-lactam dosing in critically ill patients with septic shock and continuous renal replacement therapy. Review article. *Crit Care* 2014 Jun 23; 18(3):227.

**Vincent JL, Marshall JC, Namendys-Silva SA, François B, Martin-Loeches I, Lipman J, Reinhart K, Antonelli M, Pickkers P, Nijimi H, Jimenez E, Sakr Y.**

Assessment of the worldwide burden of critical illness: the intensive care over nations (ICON) audit. ICON investigators. *Lancet Respir Med* 2014 May; 2(5):380-6. PMID: 24740011.

**Nseir S, Martin-Loeches I, Makris D, Jaillette E, Karvouniaris M, Valles J, Zakynthinos E, Artigas A.**

Impact of appropriate antimicrobial treatment on transition from ventilator-associated tracheobronchitis to ventilator-associated pneumonia. *Crit Care* 2014 Jun 23; 18(3):R129. PMID 24958136.

**Bos LD, Martin-Loeches I, Artigas A.**

Innovations that could improve early recognition of ventilator-associated pneumonia. *Intensive Care Med* 2014 Sep; (40)9:1352-4. PMID: 24898896.

**Ferrer R, Martin\_Loeches I Philips G Osborn TM, Townsend S, Dellinger RP, Artigas A, Schorr C, Levy MM.**

Empiric antibiotic treatment reduces mortality in severe sepsis and septic shock from the first hour: results from a guideline-based performance program. *Crit Care Med* 2014 Aug; 42(8):1749-55. PMID 24717459.

**Valles J, Martin-Loeches I.**

Epidemiology, antibiotic therapy and clinical outcomes in critically ill patients: a Spanish cohort study. *Intensive Care Medicine* 2014 apr; 40(4):572-81. PMID 24638939.

**Bermejo-Martin JF, Martin-Loeches I, Bosinger S.**

Inflammation and infection in critical care medicine. *Mediators Inflamm E Pub* 2014 Feb 2. PMID 24623961. The volatile metabolic fingerprint of ventilator associated pneumonia.

**Bos LD, Martin-Loeches I, Kastelin JB, Gili G, Espasa M, Povoá P, Kolk Ah, Janssen HG, Sterk PJ, Artigas A, Schultz MJ.**

*Intensive Care Med.* 2014 May; 40(5):761-2. PMID 24615562. Training in intensive care medicine. A challenge within reach.

**Castellanos-Ortegas A, Rothen HU, Franco N, Rayo LA, Martin-Loeches I Ramírez P, Cuñat de la Hoz J.**

*Med Intensiva* 2014 Jun-Jul;38(5):305-10. PMID: 24589154. Optimal care and design of the tracheal cuff in the critically ill patient.

**Jaillette E, Martin-Loeches I, Artigas A, Nseir S.**

*Ann Intensive Care* 2014 Feb 27; 4(1):R32 PMID: 24572178. Incidence and diagnosis of ventilator-associated tracheobronchitis in the intensive care unit: an international online survey.

**Rodriguez A, Póvoa P, Nseir S, Salluh J, Curcio D, Martin-Loeches I.**

TAVeMgroup investigators. *Crit Care* 2014 Feb 12; 18(1):R32. PMID: 24521533. IgA level in plasma as a differential factor for influenza infection in severe viral pneumonia. *Almansa R et al J Clin Virol* 2014 Feb; 59(2):135-6. PMID: 24380719. Community acquired pneumonia: genetic variants influencing systemic inflammation.

**Ferrer Agüero JM, Millán S, Rodríguez deCastro F, Martin-Loeches I, Solé Violán J.**

*Med Intensiva* 2014 jun-Jul;38(5):315-23. PMID: 24183496. Prevalence, risk factors and mortality for ventilator-associated pneumonia in middle-aged, old and very old critically ill patients. *Blot et al Crit Care Med* 2014 Mar;42(3):601-9 PMID:24158167.

**Trefler S, Rodríguez A, Martin-Loeches I et al**

Oxidative stress in immunocompetent patients with severe community-acquired pneumonia. A pilot study. *Med Intensiva* 2014 Mar;38(2):73-82. PMID 23485500.

## Pain Medicine

**McCarthy KF, McCrory C**

Cerebrospinal Fluid levels of glial derived neurotrophic factor correlate with spinal cord stimulation frequency in patients with neuropathic pain. *Spinal Cord* 2014;52:8-10.

**Gopal H, McCrory C**

Coccygodynia treated by pulsed radiofrequency to the Ganglion of Imnpar. *J Back & Musculoskeletal Rehabilitation* 2014;27; 349-54.

**Das B, McCrory C**

Spinal Cord stimulation in pregnancy with failed back surgery syndrome. *Ir Med J* 2014; 107;117-8.

**Das B, Duff P, McCrory C**

Percutaneous Radiofrequency Rhizotomy for cervical Zygapophyseal Joint mediated neck pain: A retrospective study of outcome in 40 cases.

Poster Presentation Prizewinner: Faculty of Pain Medicine Annual Scientific Meeting 2014. Percutaneous Radiofrequency Rhizotomy for cervical Zygapophyseal Joint mediated neck pain: A retrospective study of outcome in 40 cases.

**Das B, Duff P, McCrory CJ.**

*Back & Musculoskeletal Rehabilitation.* Accepted for publication: in press Dr. Kevin McCarthy was awarded the degree PhD: Spinal Cord Stimulation modulates Cerebrospinal Fluid neuroimmune peptide biosynthesis in vivo in man.

## Urology

**Walsh AL, Considine SW, Thomas AZ, Lynch TH, Manecksha RP.**

Digital rectal examination in primary care is important for early detection of prostate cancer: a retrospective cohort analysis study. *Br J Gen Pract.* 2014 Dec;64(629):e783-7. doi: 10.3399/bjgp14X682861.

**Chen EC, Manecksha RP, Abouassaly R, Bolton DM, Reich O, Lawrentschuk N.**

A multilingual evaluation of current health information on the Internet for the treatments of benign prostatic hyperplasia. *Prostate Int.* 2014 Dec;2(4):161-8. doi: 10.12954/PI.14058. Epub 2014 Dec 30.

**Mertens LS, Mir MC, Scott AM, Lee ST, Fiiole-Bruining A, Vegt E, Vogel WV, Manecksha R, Bolton D, Davis ID,**

**Horenblas S, van Rhijn BW, Lawrentschuk N.**

18F-fluorodeoxyglucose-positron emission tomography/computed tomography aids staging and predicts mortality in patients with muscle-invasive bladder cancer. *Urology*. 2014 Feb;83(2):393-8. doi: 10.1016/j.urology.2013.10.032. Erratum in: *Urology*. 2014 Jun;83(6):1447. Davies, Ian [corrected to Davis, Ian D].

**Oon SF, Cullen IM, Moran D, Bolton EM, McDermott T, Grainger R, Lynch TH.**

The effect of a Rapid Access Prostate Cancer Clinic on prostate cancer patient and disease characteristics, primary treatment and surgical workload *Ir J Med Sci*. 2014 Jun;183(2):241-7. doi: 10.1007/s11845-013-0997-8.

**AWARDS**

Professor Thomas H. Lynch – winner of the 4th Williams Stokes Lecture & Award 2014

**Biochemistry****Clarke MM, Ward M, Hoey ML, Strain JJ, Molloy A, Laird E, Healy M, Casey MC, Cunningham C, McCann MT, McNulty H (2014)**

B-vitamin status and the MTHFR 677C>T polymorphism as determinants of bone health in older Irish women from the TUDA ageing cohort study. Irish Section Meeting, 18–20 June 2014, Changing Dietary Behaviour: Physiology Through to Practice. Proceedings of the Nutrition Society 73 (OCE2): E81

**Weir RR, Carson E, Mulhern MS, Strain JJ, Laird E, Healy M and Pourshahidi KL (2014)**

Validation of a vitamin D food frequency questionnaire using the method of triads. *Nutrients*, 6 (7): 2871-2872

**Laird E, McNulty H, Ward M, Hoey L, McSorley E, Wallace JM, Carson E, Molloy AM, Healy M, Casey MC, Cunningham C, Strain JJ.**

Vitamin D deficiency is associated with inflammation in older Irish adults. (2014) *J Clin Endocrinol Metab* 99(5):1807-15

**Kelly K, Cox G, Crowley V, Healy M (2014)**

Establishment and Validation of a Liquid Chromatography – Tandem Mass Spectrometry Method for the Quantification of Free Urinary Metanephrines. Proceedings of the 37th Annual Conference of the Association of Clinical Biochemists in Ireland p60

**CMD****Fahy C.M., Fortune A., Quinn F., McMenamin M.E., Browne P.V., Langabeer S., McCarron S., Hayden P., Marren P., Ni Chonghaile M., Irvine A.D.,****Vandenberghe E. & Barnes L. (2014)**

Development of mycosis fungoides after bone marrow transplantation for chronic myeloid leukaemia: transmission from allogeneic donor. *British Journal of Dermatology* 170(2), 462-467.

**Haslam K. & Langabeer S.E. (2014)**

Considerations and recommendations for a new molecular diagnostic algorithm for the myeloproliferative neoplasms. *Genetic Testing & Molecular Biomarkers* 18(11), 749-753.

**Haslam K., Langabeer S.E., Molloy K., McMullin M.F. & Conneally E. (2014)**

Assessment of CALR mutations in myelofibrosis patients post-allogeneic stem cell transplantation. *British Journal of Haematology* 166(5), 800-802.

**Haslam K., Molloy K.M., Conneally E. & Langabeer S.E. (2014)**

Evaluation of a JAK2 V617F quantitative PCR to monitor residual disease post-allogeneic hematopoietic stem cell transplantation for myeloproliferative neoplasms. *Clinical Chemistry and Laboratory Medicine* 52(3), e29-e31.

**Langabeer S.E. (2014)**

Exceptions to the rule in hairy cell leukaemia: implications for molecular diagnostics and targeted therapy. *Medical Oncology* 31(4), 895.

**Langabeer S.E. (2014)**

JAK2 mutations to the fore in hereditary thrombocythemia. *JAK-STAT* 3(3), e957618, 1-2.

**Langabeer S.E., Haslam K. & Conneally E. (2014)**

Monitoring residual disease in the Ph-negative myeloproliferative neoplasms post-allogeneic stem cell transplantation: more mutations and more methodologies. *Frontiers in Oncology* 4, 212.

**Langabeer S.E., Haslam K., Linders J., Percy M.J., Conneally E., Hayat A., Hennessy B., Leahy M., Murphy K., Murray M., Ni Ainle F., Thornton P. & Sargent J. (2014)**

Molecular heterogeneity of familial myeloproliferative neoplasms revealed by analysis of the commonly acquired JAK2, CALR and MPL mutations. *Familial Cancer* 13(4), 659-663.

**Langabeer S.E., Haslam K. & McMahon C. (2014)**

CALR mutations are rare in childhood essential thrombocythemia. *Pediatric Blood & Cancer* 61(8), 1523.

**Langabeer S.E., Haslam K. & McMahon C. (2014)**

The molecular landscape of childhood myeloproliferative neoplasms. *Leukemia Research* 38(8), 997-998.

**Langabeer S.E., McCarron S.L., Haslam K., O'Donovan M.T. & Conneally E. (2014)**

The CSF3R T816I mutation as a disease-specific marker of atypical chronic myeloid leukaemia post-allogeneic stem cell transplantation. *Bone Marrow Transplantation* 49(6), 843-844.

**Langabeer S.E., Smith O.P. & McMahan C. (2014).**

The JAK2 V617F mutation in pediatric myeloproliferative neoplasms: how and when? *Pediatric Hematology-Oncology* 31(2), 138-139.

**McCarron S.L. & Langabeer S.E. (2014)**

Increasing frequency of diagnostic BCR-ABL1 fusion gene testing: causes and concerns. *Clinical Laboratory* 60(3), 515-516.

**O'Brien C.P. & Finn S.P. (2014)**

Application of statistical process control to qualitative molecular diagnostic assays. *Frontiers in Molecular Biosciences* 1, 18.

**O'Brien C.P., Langabeer S.E., O'Byrne K.J., O'Leary J.J. & Finn S.P. (2014)**

Predictive values for solid tumour molecular diagnostics: converting unknown unknowns to known unknowns. *Molecular Diagnosis & Therapy* 18(1), 1-4.

**O'Brien C.P., Taylor S.E., O'Leary J.J. & Finn S.P. (2014)**

Molecular testing in oncology: problems, pitfalls and progress. *Lung Cancer* 83(3), 309-315.

**O'Dwyer M.E., Swords R., Nagler A., McMullin M.F., le Coutre P.D., Langabeer S.E., Alvarez-Iglesias A., Fan H., Woodman R., Giles F.J. & Conneally E. (2014)**

Nilotinib 300mg BID as frontline treatment of CML: prospective analysis of the Xpert BCR-ABL monitor system and significance of 3-month molecular response. *Leukemia Research* 38(3), 310-315.

**Osman N., Elamin Y.Y., Rafee S., O'Brien C., Stassen L.F., Timon C., Kinsella J., Brennan S., O'Byrne K.J. (2014)**

Weekly cisplatin concurrently with radiotherapy in head and neck squamous cell cancer: a retrospective analysis of a tertiary institute experience. *European Archives of Oto-Rhino-Laryngology* 271(8), 2253-2259.

**Shikhrakab H., Elamin Y.Y., O'Brien C., Gately K., Finn S., O'Byrne K. & Osman N. (2014)**

Epidermal growth factor receptor (EGFR) mutation testing, from bench to practice: a single institution experience. *Irish Medical Journal* 107(7), 201-204.

## LabMed Directorate

### Histopathology

**Flavin R, Pettersson A, Hendrickson WK, Fiorentino M, Finn S, Kunz L, Judson GL, Lis R, Bailey D, Fiore C, Nuttall E, Martin NE, Stack E, Penney KL, Rider JR, Sinnott J, Sweeney C, Sesso HD, Fall K, Giovannucci E, Kantoff P, Stampfer M, Loda M, Mucci LA.**

SPINK1 protein expression and prostate cancer progression *Clin Cancer Res.* 2014 Sep 15;20(18):4904-11.

**Selvarajah S, Pyne S, Chen E, Sompallae R, Ligon AH, Nielsen GP, Dranoff G, Stack E, Loda M, Flavin R.**

High-resolution array CGH and gene expression profiling of alveolar soft part sarcoma. *Clin Cancer Res.* 2014 Mar 15;20(6):1521-30.

**Levanon K, Sapoznik S, Bahar-Shany K, Brand H, Shapira-Frommer R, Korach J, Hirsch MS, Roh MH, Miron A, Liu JF, Vena N, Ligon AH, Fotheringham S, Bailey D, Flavin RJ, Birrer MJ, Drapkin RI.**

FOXO3a loss is a frequent early event in high-grade pelvic serous carcinogenesis *Oncogene.* 2014 Aug 28;33(35):4424-32.

**Foley, C., Moran, B., McMenamin, M., et al.**

'Spontaneous regression of cutaneous metastases of squamous cell carcinoma', (2014) *QJM*, 107(1), pp. 61-63.

**Fahy, C.M., Fortune, A., Quinn, F., et al.**

'Development of mycosis fungoides after bone marrow transplantation for chronic myeloid leukaemia: transmission from an allogeneic donor', (2014) *Br J Dermatol*, 170 (2), pp.462-467.

**Sheehy EJ, Vinardell T, Toner ME, Buckley CT, Kelly DJ.**

Altering the architecture of tissue engineered hypertrophic cartilaginous grafts facilitates vascularisation and accelerates mineralisation. *PLoS One.* 2014Mar 4;9(3):e90716. doi: 10.1371/journal.pone.0090716. eCollection 2014.

**Toner M, Banville N, Timon CI.** Laryngotracheal presentation of anaplastic thyroid carcinoma with squamous differentiation: seven cases demonstrating an under-recognized diagnostic pitfall. *Histopathology.* 2014 Oct;65(4):501-7. doi: 10.1111/his.12408. Epub 2014 May 12.

## Immunology

**Elliott JA, McCormack O, Tchrakian N, Conlon N, Ryan CE, Lim KT, Ullah N, Mahmud N, Ravi N, McKiernan S, Feighery C, Reynolds JV. (2014)**

Eosinophilic ascites with marked peripheral eosinophilia: a diagnostic challenge. *Eur J Gastroenterol Hepatol*; Apr; 26(4):478-84. doi: 10.1097/MEG.000000000000037.

**Conlon NP, Hayden P, Barnes L, Doran M, O'Shea F, Feighery CF. (2014)**

Schnitzler's syndrome: a case highlighting the complications of long-standing acquired autoinflammation. *Eur J Dermatol*; 24(3):405-406.

**Conlon NP, Abramovitch A, Murray G, O'Hanrahan A, Wallace D, Holohan K, Cleary N, Feighery C, Lee-Brennan C. (2014)**

Allergy in Irish adults: a survey of referrals and outcomes at a major centre. *Ir J Med Sci*; 184(2):349-352.

**Conlon NP, Edgar JD. (2014)**

Adherence to best practice guidelines in chronic spontaneous urticaria (CSU) improves patient outcome. *Eur J Dermatol*; May-Jun; 24(3):385-386.

Edgar JD, Buckland M, Guzman D, Conlon NP, Knerr V, Bangs C, Reiser V, Panahloo Z, Workman S, Slatter M, Gennery AR, Davies EG, Allwood Z, Arkwright PD, Helbert M, Longhurst HJ, Grigoriadou S, Devlin LA, Huissoon A, Krishna MT, Hackett S, Kumararatne DS, Condliffe AM, Baxendale H, Henderson K, Bethune C, Symons C, Wood P, Ford K, Patel S, Jain R, Jolles S, El-Shanawany T, Alachkar H, Herwadkar A, Sargur R, Shrimpton A, Hayman G, Abuzakouk M, Spickett G, Darroch CJ, Paulus S, Marshall SE, McDermott EM, Heath PT, Herriot R, Noorani S, Turner M, Khan S, Grimbacher B. (2014) The United Kingdom Primary Immune Deficiency (UKPID) Registry: report of the first 4 years' activity 2008-2012. *Clin Exp Immunol*; 175(1):68-78.

**Steele C, Conlon N, Edgar JD. (2014)**

Diagnosis of immediate food allergy. *BMJ*; Jul 11; 349:g3695.

**Conroy MJ, Mac Nicholas R, Taylor M, O'Dea S, Mulcahy F, Norris S, Doherty DG. (2015)**

Increased Frequencies of Circulating IFN- $\gamma$ -Producing V $\delta$ 1<sup>+</sup> and V $\delta$ 2<sup>+</sup>  $\gamma\delta$  T-Cells in Patients with Asymptomatic Persistent Hepatitis B Virus Infection. *Viral Immunol*; Mar 19. [Epub ahead of print]

**Tyler CJ, Doherty DG, Moser B, Eberl M. (2015)** Human V $\gamma$ 9/V $\delta$ 2 T cells: Innate adaptors of the immune system. *Cell Immunol*; Jan 28. pii: S0008-8749(15)00009-X. [Epub ahead of print].

**Petrasca A, Doherty DG. (2014)**

Human V $\delta$ 2(+)  $\gamma\delta$  T Cells Differentially Induce Maturation, Cytokine Production, and Alloreactive T Cell Stimulation by Dendritic Cells and B Cells. *Front Immunol*; Dec 19; 5:650. doi: 10.3389/fimmu.2014.00650. eCollection 2014.

**Conroy MJ, Mac Nicholas R, Grealy R, Taylor M, Otegbayo JA, O'Dea S, Mulcahy F, Ryan T, Norris S, Doherty DG. (2015)**

Circulating CD56dim natural killer cells and CD56+ T cells that produce interferon- $\gamma$  or interleukin-10 are expanded in asymptomatic, E antigen-negative patients with persistent hepatitis B virus infection. *J Viral Hepat*; Mar; 22(3):335-345.

**Buggy DJ, Borgeat A, Cata J, Doherty DG, Doornebal CW, Forget P, Gottumukkala V, Gottschalk A, Gupta A, Gupta K, Hales TG, Hemmings HC, Hollmann MW, Kurz A, Ma D, Parat MO, Sessler DI, Shorten G, Singleton P. (2015)** Consensus statement from the BJA Workshop on Cancer and Anaesthesia. *Br J Anaesth*; Jan; 114(1):2-3.

**Kennedy A, Petrasca A, Doherty DG, Hennessy M, Spiers JP. (2014)**

HIV-1 Tat clade-specific cytokine induction in monocytes/macrophages is not evidenced in total or V $\gamma$ 9V $\delta$ 2 T lymphocytes. *AIDS*; Jan 2; 28(1):131-133.

## NMRSARL

**Kinnevey PM, Shore AC, Brennan GI, Sullivan DJ, Ehricht R, Monecke S, Coleman DC (2014)**

Extensive genetic diversity identified among sporadic methicillin-resistant *Staphylococcus aureus* isolates recovered in Irish hospitals between 2000 and 2012. *Antimicrob Agents Chemother*. 58(4):1907-17.

**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-SCCCRISPR composite element in Irish hospitals. *Antimicrob Agents Chemother*. 57(1):524-31.

**Shore AC, Tecklenborg SC, Brennan GI, Ehricht R, Monecke S, Coleman DC. (2014)**

Panton-Valentine leukocidin-positive *Staphylococcus aureus* in Ireland from 2002 to 2011: 21 clones, frequent importation of clones, temporal shifts of predominant methicillin-resistant *S. aureus* clones, and increasing multiresistance. *J Clin Microbiol*. 52(3):859-70.

**Burns A et al., (2014).**

A longitudinal study of *Staphylococcus aureus* colonization in pigs in Ireland. *Vet Microbiol*. 174(3-4):504-13.

**Grundmann H, Schouls LM, Aanensen DM, et al., (2014).**

The dynamic changes of dominant clones of *Staphylococcus aureus* causing bloodstream infections in the European region: Results of a second structured survey. *Euro Surveill.* 19(49):pii=20987.

## IMRL

**Roycroft E, Mac Aogáin M, O'Toole RF, Fitzgibbon M, Rogers TR (2014).**

Draft Genome Sequence of the First Isolate of Extensively Drug-Resistant *Mycobacterium tuberculosis* in Ireland. *Genome Announc.* 2014 Oct 9;2(5).

**de Beer JL, Ködmön C, van Ingen J, Jamieson FB, Bidovec-Stojkovic U, Brown T, Cirillo DM, Cruz L, Miranda A, Dou HY, Fauville-Dufaux M, Fitzgibbon MM, García de Viedma D, Groenheit R, Haanperä-Heikkinen M, Indra A, Kam KM, Kramer R, Jiang GL, Niemann S, Obrovac M, Rasmussen EM, Refrégier G, Realpe T, Samper S, Sharma MK, Sougakoff W, Stakenas P, Stavrum R, Trenkler J, Wada T, Siame KK, Tafaj S, Cowan L, Sng LH, Seagar AL, Basu I, Rastogi N, Ferro BE, Kipnis A, de Matos F, van Soolingen D, Supply P. (2014).** Second worldwide proficiency study on variable number of tandem repeats typing of *Mycobacterium tuberculosis* complex. *Int J Tuberc Lung Dis.* May;18(5):594-600.

**de Beer JL, Ködmön C, van der Werf MJ, van Ingen J, van Soolingen D, the ECDC MDR-TB molecular surveillance project participants (2014).**

Molecular surveillance of multi- and extensively drug-resistant tuberculosis transmission in the European Union from 2003 to 2011. (2014). *Euro Surveill.*; 19(11):pii=20742.

**Supply P, Gaudin C, Raze D. (2014).**

Optimization of standard 24-locus variable-number tandem-repeat typing of *Mycobacterium tuberculosis* isolates: a multicenter perspective. *J Clin Microbiol.* Sep;52(9):3518-9.

**Driscoll C O, J Koncek, B Heym, MM Fitzgibbon, BJ Plant, M Ní Chróinín, D Mullen, M Lynch-Healy, GD Corcoran, K Schaffer, TR Rogers, MB Prentice**

Molecular epidemiology of *Mycobacterium abscessus* group isolates in Ireland [in press]

## MICROBIOLOGY

**Wrenn C, Carmel Roche, Lisa Rose, Brendan Crowley et al**

"Investigation of the first outbreak of OXA-48 producing *Klebsiella pneumoniae* in Ireland," *J Hosp*

*Infect.* 2014 May;87(1):41-6.

**MacAogháin M, Carmel Roche, Lisa Rose, Brendan Crowley**

"Molecular characterisation and whole genome sequencing of chromosomal AmpC in *P.mirabilis* isolates in Ireland" (submitted 2014)

## Presentations/Posters

**Elhassadi E, Flavin R, Browne P, Hayden P, Quinn F, Higgins L. & Vandenberghe E. (2014)**

Transformed follicular treatment outcome during the rituximab era: single institution experience. *Haematology Association of Ireland Sligo, IE.* P39.

**Elhassadi E, Quinn F, Vandenberghe E. & Browne P.V. (2014)**

High resolution melting for mutation scanning of TP53 exons 5-8 in 17p deleted chronic lymphocytic leukaemia. *Haematology Association of Ireland Sligo, IE.* P15 and 17th 17th Institute of Molecular Medicine meeting.

**Groarke E.M, Leahy M, Langabeer S. & Ryan M. (2014)**

Treatment free remission in chronic myeloid leukaemia – a new goal: is this possible in Ireland? *Haematology Association of Ireland Sligo, IE.* OP5.

**Langabeer S.E, Haslam K. & McMahon C. (2014)**

A single-centre study of CALR mutations in paediatric essential thrombocythaemia. *MPN/MPNr EuroNet 9th Workshop Nantes, France.*

**Langabeer S.E, Haslam K. & McMahon C. (2014)**

CALR mutations are rare in childhood myeloproliferative neoplasms. *British Society for Haematology Annual Scientific Meeting Birmingham, UK.* P191

**Langabeer S.E, Haslam K, McCarron S.L, Molloy K, O'Donovan M.T, McMullin M.F. & Conneally E. (2014)**

CSF3R and CALR mutations post-allogeneic stem cell transplantation. *MPN/MPNr EuroNet 9th Workshop Nantes, France.*

**Langabeer S.E, Haslam K, McMahon C. & Conneally E. (2014)**

Getting hot under the CALR: investigating calreticulin mutations in adult and childhood myeloproliferative neoplasms. *Haematology Association of Ireland Sligo, IE.* O3.

**Langabeer S, Linders J, Conneally E, Hayat A, Hennessy B., Leahy M, Murphy K, Murray M, Ni Ainle F, Thornton P. & Sargent J. (2014)**

Genotypic and phenotypic heterogeneity of familial myeloproliferative neoplasms. *British Society for Haematology Annual Scientific Meeting Birmingham, UK.* O29.

**Langabeer S.E, McCarron S.L, Haslam K, O'Donovan M.T. & Conneally E. (2014)**

The CSF3R T618I mutation as a disease-specific marker of atypical chronic myeloid leukaemia post-allogeneic stem cell transplantation. British Society for Haematology Annual Scientific Meeting Birmingham, UK. P184.

**McPherson S, Langabeer S, Quinn J, Thornton P. & Murphy P. (2014)**

Retrospective audit of chronic myeloid leukaemia patients in Beaumont Hospital 2002-2014. Haematology Association of Ireland Sligo, IE. P46.

**Nolan J, Elhassadi E, Bacon C.L, Carroll P, Waldron N, Carroll S, Quinn F. & Vandenberghe E. (2014)** Idelalisib (Idela) – a novel therapy for relapsed/refractory CLL: the St. James's Hospital experience. Haematology Association of Ireland Sligo, IE. P43.

**Quinn F. (2014)**

Molecular pathogenesis of CLL – relevance in the new therapeutic era. 10th Lymphoma Forum of Ireland Plenary Meeting Straffan, IE 2014.

**Fiona Quinn PhD, Deirdre Waldron MSc, Amjad Hayat, MBBS, PhD, David O'Brien, Keane, PhD, Imelda Parker, PhD, Johanna Kelly, BSc, Marzena Wiczorkowska, Gerard Crotty, MD, Maeve Leahy, MD,, Helen Enright, MD, Brian Hennessy, MD, Mary Cahill, MB, and Elisabeth A. Vandenberghe, MB, PhD**  
Detection Of Mutations In SF3B1 In Chronic Lymphocytic Leukaemia(CLL) Patients By Reverse Transcription (Rt) Polymerase Chain Reaction and high resolution melt curve analysis. International Cancer Conference, Trinity College Dublin 2014. Fiona Quinn, PhD1\*, Deirdre Waldron MSc1\*, Amjad Hayat, MBBS, PhD2, David O'Brien3\*,

**Keane PhD, Parker I, PhD, Kelly J, BSc, Wiczorkowska M, Crotty G, MD, Leahy M, MD, Enright H, MD, Hennessy B, MD, Cahill M, MB and Vandenberghe E.A, MB, PhD**

Detection of mutations in SF3B1 in Chronic Lymphocytic Leukaemia patients by reverse transcription (RT) polymerase chain reaction – An alternative approach to next generation sequencing for routine molecular diagnostic laboratories? Poster acceptance at American Society of Haematology 2014.

**Smyth L, Langabeer S, Hayden P, Flynn C, Browne P.V, Vandenberghe E, Bacon L & Conneally E. (2014)**

Acute promyelocytic leukaemia—a single centre review 2003-2014. Haematology Association of Ireland Sligo, IE. O6.

**Balfe A.**

ACB Northern Ireland Region / Association of Clinical Biochemists in Ireland Spring Joint Scientific Meeting, Belfast, Apr. 2014.

**Ryan C, Balfe A, MacNamara B and Crowley V.E.F.**

Development of a Molecular Genetic Test for Transferrin Receptor-2 for Diagnosis of Type 3 Hereditary Haemochromatosis. BioMedica (Conference of the Academy of Medical Laboratory Science, Dublin, Apr. 2014.

**McConnon A, MacNamara B, Balfe A, and Crowley V.**

Genetic Test for Ferroportin Disease: From Good to Better. 37th Annual Conference of the Association of Clinical Biochemists in Ireland (ACBI), Dublin, Nov. 2014.

**Balfe A, MacNamara B, Savage S and Crowley, V.**

Expanding the scope of a haemochromatosis genetic testing service to include rare types Beginning a New Leadership Journey - Pilot Leadership and Management Development Programme for HSCPs. HSE and RCSI Institute of Leadership, Dublin, Nov. 2014.

**Balfe A.**

Report on UKNEQAS Scheme 5B - Interpretative: HFE genotype and hereditary haemochromatosis Annual Participants' Meeting (AGM ) of UK NEQAS for Histocompatibility and Immunogenetics, Bristol, Dec. 2014.

**HAI MEETING 2014 SLIGO**

**J Lawlor, D O'Brien**

Haematology Dept., St. James's Hospital, Dublin, Ireland Investigation of the use of flow cytometry to quantify non-muscle myosin heavy chain IIA expression in neutrophils in the detection of MYH9-related disorders

**R Brodie, D O'Brien, S Liptrop, G Crotty, K Perera, D O'Keefe, B Hennessy, P Browne, P Hayden.**

Haematology Department, St. James Hospital , Dublin, Haematology Department, Midlands Regional Hospital, Tullamore, Haematology Department, Limerick University Hospital, Limerick, Haematology Department, Waterford Regional Hospital, Waterford.

Comprehensive fish testing of sorted plasma cells from 51 consecutive patients with Myeloma.

**Dowling A, Liptrot S, O'Brien D, Mc Cafferty R, Vandenberghe E.**

8 colour single tube assay for the sensitive detection of minimal residual disease in B-Cell Chronic Lymphocytic Leukaemia by flow cytometry.

Trinity College Dublin's 9th International Cancer Conference on the 17th-18th September 2014.

**Fiona Quinn, PhD, Deirdre Waldron, MSc, David O'Brien, FAMLs, Imelda Parker, PhD, Johanna Kelly, BSc, Kathleen Scott, Amjad Hayat, MBBS, PhD,**

**Gerard Crotty, MD, Maeve Leahy, MD, Helen Enright, MD, Brian Hennessy, MD, Mary Ryan, MD, Mary Cahill, MB and Elisabeth A. Vandenberghe, MB, PhD**  
Detection Of Mutations In SF3B1 In Chronic Lymphocytic Leukaemia Patients By Reverse Transcription (Rt) Polymerase Chain Reaction – An Alternative Approach To Next Generation Sequencing For Routine Molecular Diagnostic Laboratories?

Presented at the International symposia on Staphylococci and Staphylococcal Infections, Chicago.

Molecular characterisation of livestock-associated ST398 MRSA recovered from humans and animals in Ireland reveals the recent importation and spread of multiple strains.

**Brennan GI, Shore AC, Leonard F, O'Connell B and Coleman DC.**

cfr-mediated linezolid resistance among hospital isolates of methicillin-resistant *Staphylococcus aureus* and *Staphylococcus epidermidis* in Ireland.

**Lazaris A, Coleman DC, Kinnevey PM, Brennan GI, Brennan OM, Kearns AM, Pichon B, O'Connell B and Shore AC**

An investigation of ST22-MRSA-IV hospital transmission events using whole-genome sequencing compared with a combination of *spa*, *dru* and pulsed-field gel electrophoresis typing and epidemiological data.

**Kinnevey PM, Shore AC, MacAogáin M, Brennan GI, Humphreys H, O'Connell B, Rogers TR, and Coleman DC**

Comparative molecular analysis of MRSA and MSSA recovered from bloodstream infections in Irish hospitals.

**Tecklenborg SC, Shore AC, Deasy EC, O'Connell B, Brennan GI, and Coleman DC.**

Comparison of SCCmec, antimicrobial resistance genes and clonal lineages of *Staphylococcus epidermidis* and *Staphylococcus haemolyticus* recovered from humans and companion animals.

**McManus BA, Coleman DC, Deasy EC, Brennan GI, O'Connell B, Monecke S, Ehrlich R, Abbott Y and Shore AC Gough D, N. P. D, L M Egan, A McCann, E Conneally, & Donghaile, D. O. (2014)**

Challenges in Maximum Surgical Blood-Ordering Schedule Review. Abstract Presentations from the AABB Annual Meeting Philadelphia, PA, October 25-28, 2014. Philadelphia, PA, October 25-28, 2014.

### National Poster

**HOLTON, P. (2014)**

A Descriptive Analysis of Plasma Utilisation in a Large Tertiary Teaching Hospital. Haematology Association of Ireland, October 2014. Sligo, October 17-18, 2014.

**MCCANN, A. (2014)**

Strategies to Confirm Blood Groups in the Absence of Electronic Patient Identification (EPID). Haematology Association of Ireland, October 2014. Sligo, October 17-18, 2014.

"Mining the whole genome of Mycobacteria" – MMI Education and Training Annual Scientific Meeting/ BioMedica 'Molecular Characterisation of the first Extensively Drug Resistant (XDR) TB in Ireland' - ESM Congress 2014, Vienna, Austria "IMRL Services"-Clinical Skills Fair, SJH

### INTERNATIONAL MEETINGS

Head and neck pathology Slide seminar European Congress of Pathology London Aug 2014 - Dr. Mary Toner.

**Roycroft E, Fitzgibbon M, O Toole RF, Rogers TR. (2014)**

Molecular Characterisation of the first Extensively Drug Resistant (XDR) TB in Ireland. European Society of Mycobacteriology Congress, Vienna, Austria COMPLETE Pathogen Sequencing Solution (COMPASS)-TB participants and Modernising Molecular Microbiology Consortium. (2014). Diagnosis, antimicrobial resistance profiling and cluster detection of *Mycobacterium tuberculosis* by whole genome sequencing direct from MGIT culture: An international pilot study. 24th European Congress of Clinical Microbiology and Infectious Diseases, Barcelona, Spain.

### NATIONAL MEETINGS

Irish Society for Surgical pathology pT1 oral carcinoma (poster) October Carton House Kildare (winner of poster prize)

Do the usual prognostic histologic features apply in small and thin pT1 oral squamous carcinoma?

**M. Al Saadi, E.M. O'Regan, M Toner.**

Letter Published 11 February 2014 Arch Dis Child Educ Pract

Pulse oximetry in Children - consider variant haemoglobin.

Melanie M Cotter, Consultant Haematologist

Joy Tan Ewen, David O'Brien, Corrina McMahon, John Murphy.

Re: Pulse oximetry in children. Sinha, et al. edpract-2013-305526doi:10.1136/archdischild-2013-305526.

**Roycroft E, Fitzgibbon M, O Toole RF, Walker TM, Crook DW, Rogers TR (2014)**

Mining the whole genome of Mycobacteria . Molecular Medicine Ireland Education and Training Annual Scientific Meeting/ BioMedica.

# SCOPE Directorate

## CLINICAL NUTRITION

### Peer Review Publications

**McCormack O, Zaborowski A, King S, Healy L, Daly C, O'Farrell N, Donohoe CL, Ravi N, Reynolds JV.**

New-onset Atrial Fibrillation Post-surgery for Esophageal and Junctional Cancer: Incidence, Management, and Impact on Short- and Long-term Outcomes. *Ann Surg.* 2014 Nov; 260(5):772-8.

**Howard JM, Cathcart MC, Healy L, Beddy P, Muldoon C, Pidgeon GP, Reynolds JV.**

Leptin and adiponectin receptor expression in oesophageal cancer. *Br J Surg.* 2014 May;101(6):643-52.

### Other Publications

**Haughey O, O'Sullivan E, Leonard O, McHugh C, Browne C, Waldron T, Healy.**

The implementation of a LEAN nutrition template. Presented at the INDI Research Symposium 2014

**Fitzpatrick A, Savage M, Browne C, Healy L.**

A Study of the Impact of Probiotics on Diarrhoea (IPOD). Presented at the INDI Research Symposium 2014.

**Dooley L, Seery S, Harbison J, Healy L.**

Enteral feeding in stroke patients under the care of the stroke service in St. James's Hospital in 2011 and 2012. Irish Heart Foundation Stroke Study Day 2014.

**Lynch P., Doolan A., Dunlevy F., O' Connor, P. Welsh.**

Assessment of enteral feeding volumes prescribed and received in premature infants. Paediatric Society joint meeting with the Irish Paediatric Association. 2014, May.

**Brady S & Molumby C.**

Introducing Protected Mealtimes- improving mealtime care in an acute academic teaching hospital. Presented at the INDI Research Symposium 2014.

**Corrigan C, Leonard O, Carr S & Browne C.**

An assessment of handgrip strength as a measure of muscle strength and nutritional status in oncology day care patients. Presented at the INDI Research Symposium 2014.

### WITH OTHER SCOPE STAFF

**Browne C, Murphy N, Parkes C, O'Gorman A, Sherlock, Howlett, Reilly.**

Advanced Health and Social Care Professional Practice in St. James's Hospital. Health and social care professions conference, 2014, June.

**McCarron A Monaghan M.**

A multidisciplinary mealtime improvement initiative in a long term care setting. Health and social care professions conference. 2014, June.

**Browne C & O' Hanlon D.**

A pilot study of diet and exercise in women with hormone-sensitive breast cancer. Presented at the INDI Research Symposium 2014.

**Joy R, Hassan H, Conroy, B, Soh J, Doyle SL, Monaghan M & Robinson, D.**

Sarcopaemia status and outcomes in a day hospital population. Presented at the INDI Research Symposium 2014.

## Occupational Therapy

**Connolly D, McNally A, Moran D, Ryan M.**

"Fatigue in Systemic Lupus Erythematosus: Impact on Occupational Participation and Reported Management Strategies". *British Journal of Occupational Therapy.* 2014 77 (7): 373 - 380.

**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. *Physical Therapy Reviews* (2014),9 :(1),75.

## Physiotherapy

### Participation at Conference/Presentations 2014

"Student Contacts" presented by Noreen O'Shea at INMED QUEEN – 19th-21st February 2014.

"A change project to introduce a multidisciplinary quality improvement forum within a rehabilitation unit" Presented by Sinead Coleman at Health & Social Care Professions Annual Conference – 28th February, 2014.

"Patient satisfaction Audit Results" presented by Niamh Murphy at Health & Social Care Professions Annual Conference – 28th February, 2014.

"On-line triage and Continuous Professional Development (CPD) process" presented by Marie Byrne at Health & Social Care Professions Annual Conference – 28th February, 2014.

"Make every contact count" presented by Declan O'Hanlon at Health & Social Care Professions Annual Conference – 28th February, 2014.

"Falls Prevention Compliance in a large Dublin Teaching Hospital" presented by Gareth Clifford at Delivering Safer Care Conference – 4th March 2014.

"Waiting List" presented by Niamh Murphy at Delivering Safer Care Conference – 13/14th March 2015.

"Exploring early mobilisation practices in patients with acute stroke in St. James's Hospital, Dublin" Presented by Helen Kavanagh at the Irish Heart Foundation (IHF) Stroke Conference – 11th April 2014.

"An observational study of physical activity levels on the acute stroke unit of St. James's Hospital, Dublin" presented by Orla O'Keeffe - 11th April 2014.

10 posters/oral from Physiotherapy Department were presented at the St. James's Hospital Multidisciplinary Research & Audit Day.

"Transition to paperless clinical documentation - a multidisciplinary quality initiative in the Emergency Department" presented by Brid Wilson at Irish Chartered Physiotherapy (ICP), Croke Park, Dublin - 7th November, 2014.

"Joint Physiotherapy and Dietetic Intervention for Patients with Hormone Sensitive Breast Cancer, Post Medical Intervention" presented by Declan O'Hanlon at Irish Chartered Physiotherapy (ICP), Croke Park, Dublin - 7th November, 2014.

"The Inter-rater Reliability of the Mini-BESTest in ambulatory people with Multiple Sclerosis" presented by Elaine Ross at Irish Chartered Physiotherapy (ICP), Croke Park, Dublin - 7th November, 2014.

"Evaluation of recovery post two versus three part proximal humerus fractures" by Ciaran Brennan at Irish Chartered Physiotherapy (ICP), Croke Park, Dublin - 7th November, 2014.

"A profile of referrals for outpatient vestibular rehabilitation at a large teaching hospital" presented by Lucinda Edge at Irish Chartered Physiotherapy (ICP), Croke Park, Dublin - 7th November, 2014.

"An Audit of the Use of Physiotherapy Outcome Measures in an Older Adult Day Hospital" presented by Bronagh Conroy & Julie Jordan at Irish Chartered Physiotherapy (ICP), Croke Park, Dublin - 7th November, 2014.

"To improve the efficiency, cleanliness and safety of three Physiotherapy clinical/office areas using the Lean Management model (5S)" presented by Bronagh Conroy & Sheila McCarthy at Irish Chartered Physiotherapy (ICP), Croke Park, Dublin - 7th November, 2014.

"Physical Activity and Physical Fitness following Haematopoietic stem cell transplant: A case controlled study" presented Deirdre Lynch at Irish Chartered Physiotherapy (ICP), Croke Park, Dublin - 7th November, 2014.

"Physiotherapy, St. James's Hospital 'Great Place to Work' Initiative" presented by Niamh Murphy at Irish Chartered Physiotherapy (ICP), Croke Park, Dublin - 7th November, 2014.

"Physiotherapy management of patients post-seizure" and "Injury incidence profile of underage Irish rugby players" and "Barriers to mobilisation of patients post thoracic surgery" presented by Grainne Sheill at Irish Chartered Physiotherapy (ICP), Croke Park, Dublin - 7th November, 2014.

"Reliability of two point discrimination testing over the spine in normal healthy subjects: exploratory study" presented by Joanne Finn /Cillian Condon at Irish Chartered Physiotherapy (ICP), Croke Park, Dublin - 7th November, 2014.

"Barriers to mobilisation of patients post thoracic surgery" presented by Marie Spain at Irish Thoracic Society conference – 7th November 2014.

"RAU" presented by Maria Scanlon at Irish Thoracic Society conference - 7th November 2014.

## Pharmacy

An audit of the real world use and outcomes for Novel Oral Anticoagulants in 6 hospitals in Ireland.

**O'Leary A, 1Ahern M, 1Boland Y, 1Boyle A, 1Clerkin K, 1Duggan L, \*1Walsh K, Gallagher P, Carr B, Barry M.**

School of Pharmacy, RCSI; St. James's Hospital, Dublin; MPharm interns 2012-2013

Potentially Inappropriate Prescribing of Proton Pump Inhibitors in Elderly Medical Inpatients.

**McMahon, Niamh, Lanigan, Aideen, Henman, Martin.**

School of Pharmacy & Pharmaceutical Sciences, Trinity College Dublin & St. James's Hospital

Use of lidocaine medicated plasters on the increase - for whom, by whom and for what.

**Brady I, O'Leary C, Carr B, Whelan G, Treacy V, Tighe P, O'Leary A**

Pharmacy Department, Mater Private Hospital, Dublin. Pharmacy Department, St. James's Hospital, Dublin. School of Pharmacy, Royal College of Surgeons in Ireland, Dublin.

Cost and impact analysis of the pharmacist medication reconciliation service for medical inpatients in St James's Hospital.

**Coghlan M, Treacy V, O Leary A, Carr B.**

Pharmacy dept, St James's Hospital. School of Pharmacy Trinity College, Dublin. National Centre for Pharmacoeconomics.

# Appendix

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## Notice of funding awards/ benefactions/philanthropy

### List of Active Grants in 2014 for above investigators

#### **Dr. Jacintha O'Sullivan (Mentor) IRCSET 2014-2016: Fellow: Dr. Margaret Dunne.**

Investigating the role of the innate lymphocyte subsets in oesophageal adenocarcinoma-is inflammation a negative regulator of response to therapy? €72,000.

#### **Dr. Jacintha O'Sullivan (Mentor) Irish Cancer Society 2013-2016: Fellow: Dr. Morrissey.**

Elucidating the crosstalk between oesophageal tumours and immune response in patients receiving chemoradiation treatment: identification of novel prognostic markers and therapeutic strategies (PI) €203,522.

#### **Dr. Jacintha O'Sullivan (PI) Health Research Board 2012-2015**

Determining the biological mechanisms why cigarette smoking is protective in Ulcerative Colitis. €192,765.

#### **Dr. Jacintha O'Sullivan (Mentor/PI). MMI Clinical & Translational Research Scholars Programme 2012-2015. Roisin Dunne.**

Utility of small molecule inhibitors to sensitise rectal tumours to radiation €106,500.

#### **Dr. Jacintha O'Sullivan (PI) Science Foundation Ireland, RFP. 2011-2015.**

The role of random mitochondrial mutations during disease progression in Barrett's Oesophagus (part of a large national study, patient cohort: Barrett' non progressors and OAC patients). €166,800.

#### **Dr. Jacintha O'Sullivan (PI) Health Research Board. 2011-2014.**

Influence of the tissue microenvironment on the activity of dendritic cells during disease progression in Barrett's Oesophagus patients; identification of novel therapeutic targets. €239,490.

#### **Dr. Jacintha O'Sullivan and Prof. John Reynolds 2014-present:**

Funding from Oesophageal Cancer Fund €368,000 for the National Barrett's Registry and Biobank Programme.

#### **Dr. Jacintha O'Sullivan, active co-applicant grants Health Research Board 2014-2017.**

Rehabilitation following oesophageal cancer: identifying rehabilitative needs and strategies. €329,850 euro. PI: Dr. Hussey.

#### **Health Research Board 2014-2017.**

Disease modification in Rheumatoid Arthritis using AMPK directed therapies, resorting metabolic balance to innate immune pathways. €329,799 euro. PI: Dr. Mullan.

#### **Health Research Board 2013-2016.**

A novel anti-angiogenic approach of EP receptor antagonism for the prevention of oesophageal adenocarcinoma €312,291 euro. PI: Dr. Cathcart.

#### **Health Research Board 2013-2016.**

Developing Improved Therapeutics for Ocular Neovascularisation & Inflammation. €329,832 euro. PI: Dr. Kennedy.

#### **Health Research Board 2013-2016.**

Molecular mechanisms linking excess adipose tissue with oesophageal cancer: Targeting tumour metabolism and 5-lipoxygenase. €166,145 euro. PI: Dr. Pidgeon.

#### **Health Research Board 2013-2016.**

Redox regulation of angiogenesis and innate immunity in inflammatory arthritis. €312,440 euro. PI: Dr. Veale.

#### **Health Research Board 2013-2016.**

Understanding the link between molecular and microenvironment influence on immunity in colorectal cancer. €326,291 euro. PI: Dr. Ryan.

#### **Health Research Board 2012-2015.**

Evaluating the role of T cells in the progression of Barrett's Oesophagus to Oesophageal Adenocarcinoma: identification of novel immunotherapeutic targets. PI: Dr. Lysaght. 170,095.

#### **Prof. John Reynolds (PI/Mentor): Scholar: Dr. Katie O'Sullivan**

Exploring the link between obesity and oesophageal adenocarcinoma: the role of STAT3 inhibition, €149,000.

#### **Dr. Joanne Lysaght (PI): Health Research Board Research Award. Role: PI.**

Evaluating the role of T cells in the progression of Barrett's Oesophagus to Oesophageal Adenocarcinoma: identification of novel immunotherapeutic targets, €170,095.

#### **Dr. Joanne Lysaght (co-applicant): Health Research Board Research Award. Role: Co-applicant.**

Determining the biological mechanisms why cigarette smoke is protective in ulcerative colitis patients. €192,765.

**Dr. Joanne Lysaght (PI)**

Health Research Board Research Award. Role: PI. Investigating the role of T cells in adipose tissue and hepatic inflammation in obesity associated cancer, €270,279.

**Dr. Graham Pidgeon (PI)**

Molecular mechanisms linking excess adipose tissue with oesophageal cancer: Targeting tumour metabolism and 5-lipoxygenase. Oct 2013 – 2016. €166,145.

**Dr. Graham Pidgeon (co-applicant).**

A novel approach of EP receptor antagonism for the prevention of oesophageal adenocarcinoma. Oct 2013- 2016. Amount of award: €312,291.

**Dr. Graham Pidgeon (Mentor). IRCSET PhD Studentship to Ms. Gillian Moore.**

Examination of novel 5-lipoxygenase inhibitors as anti-angiogenic and vessel stability modifiers in oesophageal cancer. Oct 2012 – 2015. Amount of Award: €80,000.

**Dr. Graham Pidgeon (Mentor). ICS Post-Doctoral Fellowship. Mentor to Dr. Cathcart.**

Examination of the role of thromboxane synthase signalling and its link to tumour angiogenesis in colorectal cancer. Oct 2011 – 2014. €196,694.

**Notice of public outreach initiatives**

The Department of Surgery run 2 outreach programs through 2 registered charities 1) CROSS [www.crosscharity.ie](http://www.crosscharity.ie) and the Oesophageal Cancer Fund <http://www.lollipopday.ie/> where to the lay public we describe in laymans terms the cancer research and awareness programs we direct from St. James's Hospital and St. James's Hospital.

We engage with second level students interested in doing research through the BT young Scientist competition (Dr.Lysaght). We also host transition year students throughout the year allowing them to shadow our scientists on their work. At the primary level, Dr.Lysaght has engaged with the Reel Life Science program for primary schools on the theme 'Food we eat', teaching them the negative health implications of a high sugar diet and performing experiments with them in their classroom setting.

The Department of Surgery has also taken part in the Fatlab Science Gallery 16th May-29th June 2014 showing differences in fat deposition between males and females.

**Notice of inaugural lectures in 2014****List of invited talks in 2014**

Prof. Reynolds: European Society of Surgical Oncology, Liverpool, UK

Prof. Reynolds: Heidelberg, Germany

Prof. Reynolds: International Society of Diseases of the Esophagus, Vancouver, Canada

Prof. Reynolds: 9th Trinity International Cancer Conference, Dublin

Prof. Reynolds: Institute of Molecular Medicine Lecture, Dublin

Prof. Reynolds: ACBI 37th Annual Congress, Dublin.

Dr.Jacintha O'Sullivan: Dublin Centre for Clinical Research Annual Scientific Meeting, Dublin

Dr.Jacintha O'Sullivan: Irish Radiation Society Annual Meeting, Queens University Belfast

Dr.Jacintha O'Sullivan: Technical University Munich, Germany

Dr.Jacintha O'Sullivan: World Cancer Day, Trinity College Dublin

Dr.Lysaght: Technical University Munich, Germany

Dr.Lysaght: Max Planck Institute Cologne, Germany.

Dr.Lysaght: 2014 University of Hull, UK

**Notice of events receiving media attention in 2014**

Prof John Reynolds and Dr.Jacintha O'Sullivan gave interviews to Irish Time Healthcare supplement on the focus and topics covered for the 9th International Trinity Cancer Conference.

Prof John Reynolds and Dr.Jacintha O'Sullivan worked with the Oesophageal Cancer Fund on their awareness program around lollipop day.

## Creation of academic research centres/key collaborations.

Key Research Collaborations with our Dept of Surgery

### International Collaborators

Prof. Martin Tenniswood, Albany Cancer Centre, New York USA

Prof. Kevin Prise, CCRCB, QueensUniversity, Belfast

Dr. Michael Quante, University of Munich, Germany

Dr. Thomas Wunderlick, Max Planck Institute, Cologne, Germany

Prof. Bas Wijnhoven and Dr. Eelke Toxopeus, Erasmus MC, Rotterdam, Netherlands

Dr. Nick Pullen (Pfizer Global R and D).

Dr. Lorna Cryan, Children's Hospital Boston/Harvard University.

Dr. Anthony Ashton, University of Sydney, Australia.

Dr. Mark Penfold, Chemocentryx, USA

Dr. Olga Tucker, Birmingham, UK

Dr. Christopher Cawthorne, PET Research Centre, University of Hull, UK

Dr. David Maloney, NIH, USA

Prof. Ken Honn, Wayne State University, USA

Prof. Ken O'Byrne, Brisbane, Australia

### National Collaborators

Mr. Mehigan and Mr. McCormick (St. James's Hospital)

Dr. Aidan Meade DIT, Kevin Street

Dr. Amanda McCann, Conway Institute, UCD

Dr. Breandan Kennedy, Conway Institute, UCD

Dr. Ursula Fearon & Prof. Doug Veale, Rheumatology, St. Vincent's University Hospital

Dr. Elizabeth Ryan, University College Dublin

Dr. Emma Creagh, Trinity College Dublin

Dr. Aileen Houston, UCC

Dr. Sharon Mc Kenna, UCC

Dr. Patrick Kiely, University of Limerick

Dr. Fiona Walsh, Maynooth University

Dr. Adriele Prina Mello, CRANN, TCD

Dr. Cliona O'Farrelly, TCD

Dr. Justin Geoghegan, SVUH

Dr. Stephen Stewart, Director of Centre for Liver Disease, Mater Misericordiae University Hospital

Dr. Connail McCrory, Dept. Pain Medicine, St James's Hospital

Dr. Mark Aherne, Bioengineering, TCD

Dr. Laure Marignol, TCD

Dr. Conor Lahiff, Mater Hospital, Dublin

Prof. Helen Sheridan, TCD

Dr. Steven Gray, St. James's Hospital

## Awards of medals/honorary positions in 2014

Best New Postgraduate Course Award to MSc. in Translational Oncology; awarded by postgrad Ireland. This MSc. is directed from the Department of Surgery.

Prof. John Reynolds: Honorary Fellowship of the Royal College of Surgeons in Edinburgh.

Sylvester O'Keefe Research Award: Dr. Jessie Elliott (a collaboration with our Department and Dr. LaRoux in UCD).

Sylvester O'Halloran Research Award: Dr. Katie O'Sullivan

## Creation of Start-up companies/ patents filed

**Dr. Jacintha O'Sullivan** 2014; Patent PCT/IE2012/000002 published in Europe and in the USA.

**Dr. Jacintha O'Sullivan:** 2014, Priority patent application submitted (now filed as PCT application) on CC8 anti-angiogenic and anti-metabolic family of drugs 10. Clinical Trial: Neo-AEGIS.

International randomised clinical trial of neoadjuvant chemotherapy vs neoadjuvant chemoradiation in the management of adenocarcinoma of the oesophagus and oesophago-gastric junction.

Administered by ICORG. John V Reynolds (PI)

**Dr Feras Abu Saadeh** 2013-15 Locum Gynaecological Oncologist & Trainer RCOG. SJH 2014.

## International Society Affiliations, Working Groups & Clinical Research

**Dr Noreen Gleeson, Dr Tom D'Arcy, Dr Waseem Kamran, Dr Feras AbuSaadeh (national representative to ESGO)**

European Society of Gynaecological Oncology & International Gynaecologic Cancer Society

**Dr Noreen Gleeson, Dr Tom D'Arcy, Dr Waseem Kamran, Dr Feras Abu Saadeh**

British Gynaecological Cancer Society

**Dr Tom D'Arcy, Dr Waseem Kamran, Dr Feras Abu Saadeh**

British Society for Colposcopists & Cervical Pathology

**Dr Noreen Gleeson,**

Society of Pelvic Surgeons

**Dr Noreen Gleeson & Dr Feras Abu Saadeh,**

ICORG Gynaecological Disease Specific Subgroup

**Dr Noreen Gleeson,**

Gynecologic Cancer InterGroup (GCIG)

**Despierre E, Yesilyurt BT, Lambrechts S et al.**

GCIG Group Publications. EORTC GCG and EORTC GCG Translational Research Group. Epithelial ovarian cancer: rationale for changing the one-fits-all standard treatment regimen to subtype-specific treatment. *Int J Gynecol Cancer*. 2014 Mar; 24(3):468-77. doi: 10.1097/IGC.0000000000000089. PMID: 24557434.

**Creutzberg CL, Kitchener HC, Birrer MJ et al.**

GCIG Endometrial Cancer Clinical Trials Planning Meeting. Gynecologic Cancer InterGroup (GCIG) Taking endometrial cancer trials into the translational era. *Int J Gynecol Cancer*. 2013 Oct;23(8):1528-34. doi: 10.1097/IGC.0b013e3182a26edb. PMID: 24257568.

**Greimel E, Kristensen GB, van der Burg ME et al**

EORTC - Gynaecological Cancer Group and NCIC Clinical Trials Group. Quality of life of advanced ovarian cancer patients in the randomized phase III study comparing primary debulking surgery versus neo-adjuvant chemotherapy. *Gynecol Oncol*. 2013 Nov; 131(2):437-44. doi: 10.1016/j.ygyno.2013.08.014. Epub 2013 Aug 27. PubMed PMID: 23994107.

### **Gynaecological Cancer Clinical Trials 2014 – ICORG/GCIG St James' s Hospital**

ICORG 10-12 Ovarian Cancer – ANZOG 0701 (PI Dr Dearbhaile O'Donnell, Medical Oncologist)

ICORG 11-29 Ovarian Cancer – ICON 8 (PI Dr Dearbhaile O'Donnell)

ICORG 13-07 Endometrial Cancer recurrent – AE25108-05 (PI Dr Dearbhaile O'Donnell)

ICORG 09-06 Endometrial Cancer (PI Dr Charles Gillham, Radiation Oncologist)

ICORG 14-02 Cervical Cancer - SHAPE Trial (PI Dr Noreen Gleeson, Gynaecological Oncologist)

### **Scientific Research and List of Active Grants in 2014 – Department of Gynaecology**

Laboratory based research is in collaboration with senior scientists Dr Lucy Norris PhD and Dr Sharon O'Toole PhD at Trinity College Clinical Sciences.

### **Doctorate Degrees**

**Dr Ream Langhe 2014. PhD**

Diagnostic and prognostic biomarkers in ovarian cancer.

**Dr Feras Abu Saadeh 2014 M.D.**

Hypercoagulability in Ovarian Cancer.

**Dr Nadia Ibrahim 2012-14 M.D.**

In progress. Thromboelastography as a predictor of venous thrombosis in gynaecological oncology patients undergoing surgery.

**Dr Audris Wong 2014 M.D.**

In progress. The role of tissue factor in the transition from endometriosis to clear cell cancer.

**Dr Katie Field 2014-15 M.D.**

In progress. Endometriosis - taking diagnostic & therapeutic challenges to the laboratory.

### **Other laboratory scientific projects 2014**

**Dr Shareen Rizmee**

In progress, Role of HE4 in the evaluation of ovarian and endometrial carcinomas and premalignant lesions.

**Dr Emer O'Malley**

In progress, (joint project with Department of Anaesthesia) Heated and humidified CO2 gas at laparoscopic major surgeries: Prospective randomized trial measuring clinical, histological and biochemical outcomes.

**Dr Noreen Gleeson, Dr Sharon O'Toole, Dr Ciaran O'Riain**

In progress (joint with Dept of Histopathology, SJH & Molecular & Gynecologic Oncology Group, Medical University of Vienna, Austria). Towards early diagnosis

of tubo-ovarian cancer – the detection of STIC lesions in the lavage of the uterine cavity – LUSTIC study.

### Active Research Grants in 2014

Title: A risk model for prediction of venous thromboembolism in gynaecological cancer patients post surgery Awarding Body: Health Research Board [2013-2016] €298,538.

Title: CERVIVA 2: building capacity and advancing research and patient care in cervical screening and other HPV associated diseases in Ireland [PI]. Awarding Body: Health Research Board Collaborative Applied Research Grant [2012-2017] €1,250,000.

Title: What is the circulating tumour cell and the role of the immune editing in the metastatic cascade? Awarding Body: Health Research Board Clinician Scientist Award [2012-2015] €238000.

Title: Systems biology approaches to cervical pre-cancer and cancer SYSTEMCERV. Awarding Body: European Union 7th Framework Programme. FP7-Health HEALTH-2012.2.1.2-1 [Systems Medicine: SME driven research applying systems biology approaches to address medical and clinical needs] [2012-2014] €3,140,000, Value to college €554,000.

Title: CERVIVA 2: building capacity and advancing research and patient care in cervical screening in Ireland. Awarding Body: Health Research Board. Interdisciplinary Capacity Enhancement (ICE) Awards [2011-2014] €620,000.

Title: Non-coding miRNAs as regulators of chemoresistance in ovarian cancer. Awarding Body: Royal City of Dublin Hospital Trust Fund, [2011-2014] €66,545.

Title: Interrogation of the Onco-metabolome in ovarian cancer. Awarding Body: Royal City of Dublin Hospital Trust [2013-2016] €67674.

Title: A therapeutic roadmap for ovarian cancer using MyD88 and MAD2 as prognostic indicators. Awarding Body: Royal City of Dublin Hospital Trust [2012-2015] €67101.

Title: The role of tissue factor in the transition from endometriosis to clear cell cancer. Awarding Body: Leo Pharma IIS/Gynaecological Cancer Fund, SJH Amount €16,000 Duration 2013-15.

Title: Thromboelastography as a predictor of venous thrombosis in gynaecological oncology patients undergoing surgery. Awarding Body: Gynaecological Cancer Fund, SJH Amount €12,000 Duration 2012-15.

### Creation of academic research centres/key collaborations

Formation of an All-Ireland Ovarian Cancer Consortium - INNOVATION

Trinity College School of Medicine investigators are coordinating a new initiative, INNOVATION- the Irish National Network for Ovarian Cancer Collaboration. The mission of INNOVATION is the integration of patient clinical management with cutting edge research to improve the diagnosis and treatment of ovarian cancer. <http://www.molecularmedicineireland.ie/page/o/146>.

INNOVATION comprises internationally recognised ovarian cancer clinical and scientific experts. The consortium was established in 2014 to address the mortality associated with ovarian cancer. The mission of the consortium is to integrate patient clinical pathways with cutting edge research to improve diagnosis and treatment of ovarian cancer. Membership of INNOVATION comprises internationally recognised ovarian cancer clinical and scientific experts.



