

ST. JAMES'S HOSPITAL
Annual Report 2017



St. James's Hospital's Vision, Purpose and Values



Vision

To be a leading healthcare organisation, 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

1 INTRODUCTION

6 1.1 Corporate Structure

Governance and Executive
Executive Management Group

8 1.2 Legal and Banking

2 EXECUTIVE REPORT

12 2.1 Performance Highlights

3 CORPORATE DIRECTORATE REPORTS

14 3.1 Finance Department

Transaction Processing Units, including Accounts Payable/ Settlements, Accounts Receivable and Payroll. Technical Expertise Units; Compliance, SAP Support, and Procurement. The Decision Support Unit; Clinical Funding Unit and Management Accounts.

16 3.2 Human Resources

HR Business Teams, Centre for Learning & Development, Workforce Information, Occupational Health, Medical Workforce Unit, Employee Relations, and Superannuation.

18 3.3 Nursing Services

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

20 3.4 Facilities Management

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

24 3.5 Internal Audit

4 CLINICAL DIRECTORATE REPORTS

26 4.1 HOPe Directorate

Haematology, Medical Oncology including Cancer Genetics, Palliative Care, Psychological Medicine and Radiation Oncology. The National Centre for Adult Bone Marrow Transplantation and the National Coagulation Centre.

30 4.2 MedEl Directorate

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

34 4.3 Medicine and Emergency Directorate (MED)

Acute Floor (Accident & Emergency), Nurse Education, Clinical Placement, Advanced Nurse Practitioner Clinical Activity, Education Activity, Professional Development Activity and Representation, Emergency Department Activity, Cardiology, Dermatology, Endocrinology/ Diabetic Day Centre (DDC), Genito-Urinary Medicine and Infectious Diseases (GUIDe) Clinic, Hepatology Centre, Respiratory Medicine and the Respiratory Assessment Unit, Rheumatology, Neurology, Neurophysiology, Ophthalmology, Gastroenterology and Endoscopy Unit, Clinical Immunology, Nephrology and Dialysis.

36 4.4 Surgery, Anaesthesia and Critical Care Directorate (SACC)

Anaesthesia and Pre-assessment, Breast Care, Cardiothoracic Surgery, Critical Care, Upper and Lower Gastrointestinal Surgery to include General Surgery, Gynaecology, Oral and Maxillofacial Surgery, Orthodontics, Prosthodontics and Cleft ambulatory care, Orthopaedics, Otolaryngology, Plastics, Reconstructive and Burn Surgery, Acute and Chronic Pain Management, Vascular Surgery and Urology and The Hospital Sterile Unit.

38 4.5 LabMed Directorate

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 and Transfusion Medicine (incorporating Haemovigilance).

40 4.6 DiagIm Directorate

Imaging services include CT, MRI, ultrasound, breast imaging, nuclear medicine, PET/CT, interventional radiology and general X-ray. A radiographic service is also provided to the Cardiac Cath Lab, Endovascular Suite, Endoscopy, DXA and Theatres.

5 CLINICAL SUPPORT SERVICES

42 5.1 SCOPE

Speech and Language Therapy, Medical Social Work, Clinical Nutrition, Occupational Therapy, Physiotherapy, Pharmacy Department, Clinical Pharmacy Service, Dispensary and Distribution Services, Aseptic/Compounding Services, National Medicines Information Centre (NMIC), Centre for Advances.

44 5.2 Pharmacy

Pharmacy Department, Clinical Pharmacy Service, Dispensary and Distribution Service.

46 5.3 National Medicines Information Centre (NMIC)

48 5.4 Education

Regional Oncology Programme Office

50 5.5 Research and Innovation (R&I) Office

Clinical Research Facility

6 PROGRAMME DIVISION REPORTS

52 6.1 Quality and Safety Improvement Directorate (QSID)

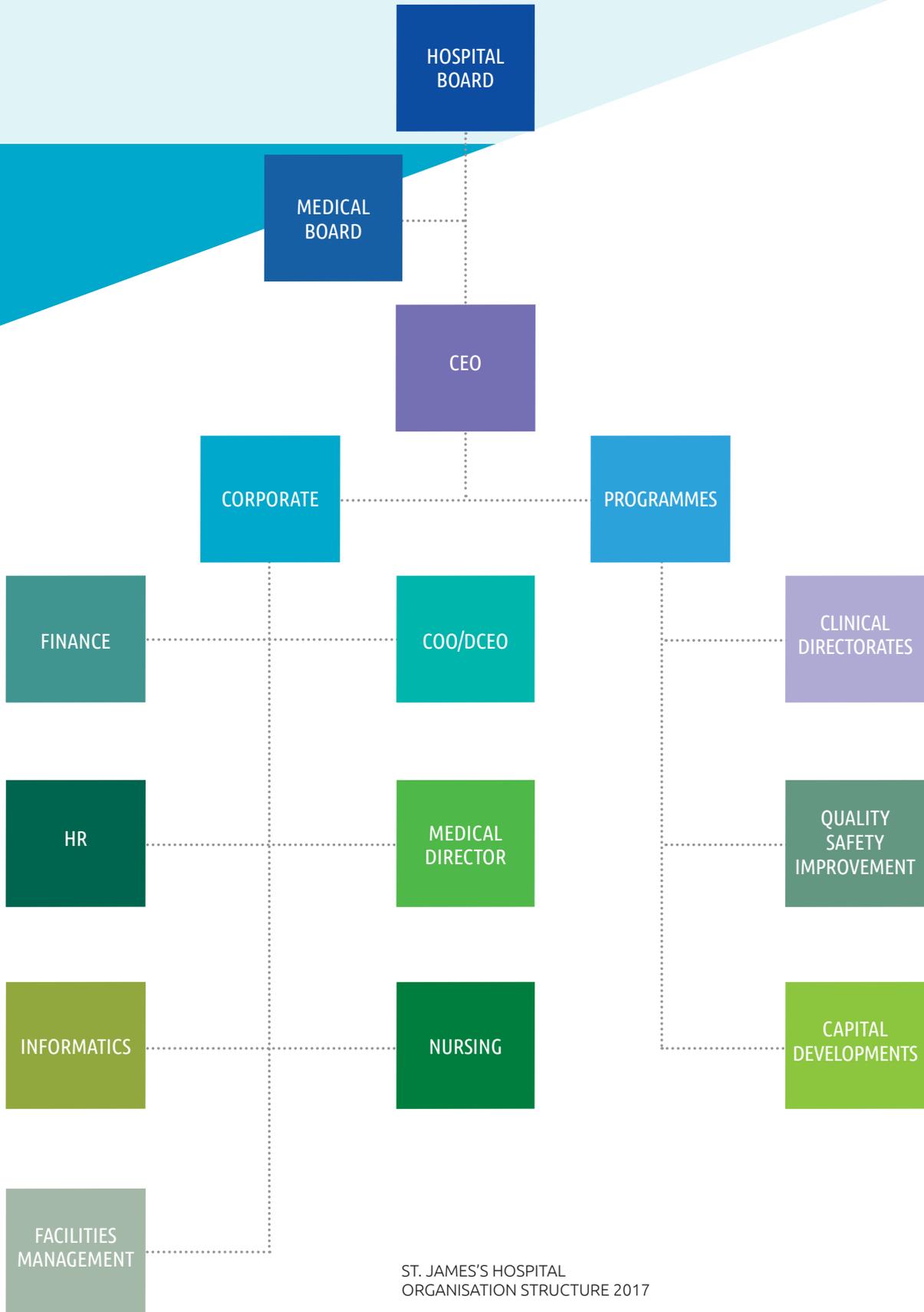
7 PUBLICATIONS

54 7.1 Publications



1.1

Corporate Structure



ST. JAMES'S HOSPITAL
ORGANISATION STRUCTURE 2017



EMG Members

Lorcan Birthistle, CEO

Ann Dalton, Deputy CEO

Simon Moores, Chief Operations Officer

John Cotter, Director of Finance

Una Geary, Director of Quality, Safety & Improvement

Niall McElwee, Director of Capital Projects

Vincent Callan, Director of Facilities

Hugh Duggan, Director of HR

Sharon Slattery, Director of Nursing

Gemma Garvan, Director of Informatics

Niall Sheehy, CD, DIAGIM

Conal Cunningham, CD MedEL

Jeanne Moriarty CD, Surgery

Finbarr O'Connell, CD MED

Brian O'Connell, CD, LABMED

Eibhlin Conneally, CD HOPE



Bankers

Bank Of Ireland
85 James's Street
Dublin 8

Auditor

Comptroller and Auditor General
3A Mayor Street Upper
Dublin 1
D01 PF72

Solicitors

A&L Goodbody Solicitors
I.F.S.C.
25/28 North Wall Quay
Dublin 1

Insurance Broker

AON Insurance



Route 4
← Mary Mercers Ward
Denis Burkitt Ward

2.1

Performance Highlights

ACTIVITY Levels for 2017

Period Jan - Dec 2017	2017 Activity	
	Acute Ward In-patient Discharges	Day Cases
Cardiology	3090	1757
Dermatology	27	2612
Emergency Dept	0	0
ENT	456	307
General Surgery	2617	4140
GUIDE	411	5379
Gynaecology	769	360
Haematology	1114	6577
Maxillo Facial	908	616
Medicine	6595	11524
Medicine for the Elderly	1442	2579
Oncology	1236	10607
Orthopaedics	1103	451
Plastic Surgery	1098	2430
Radiotherapy	144	5
Rheumatology	632	109
Psychiatry	8	10
Cardio-Thoracic Surgery	927	23
Urology	563	1471
Vascular Surgery	410	603
Total Acute Activity	23550	51560

Period Jan - Dec 2017	2017 Non Acute Ward In-patient Discharges
Medicine for the Elderly	801
Medicine	33
Psychiatry	475
Rheumatology	1
Total Non Acute Activity	1310

Out-Patient Activity		
	New	Return
Attendances	68046	225758



68,046

NEW OUT-PATIENT ATTENDANCES



23,550

ACUTE WARD IN-PATIENT DISCHARGES IN 2017

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: Oncology Daycases includes Clinical(Medical) Genetics

Note 4: Outpatient Consultant and Nurse Led Activity

3.1 Finance Directorate

The St James's Hospital Finance Directorate is a contemporary Finance function that incorporates three main divisions. These are the **Transaction Processing Units**, including Accounts Payable/Settlements, Accounts Receivable and Payroll. The **Technical Expertise Units** comprising of the Compliance Unit, SAP Support Unit and the Procurement Unit. Finally the **Decision Support Unit** which includes the Clinical Funding Unit and the Management Accounts Unit.

The Finance Directorate operates over two main sites. The Transaction Processing Units, the Compliance Unit and SAP Support Unit are based off site at the Brickfield Campus with the remaining Units based on site within St James's Hospital.

The **Transaction Processing Units** have significant experience and expertise in all transactions that are processed. The **Payroll Unit** processes payroll for over 5,000 employees and have extremely efficient controls and process in place, most of which are either electronic or online.

The **Accounts Payable/Settlements Unit** processes all invoices and again is predominantly receiving invoices electronically and allowing them to be directly uploaded without human intervention. Finally, the **Accounts Receivable Unit** invoices and collects over €100m in revenue.



THE ACCOUNTS RECEIVABLE UNIT INVOICES AND COLLECTS OVER

€100M IN REVENUE

The technical expertise which is based within the Finance Directorate is second to none. The **SAP Support Unit** ensures the financial integrity of the SAP system and provides invaluable project management expertise. The **Compliance Unit** ensures that robust controls and processes are in place for all areas of transaction processing. Finally, the **Procurement Unit** provides procurement expertise, assists Directorates in identifying value for money initiatives through market engagement, provides oversight of the National Factor Blood budget and ensures the Hospital is compliant with all procurement legislation.

The **Decision Support Unit** has been a national leader in its ability to deliver information to end users. The core elements of the unit is developing expertise in Patient Level Costing and the new funding model (Activity Based Funding) with a real focus on patient level data that drives accurate costing and ensures clinical activity is coded correctly which in turn drives the revenue.

The Management Accounts team, within the Decision Support Unit, encompasses several Business Partners who are providing the Directorates with a significant amount of financial expertise and guidance in service developments, identifying efficiencies and focusing on value for money initiatives.



Key performance indicators

Key highlights include the financial performance of the Hospital. The Financial Statements for the reporting period 1st January 2017 to 31st December 2017 resulted in a deficit of €4.032m. The hospital's gross expenditure was €448.795m while the income and exchequer funding amounted to €444.764m. The opening surplus of €4.797m carried forward into 2017 now stands at €0.765m.

The deficit of €4.032m arose due to the hospital making investments in key projects and equipment. A large proportion of the deficit was due to decanting associated with the National Paediatric Hospital. Investment in the Emergency Department and an area for Day Surgery Admission, as well as buying vital equipment, like the CT scanner, was critical in maintaining flow for patients and keeping services going.

Another fantastic highlight was winning the Irish Health Care Awards 2017, Best Use of Technology, for the 'Scan 4 Surgery' project within Theatre. The project itself allows for the scanning of consumables per patient and achieves three core functions – reorders consumables used, captures data for safety / traceability and provides patient level cost per item consumed. The project is a true collaboration between clinical (theatre) and non-clinical (finance and logistics) areas. The expertise from the SAP Support Unit and Decision Support Unit has been critical to the success of the project and the award is well deserved.

The final key highlight was the development of visual analytics within the Decision Support Unit. The ever expanding capability within the unit now allows the end users to visualise data like never before. Within a couple of clicks the Business Partners and Directorates are able to interrogate financial data and provide insights that can be used to obtain meaningful trends and variances. This new way of providing end users real time information, in an easy to use way, will no doubt provide the building blocks for 2018.

ANOTHER FANTASTIC HIGHLIGHT, WAS WINNING
THE IRISH HEALTH CARE AWARDS 2017

BEST USE OF TECHNOLOGY

Next year's (2018) objectives

As with other years, the key mantra for the Finance Directorate is "doing more with less" and is a constant challenge. Inflationary cost pressure, payroll pressures as the various agreements are rolled back and the volume of patients attending the hospital both on an emergency and elective basis pose the biggest financial challenge the Hospital continues to face.

Continuing to expand our digital capabilities is a focus for 2018 and will be critical for end user understanding and adoption. This will allow the end users, whom consume the hospital's financial resources, key insights into where the resources are being consumed and if efficiencies can be gained.

Ensuring a robust costing process in 2018 will be a critical enabler for visualising the data and underpinning confidence in that data. It is the aim during 2018 that the expertise, within the Finance Directorate, will continue to expand and will lead to enhancing the costing process.

Embedding and constantly promoting a culture of financial responsibility across the hospital through engaging with directorates will remain a core theme in 2018, especially as we seek opportunities to deliver efficiency and value for money so that we can do more with what we have.

Looking forward into 2018, exciting opportunities remain. Ultimately continuous improvement of day-to-day operations and projects the Finance Directorate will undertake will hopefully add real value and benefit, indirectly, to the patients we serve.

Conclusion:

The work ethic, dedication and overall ability within the Finance team has meant 2017, whilst interesting at times, has been a really positive year especially considering the level of change that occurred both at a directorate level and the hospital overall. 2018, I have no doubt will come with its own unique challenges. The dedication and work ethic of the team gives confidence that these challenges will be met with the utmost professionalism and with a core aim of adding value.



THE PAYROLL UNIT
PROCESSES PAYROLL FOR

**OVER 5,000
EMPLOYEES**

3.2

Human Resources Directorate, (HRD)

The Human Resources Directorate, (HRD), plays a central role in helping shape the organisation through key organisational changes and development plans ensuring the hospital successfully meets local and national key performance indicators in accordance with its mission, vision and values. Its divisions include; HR Business Teams, Medical Workforce Unit, Employee Relations, Communications, Centre for Learning & Development, Workforce Information & Planning Unit, Superannuation, Nurse Bank and Occupational Health.

Performance highlights

A new Director of HR, Mr Hugh Duggan, took up post in April 2017. Working with the HR team, a HR plan was developed for St. James's Hospital, based on 4 main themes: i) measuring, reviewing & improving HR admin. services & process, ii) building our capacity to recruit iii) developing our staff and iv) engaging and retaining them.

2017 was a busy year for the HR Service Teams. Most of the work was focused on recruitment, with 869 staff recruited during the year (692 new hires / 177 re-hires). To comply with legislation, over 2,000 existing staff without garda vetting were retrospectively vetted. HR processes were reviewed and HR metrics were introduced. HR coordinated registration of the Occupational Therapy grade with CORU.

While conditions remained challenging for the hospital, our Industrial Relations were constructive and productive during 2017. We continued to work closely with our trade union partners on a number of local issues in line with the various agreements to achieve efficiencies while continuing to provide an excellent service to patients. As a result of the continued efforts of staff, local managers, Occupational Health, HR and working with the trade unions, the Hospital's sickness absence levels have been kept within required targets. We introduced and trained c.10 new Support Contact people to assist staff in considering their options around Dignity at Work and developed and delivered a new training course for Front Line management to assist them in dealing with day to day issues.

The Centre for Learning and Development (CLD) is committed to enabling people to achieve their potential, enhancing the development of lifelong learning skills while exploring directions for further progression. We invested over €700,000 in developing staff in 2017- delivering

over 11,000 blended training sessions in that time. CLD continues to work in partnership with all our stakeholders, meeting the diverse learning and development needs of staff, by providing a broad range of high quality learning and development opportunities to include general staff development programmes, mandatory training and clinical based programmes.

CLD provided accredited 3rd level programmes in partnership with awarding bodies and third level institutions such as Quality Qualifications Ireland (QQI) the School of Nursing and Midwifery, Trinity College Dublin and University College Dublin. The provision of programmes that respond to the needs of the organisation is fundamental to CLD's mission and values and is built on a close working relationship between the CLD Team and all directorates/departments.

A key performance indicator for the Medical Workforce Unit is the successful recruitment and development of our population of over 300 NCHD and ensuring we offer a European Working Time Directive, (EWTD) compliant working environment. We successfully recruited and achieved a 100% rate of compliance for four of the five key EWTD performance indicators. A 74% full EWTD compliance rate was achieved in the other and we continue to work towards 100% compliance there.

The Workforce Information Unit is responsible for providing internal and external stakeholders with accurate, current workforce information. It supports SAP HR & Payroll systems whilst providing end user support to internal clients and other external agencies. In 2017 the Unit continued to provide reliable and accurate information to all clients while helping HR develop and monitor a number of initiatives. They started work on the restructuring of the document management and scanning solution for the HR Directorate. Finally, the unit also assisted with the data gathering exercise required for the planned implementation of the better Workforce Management/E-Rostering system for the Hospital.



**OVER
11,000**
BLENDED TRAINING
SESSIONS IN 2017

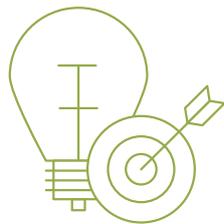


3.3

Nursing Services

Nursing Administration and the Nursing Practice Development Unit (NPDU) oversee, co-ordinate and support all matters relating to professional nursing practice throughout the hospital. This includes recruitment and retention of nursing and Health Care Assistant (HCA) staff; nursing practice development initiatives and projects; co-ordinating networks of communication for nursing developments and the promotion of nursing audit and the development of clinical nursing research.

Much of the practice development work is done through various committees and working groups set up by members of the NPDU Team and this is done in partnership with a number of nursing staff from the clinical areas and other members of the interdisciplinary team. The development and implementation of policies, protocols, guidelines (PPGs) is overseen by both the Nursing Practice Development Co-ordinator (NPDC) and Facilitator. The Clinical Placement Co-ordinators, Student Allocations Officer and the NPDC are responsible for co-ordinating the practice components of the BSc nursing undergraduate degree programme. Clinical support for nursing staff at ward level is provided by the Clinical Support Nurses. Audit and research advice, support and expertise are provided to both NPDU and clinical staff by the Nursing Quality Co-ordinator.



THE NMPDU (HSE) ALLOCATED
€182,647
FOR QUALITY AND EDUCATION
IMPROVEMENT INITIATIVES

The NPDU team also includes two Tissue Viability Nurse Specialists and project leads for the following initiatives: Falls Management; Productive Ward and the Pressure Ulcer to Zero campaign.

The End of Life Co-ordinator also provides an important support function for all hospital staff.

Time and Attendance eRostering Project

The Director of Nursing took on the role as corporate sponsor for this initiative during 2016. Extensive consultation with staff and engagement with trade unions took place. It is planned to introduce this initiative over an 18 month period.

NMPDU Innovation Grants

Following the submission of applications for innovation funding, the NMPDU (HSE) allocated €182,647 for quality and education improvement initiatives.

1. VOICES MaJam

Report launched following a survey of bereaved relatives.

This survey was conducted in partnership between St. James's and the Mater Hospitals, TCD and UCD. The survey of bereaved relatives launched by Peter Tyndall (Ombudsman) was the largest survey of its kind conducted in Ireland. The research shows that bereaved relatives rated the overall quality of care in both hospitals as high (87%).

The purpose of the study was to evaluate, from the perspective of the bereaved relatives, the quality of end-of-life care provided in two acute hospital settings, in order to support a process of continuous improvement in the care of persons, including their families, at this time. Results and recommendations informed healthcare professionals and policy makers as to how they can improve the quality of end-of-life care within the hospitals and other healthcare settings. The report recommends what is important in the provision of high quality end-of-life care in acute hospitals.



THE RESEARCH SHOWS THAT BEREAVED
RELATIVES RATED THE OVERALL
QUALITY OF CARE
IN BOTH HOSPITALS AS HIGH (87%)

2. Complement Review

Meetings were scheduled between the Director of Nursing, Finance and Human Resources with ADON's to discuss workforce complements in all clinical areas. The objectives of the review were to:

- Review unfunded Nursing and HCA positions;
- Review and backfill arrangements for Annual Leave.
- Review the student lines incorporated into rosters.
- Review the process of utilising HRA hours.
- Consider the role of the Nurse Bank in the allocation of staff, including 1:1 specials.

The above objectives were also being considered in the context of cost containment.

Pressure Ulcer to Zero (PUTA) national campaign

The hospital participated in the HSE PUTZ campaign. As pressure ulcer prevention is a key nursing strategic objective for the hospital, our participation in this initiative was considered to be a priority. Funding was secured from the NMPDU for a nurse lead (CNM 2) for 12 months who was responsible for the introduction for the Safety Cross (identifies the number of pressure ulcer Free Days in a clinical area) and the SSKIN Care Bundle (as evidence based set of interventions to assist in the prevention of tissue damage).

Nursing and HCA Retention Surveys

Results of the Nursing and HCA retention surveys were presented to the Nursing Executive and Human Resources Directorate. A steering group was established to review survey results. The purpose of the steering group was to disseminate the results from both surveys and to identify how the recommendations will be actioned.

Advanced Practice Initiative (Department of Health)

The hospital recently received confirmation from the Hospital Group that the funding required to support the three candidate Advanced Nurse Practitioner positions (Older Persons, Rheumatology and Respiratory) has been approved. A hospital governance group is being established to oversee the introduction of these senior clinical nursing positions.

Foundation Programme in Chronic Illness

The Foundation programme has been established in the first instance to support 15 CNM's (SJH) and 10 external colleagues. This course will develop the competence, confidence and skills of senior nursing to provide enhanced care to our patients. This course will also help forge relationships within the multidisciplinary and community teams to increase awareness of their respective roles.

Nursing Strategic Objectives 2016 – 2018

The Nursing Executive convened in early 2016 to identify strategic objectives for the following 3 years. High level objectives were agreed and will provide a strategic focus for nursing throughout the hospital.

Sharing of Tasks

In March 2016, St. James's Hospital established the Sharing of Tasks Local Implementation Group (LIG) to oversee the transfer of 4 tasks from Non Consultant Hospital Doctors to Nurses. Two Clinical Skills Facilitators (CNM2) were appointed on a temporary basis to facilitate the education, training and competency assessment of registered nurses with the emphasis on training and assessing registered nurses on venepuncture and cannulation.

Falls

In 2017, with the support of the Dublin Mid–Leinster Nursing and Midwifery Practice Development Unit, funding was secured to have the Falls Management Coordinator (CNM3) in position for a 2nd year in St. James's Hospital. The Falls Management Coordinator with the support of the SJH Falls Management Steering Committee and other identified stakeholders led on a number of initiatives to raise awareness across the hospital in relation to patients at risk of falls and strategies to prevent / reduce falls within our patient group.

The purpose of this role was:

- To provide a coordinated Falls Management services pan hospital
- To develop systems to support the Falls Management process organisationally and locally
- To monitor trends and injuries sustained from falls and where possible put measures in place to limit them through multidisciplinary shared learning and quality improvement projects.

Due to the success of this initiative, funding has now been secured to have this role extended for a further 12 months.

New Graduate Rotation Programme

As part of the SJH Nursing Strategy 2016-2018, the SJH Nursing Rotation Programme was re-introduced in September 2016 with ten newly registered nurses participating in this programme.

The purpose of this programme was to facilitate newly qualified staff nurses to gain experience in both surgical and medical areas within their first year. All ten participants successfully completed the programme in October 2017. In September 2017, based on the success of the first year programme and feedback from the original rotation nurse participants, the Rotation programme was re-structured and run for a second year with ten participants. It is planned that this programme will run on a yearly basis.

3.4

FM Directorate

The FM Directorate provides the full range of non-clinical services in an integrated manner that both enhance the patients experience and supports the hospitals clinical staff in treating our Patients.

The FM Directorate comprises of the following disciplines:

- Patient Hygiene Services
 - Housekeeping & Cleaning,
 - Waste Management & Sharps,
 - Linen,
 - Laundry & Scrub Suits,
 - Gardening & Grounds,
 - Pest Control
 - Miscellaneous hygiene services
- Concourse
- Chaplaincy
- Catering
- Portering
- Telecommunications
- Facilities Management Administration



377,459

CALLS ANSWERED IN 2017

- Security & Car Parking
- Logistics
- Fire Safety Services
- Medical Records Management
- Health & Safety
- TSD/FM Engineering
- Support Services Contracts
- Sustainability and Mobility

Awards

1. Award – Winner of “Best Use of Information Technology Award” at Irish Healthcare Awards
2. Completed promotional video for RFID in Healthcare in conjunction with ASD.
3. Award – Runner-Up in Global RFID Journal awards in Orlando for “RFID Implementation in Healthcare” category
4. Medical Records Department achieved the ISO 9001:2015 Certification
5. Orchard House Restaurant aiming to achieve Irish Heart Foundation Healthy Heart Award-Awarded in Q1 2018.
6. Published in the GS1 Global Healthcare Reference Book.
7. Scan For Surgery Article in Eolas Magazine.



1,000,000

PATIENT MEALS SERVED

2017 Performance

Fire

The Hospital has the largest "Advance" fire alarm network in Europe, there are 190 fire alarm panels and 10,483 fire alarm devices on the Hospitals fire alarm network

3,316 staff completed fire safety training

A new panel monitor system has been introduced which gives third party verification of the servicing and maintenance of the fire alarm systems

Implemented a new fire safety register

All chemical storage has been mapped and are now recorded on the fire safety graphic system, this was an initiative in association with the Chemical Safety Committee

Portering and Post

Data Protection of post through the site - Introduction of data protection trolleys for the collection and delivery of post throughout the campus.

Security

Vulnerable Patient Wandering now live in 4 wards in MISA

FM

Precious Sample Tracking Live in Main Theatre and Day Surgery

Scan 4 Surgery initiative- Live in T1 and T2.

FM Engineering

The project undertaken by FM Engineering electrical staff, to replace Fluorescent Luminaires with long life, energy efficient LED equivalents commenced late in 2016 and was more than 80% completed by the end of 2017. More than 3,000 light fittings were replaced, generating

- energy savings of more than €45,000.00 per annum,
- energy efficiency grants in excess of €25,000.00 and
- significantly reducing the number of helpdesk dockets received each month

- Over 6,200 Planned Preventative Maintenance activities completed
- Over 11,615 Helpdesk Calls received

Catering

- 1,000,000 Patient Meals served.
- 110,000 Special Diet Meals.
- 250,000 Staff Meals.
- 10,000 daily interactions between Catering Assistants and patients.
- Take away on- line ordering service available for sandwiches and salads.

All food served has allergen and Kcal available displayed throughout the department.

Chaplaincy

During the past year, the chaplains attended over 900 deaths and made 200 pre-operation visits per week to patients who had requested a visit. Added to these are the informal visits made on wards by all Chaplains

Waste

The waste yard consolidation was complete in January 2017. This new facility offers a greater scope for the environmental service department to restructure its resources. This will enable a more sustainable approach to waste management across the campus. Focus on increasing the organisations recycling and recovery rates in relation to non-risk waste and exploring ways to manage and reduce clinical risk waste will continue in Q1 and Q2 of 2018.

In 2017 the Environmental Services Department introduced additional waste receptacles throughout the organisation to encourage the separation and segregation of waste at source. This included Food Waste Bins, Glass Recycling Bins and Aerosol Waste Disposal Bins.

Focus was also placed on how waste is managed at ward level in terms of storage, collections and bin types, an emphasis was placed on the single handling of waste. A pilot was carried out at the Emergency Department in April 2017, this demonstrated an appetite for single handling of waste which is echoed across the campus. This will be the Focus of the Hospitals Waste Management Committee for 2018.

In 2017 a total of 666 staff received Waste Management training

In 2017 the following waste was generated and disposed of:

Risk Waste tonnage closed out at 482.26 tonnes in 2017 that's an increase of 31.46 tonne on 2016

Non Risk Waste tonnage closed out at 1727.767 tonnes in 2017 that's a decrease of 28.402 tonne on 2016

Medical Records

The Medical Records Centre houses over 400,000 Patient Charts, over 2,000,000 laboratory slides/blocks and 10,000 microfilm tapes.



MAJOR INCIDENT PLANT

TESTED AND UPDATED

On a daily basis we deliver almost 1,000 charts to the Hospital site and receive almost 1,000 charts back to the centre to be re-filed.

In 2017 we received over twenty seven thousand online requests for charts from services across the hospital. Over 30% of these were for '90 MINUTE' Requests which are required onsite within 90 minutes of the request.

During 2017 we prepared for our audit for ISO 9001:2015 Certification. We will be undergoing an audit in early 2018 and hope to be awarded the certification following that.

Hygiene

In 2017 we carried out all ward assessments using the ECAT system. This is an electronic auditing tool that is used to capture and report all data relating to the assessment. The tool collates all data and devises reports that are disseminated to all relevant stakeholders. The tool also encompasses the software to assign tasks to the person responsible and they can then access the system and close off the task once it has been completed. The total hygiene assessment audits in 2017 were 756, we also conducted 3210 VAL's.

Linens

2017 Usage

Mobility 2017

Bike to Work Scheme Purchases - 170 bikes. Value €145,552.

Taxsaver Tickets Purchases - 917 tickets. Value €616,937.

All new recruits addressed on the alternatives to car usage when commuting to the Campus and on the Campus Mobility Management Plan.

Cycle Clinic - Free monthly bike maintenance service for staff.

Wicklow Mountain Cycle Challenge - 400 participated in 2017, up from 300 the previous year.

Development of a new online ordering system for the Taxsaver Ticket Scheme.

Traffic Survey conducted to assess traffic volumes via the Rialto Gate and James's Street entrance.

Ongoing consultation with NTA on the proposed "Core Bus Corridor" network and cycling infrastructure.

Sustainability

Registration and completion of scoping exercise for the Green Campus Programme - key themes waste, transport and travel, water and energy

"Sustainability in Healthcare Strategy" - blueprint to improve environmental management practices in the hospital and reduce associated costs.

"Fayre in the Square" commenced in June 2017, very positive response from the staff and traders

Logistics

Total Receipts value of goods and services €149,390,820.12

Stock Receipt value €10,390,152.14

Consignment Issue value €6,141,764.67

Stock Issue value €16,640,392.11

Stock product lines managed 7,400

Stock vendors 122

Stock orders processed 59,649

2018 Objectives

Special Projects

Currently completing go-live in Ultrasound and Endoscopy for Precious Sample Tracking – to be completed by end of June 2018

Scan 4 Surgery project -Go-live for T10 & T11 and Cath Lab scheduled for July -September 2018

The Hospital signed a Membership Agreement with the HSE National Health Sustainability Office and the UK Carbon and Energy Fund (CEF) CEF in December 2017 and will continue to work through the procurement process for this important 15 - 20 year project in 2018.

St. James's Hospital developed a unique relationship with Carlow Institute of Technology and SAR Group for the development of Healthcare Security Officers training and recruitment.

Completing review of postal service in a bid to streamline service and cut costs, this will run in to Q3 2018.

New patient menu in development roll out Q2 2018.

Orchard House Restaurant plan to achieve the Green Flag following the introduction on de- compostable disposables.

Orchard House Restaurant aiming to achieve Irish Heart Foundation Healthy Heart Award

Staff Acknowledgements

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

Conclusion

FM Directorate achieved significant milestones in 2017 through innovative projects which were published at National and international level. In addition, the launch of the 'Fayre in the Square' was well received and appreciated by all staff. All of this was achieved while delivering FM services with increased cost pressures and providing significant FM Advisory services to the New Children's Hospital. Thanks to all of the FM Team for their continued commitment and hard work.



3.5

Internal Audit

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 Annual Internal Audit Programme is a vital document as it determines the internal audit work for the year ahead. This programme is informed by previous audits and outcomes, the hospital's risk register, items identified by the Office of the Comptroller and Auditor General (C&AG) or the HSE and local and national issues. Based on the above factors and other issues of concern or importance to the Audit and Risk Committee, the Internal Audit function, in conjunction with the Audit and Risk Committee, the Hospital Board Chairman, the CEO and senior hospital management devised the Internal Audit Programme for 2017. In future years, it is expected that this programme will be part of a three year audit planning process where the draft audit programme for the next three years will be included in the determination of the annual programme.



AUDITS REPORTED TO THE AUDIT AND RISK COMMITTEE IN 2017 INCLUDED

CYBER SECURITY

A new Head of Internal Audit joined the Hospital during 2017.

The following audits were among those reported to the Audit and Risk Committee in 2017:

- Business Continuity Systems
- Freedom of Information
- Risk Management
- Cyber Security
- Follow up audits of previous internal audit recommendations

Among the audits which have been commissioned to occur during 2018 are the following:

- Whistleblowing Procedures
- Clinical Audit Process
- Business Case Management
- Equipment Maintenance
- Accounts Receivable
- Data Protection
- Mandatory Training Management



4.1

HOPE Directorate

The HOPE Directorate encompasses the specialities of Haematology, Medical Oncology, Cancer Genetics, Palliative Care, Psychological Medicine and Radiation Oncology. The Haematology Department incorporates national specialities as follows: National Centre for Adult Bone Marrow Transplantation and the National Coagulation Centre.

The HOPE Directorate provides integrated care with St. Luke’s Radiation Oncology Network and the Cancer Clinical Trials Programme. The HOPE Directorate is supported by the Bone Marrow for Leukaemia Trust, the Irish Cancer Society and Daffodil Centre.

The 3rd National Cancer Strategy 2017 – 2026 was published in 2017 and focusses on the prevention of cancer across our population, diagnosing cancer early, providing optimal care to patients and maximising their quality of life. The Strategy sets out four goals: Reducing Cancer burden, Provision of optimal care, Maximise Patient Involvement and Quality of Life and Enable and Assure Change, all of which are guiding principles of the directorate.

The HOPE Directorate aims to provide best care for patients, based on patient experience, safety, clinical excellence and innovation.

Hospital KPIs measured in the HOPE Directorate:

Pillar	KPI
Patient safety	<ul style="list-style-type: none"> Medication safety events Adverse events
Access	<ul style="list-style-type: none"> OPD wait time Time to triage by speciality/consultant
Patient flow	<ul style="list-style-type: none"> DNA rate

HOPE Directorate KPIs:

Medical Oncology monthly report to the HSE detailing:

- ▶ The total number of patients who received a new parenteral systemic therapy in the day ward.
- ▶ The number of patients who received a new parenteral systemic therapy in the day ward within 15 working days of the date of the finalised treatment plan.

Cancer Genetics quarterly report to the HSE detailing:

- ▶ Wait times for predictive and diagnostic testing.
- ▶ Number and type of laboratory tests completed.

Palliative Care monthly report to the HSE detailing:

- ▶ Inpatient and outpatient activity.
- ▶ Outcomes.
- ▶ Wait times for inpatient and outpatient consults.

National Adult Haematopoietic Stem Cell Transplant Unit:

- ▶ Detailed data is submitted on each transplant patient to the European Society of Blood and Bone Marrow Transplantation (EBMT).

Multidisciplinary Cancer Team Conferences (MDT):

- ▶ There are eight cancer multidisciplinary team conferences held weekly to establish consensus diagnosis and treatment plans for all cancer patients.
- ▶ Number of cases discussed at MDT meetings 2010-2017 is shown below:
- ▶ In 2017, over 10,000 cases were discussed, an 8% increase from 2016.



IN 2017,

OVER 10,000 CASES

WERE DISCUSSED, AN 8% INCREASE FROM 2016.

	2010	2011	2012	2013	2014	2015	2016	2017
Upper and Lower GI	1059	1167	1109	1271	1203	1017	1228	1248
Urology	623	781	942	1320	1022	958	1029	1089
Gynae	1136	1158	1256	1275	1343	1238	1066	1112
Breast	1947	2122	1935	2420	2256	2143	2521	2615
Lung	1357	1587	1504	1599	1548	1573	1585	1609
Head and Neck	638	599	689	871	934	985	1085	1144
Lymphoma	388	387	429	438	453	444	436	470
Skin	1491	1599	369	190	243	411	651	1089

Performance highlights

National Coagulation Centre (NCC):

- The NCC was selected to lead the National Haemophilia 'Lighthouse Project' by e-Health Ireland. The aim of this project is to demonstrate the full benefits associated with the deployment of an advanced e-health solution and provide generic learning that can be deployed to services within the Irish Health System. In 2017 work commenced on selecting a vendor for the Lighthouse Project. Valentia are the chosen vendor company. Data migration from Clintech commenced onto new Indici system.
- Following a national tender process, Alprolix was selected as the preferred factor concentrate product for the treatment of Factor IX deficiency (Haemophilia B), replacing Benefix. Alprolix is an extended half-life Factor IX product, which allows similar or better prophylaxis cover with fewer infusions. All patients have completed the switch-over from Benefix to Alprolix.

Cancer Genetics:

- The NCCP continued to support the growth of the Cancer Genetics service under Professor Gallagher's leadership.
- As a part of a waiting list initiative, a 2nd clinic started in Outpatients, allowing twice the number of patients to be seen each week.

Haematology:

- As the National Adult Haematopoietic Stem Cell Transplant Unit, the service carried out 89 autologous and 78 allogeneic stem cell transplants in 2017.
- The 1st Irish National Bone marrow conference was held in St. James's Hospital.
- The HODC was expanded with the reconfiguration of waiting areas and creation of new consulting rooms.
- The Haemoglobinopathy service continues to expand with 112 patients with sickle cell disease and 7 Thalassaemia patients attending St. James's Hospital.

Palliative Care:

- The biannual Remembrance Service took place in the Camino Rest in September and November jointly organised by the Medical Social Worker and Palliative Care Teams. 151 family members attended representing 67 patients who died in St. James's Hospital. Mr. Christy Conneally's thoughtful and humorous talks on bereavement were very well received.
- Introduction to Specialist Palliative Care Education Programme remains very popular.

Psychological medicine:

- Continued to support the intern placement within the Psychological Medicine service in 2016 and facilitated GP registrar placements.
- Referrals for cancer genetics patients have continued to increase
- Development of new service for the sickle cell cohort is on-going.
- Staff education and support lectures were delivered to Radiation Oncology nurses and radiotherapists.
- Phase 2 of new Mentalisation-Based Treatment group intervention for patients with complex mental/physical health presentations completed.

Medical Oncology:

- Professor Maeve Lowery Consultant Translational Medical Oncologist joined the service in 2017. Her specialist interests are to increase access to novel medications via clinical trials and pancreatic cancer.
- Catherine O'Brien was appointed as advanced nurse practitioner candidate to focus on survivorship.
- Royal College of Physicians approval for an additional 3 Specialist Registrar training post were confirmed.
- The TCD/SJH-led IMPETUS study (Improving Physical activity and Exercise with Technology Use in Survivors) commenced recruiting patients.

Radiation Oncology:

- The national stereotactic ablative when delivering radiotherapy (SABR) programme, treating patients with early stage (usually medically in-operable) peripherally located lung cancer has been operational in St. James's centre since March 2014. 2017 saw a huge increase in the number of patients treated with SABR. This has been due to the expansion of the service to treat more centrally located tumours which involves treatment over 8 fractions (as opposed to 3 or 5). The number of fractions delivered more than doubled during 2017. The introduction of motion management techniques for lung patients will be introduced in 2018.
- 4DCT scanning for lung tumours remains the standard for patients receiving radical treatment in SJC. This permits greater accuracy when delivering radiotherapy by integrating respiratory motion within target volume delineation and treatment delivery.
- 2017 has seen the continued use of deep inspiration breath-hold breast and lymphoma patients which aims to reduce the heart and lung doses received from the treatment.

- Total body irradiation continues and in 2017 there was a decrease in patient numbers from 24 patients treated (128 fractions delivered) in 2016 to 17 patients (89 fractions delivered) predominantly fractionated techniques.
- 2017 has seen the continued use of deep inspiration breath-hold breast and lymphoma patients which aims to reduce the heart and lung doses received from the treatment.

Cancer Clinical Trials:

- In 2017, 16 new trials opened and recruited 88 patients in total. 77 patients were recruited to oncology/haematology clinical trials and 110 patients were recruited to translational research / QOL studies/Non-interventional studies. Trials continue to be conducted with many major pharmaceutical companies and international co-operative groups in the areas of breast cancer, head & neck cancer, oesophageal cancer, lung cancer, colorectal cancer, ovarian cancer, melanoma, lymphoma and chronic myeloid leukaemia.

Psychological Medicine:

- Continued to support the intern placement within the Psychological Medicine service in 2016 and facilitated GP registrar placements.
- Referrals for cancer genetics patients have continued to increase development of new service for the sickle cell cohort is on-going.
- Staff education and support lectures for Radiation Oncology nurses and radiotherapists.
- Phase 2 of new Mentalisation-Based Treatment group intervention for patients with complex mental/physical health presentations completed.

2018 objectives

JACIE:

- JACIE accreditation continues for the haematology service with the first inspection scheduled for late 2018.

MOCIS:

- St. James's Hospital to be included in phase 1 implementation of a National Medical Oncology Clinical Information System starting 2018.

Cancer Institute:

- Planning for the Cancer Institute is ongoing. It is a joint initiative between Trinity College Dublin and St James's Hospital. The new facility will set a new standard for cancer care nationally, integrating medicine and science in cancer prevention, treatment and survivorship.

Haematology:

- Expand inpatient /outpatient capacity for Stem Cell Transplantation.
- Establish dedicated ambulatory care space for the Haemoglobinopathies service.

Medical Oncology:

- Establish improved shared care service with Tullamore – 2 new Medical Oncologists to be appointed in 2018.

Summary

The Haematology and Oncology day case episodes (17193 attendances for 2017) and OPD clinics continue to increase year on year with Radiotherapy, Cancer Genetics and Palliative care OPD clinics displaying similar trends.

Staffing deficits in nursing and the allied health professionals; dieticians, physiotherapy, speech and language therapists continue to be a significant challenge.

Over the last number of years, there have been very significant improvements in the field of molecular diagnostics. From a therapeutic perspective the field of immunotherapy in Cancer has become of age. Our goal for 2018 is to increase our access to both of these areas with investment in diagnostics and increased access to novel therapies.

Sarah Almasry was appointed as HOPE business manager, replacing Jackie Robinson. In the National Coagulation Clinic (NCC), Deirdre Walsh was appointed temporary Centre Manager in June 2017 and Catherine Buckley was appointed Quality Manager in December 2017. Claire Peyton was appointed as a Cancer Genetics Counsellor in March 2017. Norma O Riordan was appointed as CNM3. A haematology data manager (Michelle Pollard) and a clinical quality manager (Peig Carroll) were appointed to lead on JACIE accreditation for the haematology service.



A NEW FACILITY THE

CANCER INSTITUTE

WILL SET A NEW STANDARD FOR CANCER CARE NATIONALLY, INTEGRATING MEDICINE AND SCIENCE IN CANCER PREVENTION, TREATMENT AND SURVIVORSHIP.



The Medicine for the Elderly (MedEL), forms a distinct directorate within the management structure of St. James's Hospital, providing a very comprehensive range of clinical services for elderly patients.

Mercer's Institute for Successful Ageing is a state-of-the-art facility for integrated clinical services and is a hub for world-leading research in ageing. It promotes health and well-being by raising the standard for healthcare delivery. It provides coordinated patient care, coupled with far-reaching educational and training programmes to ensure the seamless integration of hospital and community services. By fully integrating clinical care, training, education, policy and research in ageing, the institute maximises the potential to deliver solutions to the complex problems that face an ageing society. The combination of ambulatory care, inpatient treatment and strong community links facilitates a smooth pathway of care.

MISA rests on four pillars:

- Clinical Care – ensuring excellence in care and an integrated patient-centred pathway by locating clinical facilities in one area
- Research and Development- Fosters a vibrant environment that produces high quality research that is rapidly translated into effective clinical care, pioneering technologies and age friendly policies
- Education and Training – Promotes professional healthcare training in ageing at all levels, supports care-givers and empowers patients to advocate for their health and well-being
- Creative Life Programme- Advances creativity and well-being by enabling adults to express themselves through art, music, literature and drama: provides intergenerational programmes that advance skills.

The Dementia Information and Development Centre (DSIDC) is a national organisation committed to best practice in all aspects of dementia care and is located in the MISA building.

Performance highlights 2017

Home FIRS^T Initiative – Frailty Intervention Therapy

Team: In May a new clinical initiative, providing a rapid response service of a doctor, clinical nurse specialist and therapy staff to the older patient in the Emergency Department has been very successful. This new model of geriatric assessment means that patients are referred to the appropriate specialist service in a timely manner which has a direct impact on improved patient experience times and admission avoidance.

Training and Development: In July, Cora O Connor was appointed as MISA Education and Training Coordinator and a steering committee was also established to act in an advisory role on programmes of education and training in the field of ageing.

Creative Life: In April, Roisin Nevin was appointed as the Creative Life Coordinator, adopting a person centred model of care to include creativity.

Dementia Information and Development Centre: DSIDC staff continued to provide education to health service professional nationwide. The DSIDC were delighted to launch the online teaching resource for schools; The Brain from the Fantastic to the Forgetful. In June 2017, the 7th Annual Memory Conference was co-hosted with DSIDC and MISA. During 2017, Professor Suzanne Cahill retired from her post as Director and Matthew Gibb was appointed in an acting position as Director.



Clinical Director:
Professor Conal Cunningham

Director of MISA:
Professor Rose Anne Kenny

Operations Manager:

Ms Carol Murphy

Assistant Director of Nursing:

Ms Joe Donlon



Objectives 2018

Expansion of the Falls and Syncope Unit to develop a clinical model for the ED Department: The proposal for a new model of care is intended to extend this service to screen all attendances with falls and syncope to the Emergency Department. This new model will have a significant impact on admission avoidance in older patients and also will contribute to reducing acute hospital length of stay. As part of this initiative it is intended to develop an education and training modules including business case development and evaluation of impact of service changes.

Parkinson's service: A new Parkinson's clinic will be established in 2018 which will offer a multidisciplinary approach, with regular assessment, and a close integration of physical, psychological and social rehabilitation with drug therapy.

Expansion of Training and Development Unit – A confirmed programme of events has been developed for 2018 including:

- Five day foundation course in Gerontological Nursing
- Bio gerontology for Clinician International Conference
- Fall and Syncope International three day training course
- Home FIRst community outreach training workshops
- Medicine, Law and the Older Person Conference

Dementia Information and Development Centre:

The HSE National Dementia Office have commissioned DSIDC to develop a guidance document to support the establishment and ongoing facilitation of post-diagnostic psych-education programmes for people diagnosed with dementia and their carer. This document will be available to health care professionals in the latter part of next year. Other plans for 2018 include the development and establishment of an online dementia education programme and organising a conference exploring the Arts and Dementia.

Research – MIRA/ TILDA

Mercer's Institute for Research on Ageing (MIRA) continues as a hub for world breaking research in ageing.

In 2017 TILDA, released its report on the analysis of the data collected at Wave 3 of TILDA. This report presents findings from Wave 3 of TILDA, which impacts on the health and well-being of Ireland's adult population aged 54 years and over and maps changes that have occurred since the first wave of TILDA data collected in 2010.



A NEW CLINICAL INITIATIVE, PROVIDING A

RAPID RESPONSE SERVICE

OF A DOCTOR, CLINICAL NURSE SPECIALIST AND THERAPY STAFF TO THE OLDER PATIENT IN THE EMERGENCY DEPARTMENT HAS BEEN VERY SUCCESSFUL.

The Dementia Services Information and Development Centre (DSIDC) is a national organisation committed to best practice in all aspects of dementia care and is located on the sixth floor of the MISA building. Our mission is to improve the quality of life and care for all those affected by dementia. We aspire to make Ireland a place for people to live well with dementia supported by family members and service providers with a thorough understanding of dementia. Staff at the centre provide education and awareness sessions, disseminate information, participate in research and collaborate with other professional groups. These collaborations are both national and international reflecting the effective synergy between the centre's academic research policy and service development pillars of education, information and research.

DSIDC staff continued to provide education to health service professionals nationwide. This included the provision of dementia workshops in a number of HSE dementia specific units, nursing homes and a schedule of in-house workshops. The DSIDC were delighted to launch their online teaching resource for schools: The Brain from the Fantastic to the Forgetful. Teachers and students can download an interactive pdf version of this comprehensive brain awareness programme providing an easily accessible learning platform for the student. DSIDC continued to make a significant contribution to the e-learning programme of the hospital-led DemPath project and worked closely with MISA's Creative Life office in relation to increasing dementia awareness and education. The DSIDC Education Centre, incorporating a dementia specific library, now features on the HSE Libraries website as a partner library.

In June 2017 MISA and the DSIDC co-hosted the 7th Annual Memory Clinic conference in addition staff from the DSIDC participated in several national and international conferences. The DSIDC were involved in the HSE's Understand Together campaign. The aim of the campaign is to raise people's awareness of dementia and to help them find supports and resources in the community. During 2017, the DSIDC published both new and revised versions of dementia specific and brain health information booklets. These are available for download from the DSIDC website.

Matthew Gibb and the DemPath project team were the proud recipients of a European award for an evaluation of the hospital's way finding system. Learning from the evaluation informed the development of the signage system in the MISA building. During 2017, Professor Suzanne Cahill retired from her post as Director of the

DSIDC and Matthew Gibb was appointed to the position of Acting Director. We would like to take this opportunity to thank Suzanne for her valued contribution to the DSIDC and wish her every success and happiness in the future.

The HSE National Dementia Office have commissioned the DSIDC to develop a guidance document to support the establishment and ongoing facilitation of post-diagnostic psycho-education programmes for people diagnosed with dementia and their carers. This document will be available to health care professionals in the latter part of 2018. Other plans for 2018 include the development and establishment of an online dementia education programme for allied health care professionals, a Memory Clinic Conference and a conference exploring the Arts and Dementia.



Creative Life Programme



THE DSIDC EDUCATION CENTRE, INCORPORATING A

DEMENTIA SPECIFIC LIBRARY

NOW FEATURES ON THE HSE LIBRARIES WEBSITE AS A PARTNER LIBRARY.



4.3

Medical and Emergency Directorate (MED)

The Medical and Emergency Directorate (MED) comprises all Internal Medicine specialties. It is organised into four administrative pillars; Acute Floor, Inpatient Care, Day Procedures and Ambulatory Care. Its mission is to provide the best care for all patients based on safety, clinical excellence and the patient experience. The agreed management process is a clinically-led cycle for continuous improvement.

The focus of the MED Directorate is on optimal acute and ambulatory care for all patients in the following specialties; Emergency Medicine, Acute and Internal Medicine, Cardiology, Dermatology, Endocrinology, Endoscopy, Gastroenterology and Hepatology, Clinical Immunology, GU Medicine and Infectious Diseases, Ophthalmology, Nephrology, Neurology and Clinical Neurophysiology, Respiratory Medicine and the Respiratory Assessment Unit and Rheumatology.

Key performance Indicators

Within each of the MED Directorate specialties, key metrics are agreed for the specialty as a whole, and for major patient pathways within the specialty, aligned to key metrics for the hospital, the HSE, NCCP, and the National Clinical Programmes. Data is reviewed at specialty Operations meetings to identify variation from what is expected. Reports are provided daily, weekly, monthly, quarterly and yearly related to the specific KPI reporting requirement. Metrics are available to view on the hospital dashboard.

Most inpatient activity in MED is driven by acute admissions

via the Emergency Department (ED), which increased by 0.5 % in 2017 versus 2016. Overall attendances to the Emergency Department increased to 48,000 in 2017, an increase of 1% from 2016.

St. James’s continued to perform well on HSE ‘TrolleyGar’ overall during the year which is a daily measure of the number of patients in acute hospitals awaiting admission to an inpatient bed. However, winter was particularly challenging with longer Patient Experience Times (PET) than ideal in 2017 which reflects challenges around patient flow with ever-increasing activity, but also work-up of patients on the acute floor for potential same day discharge. Overall admissions increased by 0.5% in 2017 vs 2016, and average length of stay was slightly elevated at 9.5 days from 9 days in 2016. Outpatient activity continues to increase with a 9% increase in attendances in 2017.

On-going progress has been maintained in transforming the acute medical on-call process to a patient-centred model. This has involved an increase in specialty flow of patients at admission, and a new distributive model of on-take implemented by our acute general physicians to enable flow of patients to multiple teams each morning on a more frequent basis. These initiatives provided a net benefit during the first year of 18,000 bed days returned to the system. Ambulatory pathways continue to develop in the Emergency to improve patient flow e.g. Fit to Sit and patient streaming initiatives.

Cardiology activity continued to increase, particularly around the Percutaneous Coronary Intervention (PCI). Percutaneous trans-aortic valve implantation (TAVI) activity also continued to increase.

Dermatology services showed steady increases in referrals for outpatient services and MOHs day surgery. Access times were maintained within KPI guidelines, despite significant activity growth.

An Endoscopy temporary decontamination washroom became operational from Sept 2017, and is phase 1 of a two-step process to upgrade and expand the existing washroom enabling a hospital wide endoscope decontamination facility.

The Medical Ambulatory Care Suite (MACS) opened in July 2017 and this very welcome new six bay facility enables the consolidation of multiple medical interventions to locate in a dedicated unit. It provides a dedicated facility for medical

Overview of MED’s aims and objectives



OUTPATIENT ACTIVITY CONTINUES TO INCREASE WITH A

9% INCREASE

IN ATTENDANCES IN 2017.

interventions to avoid an unnecessary inpatient admission or to support an earlier patient discharge from hospital with follow up in MACS.

Telemetry capacity was increased by 100% from eight boxes to 16 boxes alongside an upgrade of the telemetry hub in CCU. The doubling of telemetry capacity is a very welcome initiative to support timely patient transfer from the Emergency Dept in particular, to an appropriate telemetry station.

The Emergency Department and Transition Unit underwent significant upgrade works in 2017 to enable improved patient flow in zones 3 and 4, improve ventilation, improve staff facilities and in general upgrade a very well worn out area. This also included an upgrade of the patient waiting areas and a much needed change of seating. We would like to acknowledge and thank the Hospital Foundation for their support for the change of seating.

Objectives 2018

We aim to continue to meet the challenges of providing safe, excellent, person-centred care for all patients attending MED specialties in 2018. Works will be carried out to increase capacity for dialysis.

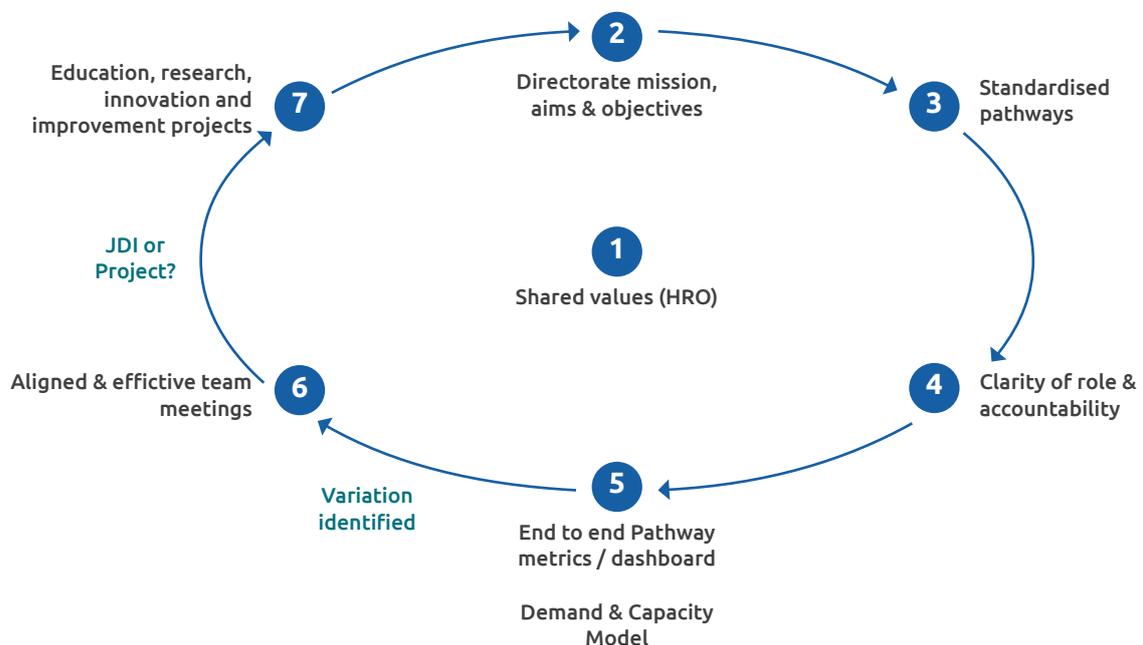
We expect to commence works to expand the respiratory sleep service aligned with a dedicated narcolepsy service and with improved neurophysiology testing facilities. We also expect to progress the opening of a new 23 bed unit dedicated early in 2018. Separate proposals will be developed for new consultant posts in various overstretched specialties. We hope to continue to gain momentum with the agreed model for the directorate and to optimise further pathways for the benefit of our patients. We will work with our colleagues in other directorates and with the hospital executive towards bed designation and begin long-term planning required for co-location of the National Children’s Hospital on the St James’s Hospital campus.

Conclusion

It is increasingly challenging to continue to provide best care for patients with the steady increase in activity across

all specialties, increased acuity and complexity, and increased frailty among an increasingly ageing population. Funding and staff levels have not meaningfully increased in any way to compensate for the severe cutbacks implemented between 2008 and 2015. Against this backdrop, frontline staff deserve huge credit for providing exemplary care, frequently way above and beyond contractual duties, supported by a very dedicated administrative staff and executive team.

KPI's	
Quality & Safety	Serious safety events
	Medications safety events
	Mortality rates
	Readmission rates
	Clinical outcomes
	Satisfaction surveys
Access	Wait times to OPD
	Triage times
	New: return ratios
	Kiosk utilisation rates
Flow	Waiting times ED – PET& age
	Did not wait rates - ED
	Trolley rates (TrolleyGar)
	DNA rates
	Capacity utilisation rates
	Inpatient LOS
	Delayed discharges
Team	Staffing levels
	Absenteeism rates
Resources & waste	Expenditure v budget
	Cost containment measures
	Income collection



The Surgery, Anaesthesia and Critical Care Directorate, (SACC), provides a range of services and specialties at a local, regional and national level. SACC's mission is to provide safe, timely and personal care to all patients.

Services provided are:

- ▶ Anaesthesia and Pre-assessment
- ▶ Breast Care
- ▶ Cardiothoracic Surgery
- ▶ Critical Care
- ▶ Upper and Lower Gastrointestinal Surgery
- ▶ General Surgery
- ▶ Gynaecology
- ▶ Oral and Maxillofacial Surgery
- ▶ Orthodontics, Prosthodontics and Cleft ambulatory care
- ▶ Orthopaedics
- ▶ Otolaryngology
- ▶ Plastics
- ▶ Reconstructive and Burn Surgery
- ▶ Acute and Chronic Pain Management
- ▶ Vascular Surgery
- ▶ Urology

The directorate is also responsible for the hospital Sterile Supplies Unit (HSSU).

Key highlights for 2017:

The SACC Directorate underwent some major changes, and challenges in the first quarter of 2017 as part of the decant strategy. Both the Department of Plastic & Reconstructive Surgery, and the Vascular Department, transferred its ambulatory services to the newly refurbished area in Hospital 2.

The directorate took steps towards improving our Day of Surgery Admission (DOSA) rates, with the reconfiguration and construction of a new DOSA area within the current theatre complex.

With the assistance of our colleagues in Finance and Facilities Management, the hospital and directorate (theatres), won an innovation award for its 'scan for surgery' project.

Key objectives for 2018:

Improve theatre access through recruitment and retention of staff to prevent the need for theatre closures.

Continue the roll out of Pre-assessment and expansion of DOSA to encompass wider specialties.

Continue to pursue funding for enhanced SCOPE services for the Head and Neck and GI Cancer programmes.

Pursue funding for additional consultant posts in Anaesthesia, Pain Medicine, Gynae-oncology, Gastro-Intestinal, Oral and Maxillo-facial and Prosthodontics Surgery.

To continue with the roll-out of 'scan for surgery' across more theatres.

Pursue funding for urgent equipment replacement in theatre.

Seek additional theatre capacity externally for low acuity and Day Case surgery.



THE HOSPITAL AND DIRECTORATE
(THEATRES), WON AN

INNOVATION AWARD

FOR ITS 'SCAN FOR SURGERY' PROJECT.



The Laboratory Medicine (LabMed) Directorate is a fully accredited service. It comprises the clinical laboratory disciplines of; Biochemistry (including Point of Care Testing), Cancer Molecular Diagnostics, Haematology (incorporating the National Coagulation Laboratory, Haemostasis Molecular Department and Cryobiology), Histopathology (incorporating Cytopathology), Immunology, The Irish Mycobacteria Reference Laboratory (IMRL), Microbiology (incorporating Virology, The Interim Gonococcal Reference Laboratory, and Infection Prevention and Control), The National MRSA Reference Laboratory (NMRSARL), Phlebotomy and Transfusion Medicine (incorporating Haemovigilance). LabMed is also responsible for mortuary services.

All laboratory departments retained their accreditation status to ISO 15189:2012 (Medical Laboratories: Requirements for Quality and Competence) in 2017. They are assessed on an annual basis by the Irish National Accreditation Board for continuing compliance with this standard. The 2017 assessment report highlighted the very large repertoire of laboratory investigations that contributes to patient care, the quality and commitment of the staff and the integrated Quality Management System across all departments.

The department's workload is rising year on year, averaging at 5% in overall figures but the more complex tests, particularly in the molecular diagnostic area are rising at a faster rate, varying from 12-25%.

The directorate has submitted a plan to accommodate the expanding services, taking into consideration, the economic environment, future service requirements and changes in technology. A development plan was submitted in 2017 and now included in the hospital's overall capital development plan.

Laboratory staff has been very involved in the development of the national medical laboratory information system (MedLIS) project with four of its staff seconded to the national project team as discipline specific leads since 2015 and a further one seconded in 2018.

Some specific developments in the laboratory services in 2017 include:

Since its establishment in 2015, the Haematology Departments has experienced the expansion of the haemoglobinopathy service for adults. Similarly,

the Blood Transfusion Department experienced a significant workload increase with the expansion of the haemoglobinopathy service – not only showing an increase in red cell transfusions (+4%) but also an increase in complex serology issues (+28%).

The Microbiology Department was designated as the Interim National Gonococcal Reference Laboratory providing a reference laboratory function for sexual transmitted infection (STI) diagnostics and monitoring of antimicrobial resistance in *N. gonorrhoea*.

The department also introduced a number of new tests in 2017 and includes:

- Introduction of new Urinary Antigen test, with improved turnaround time
- Introduction of two Molecular assays for CPE detection /confirmation, one for screening urgent samples, other for identification from clinical isolates.
- Introduction of β D Glucan assay for the rapid identification of invasive fungal disease
- Improvement to assays in the IMRL for identification and resistance detection
- Introduced the use of pooled sample types from Pharyngeal/rectal and Vulvo-vaginal/rectal for CT/NG Assay.
- Introduction of Hepatitis E IgM testing on Serum samples in Virology Dept.
- Designated as the Interim National Gonococcal Reference Laboratory providing a reference laboratory function for STI diagnostics and monitoring of antimicrobial resistance in *N. gonorrhoea*.
- Introduction of β -D Glucan assay for the rapid



Dr. Brian O'Connell,
Clinical Director

John Gibbons
Laboratory Manager

identification of invasive fungal disease

- Improvement to assays in the IMRL for identification and resistance detection
- Introduced the use of pooled sample types from Pharyngeal/rectal and Vulvo-vaginal/rectal for CT/NG Assay

The Immunology Laboratory had new test developments in 2017 that include the expansion of the Neuro-immunology, Rheumatology and Primary Immunodeficiency service with the introduction of new test methodologies to aid in the diagnosis of Autoimmune Encephalopathies, Paraneoplastic Syndromes, Poly-Myositis, Dermato-Myositis and Lymphocyte Proliferation Disorders (development).

Equipment and Interface change saw the implementation of the Allergy and Autoimmunity Tender 2017 with new High-Throughput analyser and upgrade of interface to PRIME.

The Cancer Molecular Diagnostics Laboratory (CMD) has seen a continued development of molecular cancer services. The laboratory has received support to commence TP53 testing as a national service via the National Cancer Control Programme. Additionally, the laboratory has taken steps to manage its growing workload by implementing process automation of cancer DNA sequencing. At the end of 2017, CMD received part funding for the purchase of a robotics for cancer DNA analysis through Target Lung Cancer and the St. James's Hospital Foundation. This automated platform will allow the laboratory to continue to add emerging molecular assays to its repertoire.

LabMed Objectives for 2018

1. Internal reconfiguration of space to enhance service developments
2. Expansion of Cancer Molecular Diagnostic repertoire and facilities
3. Development of links with the Trinity Translational Medicine Institute
4. Equipment Management Programme for Histopathology
5. Enhance and develop infrastructure to support service needs
6. Supporting Staff needs and develop HR strategies



4.6

DiagIm Directorate

The DiagIm Directorate provides a diagnostic imaging service to the patients and clinicians of St. James’s Hospital. Imaging services provided include CT, MRI, ultrasound, breast imaging, nuclear medicine, PET/CT, interventional radiology and general X-ray. A service is also provided to GP’s in the catchment area as well as tertiary care to hospitals outside the catchment area. A radiographic service is also provided to the Cardiac Cath. Lab, Endovascular Suite, Endoscopy, DXA and Theatres. The demand for diagnostic imaging services has seen an exponential growth over recent years.

The provision of education and training is a key function of the Directorate. A training programme for specialist radiology registrars is delivered in the Directorate. On-going clinical training of undergraduate and postgraduate radiography students is also undertaken within the Directorate.

Performance highlights and next year’s (2018) objectives

The demand for diagnostic imaging services, in particular CT, MRI, ultrasound, mammography and PET/CT, continued to increase in 2017. The Directorate aims to provide timely

patient access to all diagnostic imaging services provided. There was a continued focus on improving our wait times for all procedures in 2017.

The overall activity of the department reduced by 3% with increases in Mammography and Interventional Radiology: Diagnostic. Reduced activity in CT and MRI can be attributed to radiographer staffing shortages and also equipment downtime in CT during 2017.

One of the biggest challenges for the Directorate in 2017 was reduced radiographer staffing. The national shortage of radiographers contributed to an increased level of radiographer vacancies in 2017. The Directorate undertook overseas recruitment of radiographers to fill vacant positions as soon as possible.

Comparable Activity Analysis by Modalities

Imaging Modality	2016	2017	Variance
General Radiology + Max Fax	114,415	114,186	0%
G.I. (including IVP)	997	744	-25%
Mammography	7,462	8,137	9%
Ultrasound	22,054	21,612	-2%
C.T.	34,695	30,657	-12%
Interventional Radiology: Therapeutic	3,236	3,089	-5%
Interventional Radiology: Diagnostic	299	364	22%
Nuclear Medicine	5,444	4,912	-10%
M.R.I	12,342	10,897	-12%
PET/CT	3,287	3,219	-2%
TOTALS	204,231	197,817	-3%



ON-GOING

CLINICAL TRAINING

OF UNDERGRADUATE AND POSTGRADUATE RADIOGRAPHY STUDENTS IS ALSO UNDERTAKEN WITHIN THE DIRECTORATE

Expansion of CT services

The demand for CT services continues to increase per annum. In 2017, a 3rd CT scanner was installed adjacent to the Emergency Department. This scanner has created additional CT scan capacity to meet increasing CT demand and reduce the waiting times for CT. In 2018, it is hoped that an existing older CT scanner experiencing regular downtime can be replaced. Further opportunities to increase CT capacity will also be explored.

Breast imaging expansion

In recent years, the demand for routine breast imaging (mammography and ultrasound) has also risen significantly. A business case for the installation of additional breast imaging equipment and reconfiguration of the existing breast unit has been submitted and is awaiting approval. It is hoped that the expansion of breast imaging services will be achieved in 2018.

Other 2017 highlights

In 2017, there were five appointments to clinical specialist radiographer grade: Niamh Sheppard (Ultrasound), Steve Toner (Nuclear Medicine), Mark Reynolds (Cardiac), Lisa Donohue (CT) and Aldin Calderon (CT). The Directorate Business Administrator Pauline Lynch retired after many years of service at St. James's Hospital.

During 2017, radiographers at St. James's Hospital successfully completed the MSc in Medical Imaging and PhD programmes at Trinity College Dublin. In 2017, the third class of radiographers from the joint one year honours degree course in diagnostic radiography at Trinity College Dublin and Singapore Institute of Technology graduated. The Directorate facilitated the clinical placements of students during the overseas immersion programme in Dublin.

The St. James's Radiographers' Education Group also facilitated the following skills courses:

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



IN 2017, A 3RD

CT SCANNER

WAS INSTALLED ADJACENT TO THE
EMERGENCY DEPARTMENT.



ED CT Scanner installed in 2017



DURING 2017, RADIOGRAPHERS AT ST. JAMES'S HOSPITAL
SUCCESSFULLY COMPLETED THE

MSC IN MEDICAL IMAGING

AND PHD PROGRAMMES AT TRINITY COLLEGE DUBLIN.

5.1

SCOPE HSCPs Directorate

SCOPE HSCPs Directorate comprises of five departments, Speech and Language, Medical Social Work, Clinical Nutrition, Occupational Therapy and Physiotherapy. SCOPE provides a multidisciplinary client centred holistic inpatient and outpatient service to enhance client independence and quality of life in keeping with best practice. Currently, there are 179.79wte Health and Social Care Professionals 10.45wte Clerical/Admin and 10.70wte Attendants.

SCOPE

- The newly established, very successful Home FIRsT admission avoidance Team won the 7th Annual William Stokes award.
- Staff engagement survey took place resulting in ongoing improvements.
- Staff turnover was at about 27%.

Clinical Nutrition

- A 0.5wte Clinical Specialist Dietitian post was established to replace Radiological Inserted Gastrostomy tubes
- An 80% increase in patients discharged on home parenteral nutrition in cancer patients.
- Parenteral feeding practices in post-operative gynaecology patients from 2016 reviewed in collaboration with the surgical team

Medical Social Workers

- Contributed to the hospital reaching the target of ≤ 50 delay discharges in processing NHSS applications
- General medicine team moved to a "ward based allocation" resulting in improved service.
- Introduction of a weekly Therapeutics General Medicine team meeting.

Occupational Therapy

- Issued 52 patients with 73 pieces of essential equipment to facilitate discharges from Winter Initiative Programme in CHO7 area.

- Refurbishment works to commence in OT Department.
- New clinical pathway for Mild Traumatic Brain Injuries

Physiotherapy

- Managed 3 separate decants in 2017 to facilitate site clearance for the new National Children Hospital's Building with minimum disruption to service delivery.
- The new Physiotherapy Department became operational in Hospital 4 in June 2017.

Speech & Language Therapy

- Hosted a national study on current SLT practice patterns in Radiation Oncology
- "Come Dine with me" an MDT initiative investigating if mealtimes in a shared dining room on Handel Ward impacted positively on patients
- All staff attended professional supervision training

2018 Objectives:

SCOPE

- Continue to provide safe, effective, patient centred and evidence based care in 2018.
- Actively embrace "Project Oak", "eTime and Attendance", "Children First" and "GDPR"

Clinical Nutrition

- To ensure all patients have access to high quality nutrition care in line with national nutrition and hydration standards
- Meet the challenge of emerging needs of young adults transitioning from paediatric services requiring specialist dietetic services



Niamh Murphy

Manager



HOME FIRST ADMISSION AVOIDANCE
TEAM WON THE 7TH ANNUAL

WILLIAM STOKES AWARD

Medical Social Work

- Implementation of Children First Legislation 2015
- Upgrade department building

Occupational Therapy

- Retention of staff in 2018, in 2017 staff turnover was 40% (80 years' experience)
- Continue to provide a service to clinical areas with no dedicated funded posts.

Physiotherapy

- Meet the challenges with staff attrition, while continuing to maintain a quality and safe service
- Continue to promote the culture of innovation and best practise.

Speech & Language Therapy

- Provide service across all specialities with increased referrals without additional staffing
- Deficit in SLT staffing in SACC Directorate particularly Head/Neck Oncology, highlighted in 2016 and prioritised in Hospital's Estimates 2018

Awards

- Home FIRsT won the 7th Annual William Stokes Award 2017
-



5.2

Pharmacy

The Pharmacy Department aim to work as an integral part of the multi-disciplinary team to provide a pharmacy service that optimises patient outcomes through the safe, judicious, clinically effective, appropriate and cost effective use of medicines

We source and procure, clinically review, dispense and distribute medicines and selected non-medicinal products within the hospital. A full suite of pharmaceutical services are provided to the hospital and its patients. These include Pharmacy Procurement, Medicines Management, Clinical Pharmacy Services including specialist HOPE and GUIDe Clinical Pharmacy Services and Aseptic Compounding services (ACU). We also supply pharmaceutical services, both products and staff to St. Luke’s Hospital, Rathgar. Both pharmacies located in are registered with the Pharmaceutical Society of Ireland, under the Pharmacy Act. The Pharmacy Department actively contributes to the education of nursing, medical and pharmacy staff within the hospital and at undergraduate level.

National Standards

The department contributed to a positive HIQA Medication Safety Audit Report in July 2017.

Performance Highlights of 2017

- 960, 000 packs purchased via Pharmacy Procurement Office to a value of €83 million
- 388,924 transactions processed through Medicines Management Dispensary Services
- 27,500 items manufactured or processed through the Aseptic Compounding Unit
- 13,000 Medicine reconciliations completed
- 89,000 Medication Kardexes reviewed
- 5 Medication safety audits completed

2018 Objectives

In 2018, the department aims to build on the progress achieved in 2017;

- Continue our work towards implementation of the EPMAR project with pharmacy leading on the drug catalogue and work flows.
- Expand our procurement activity, increase our expertise and harness greater value for money
- Demonstrate the quality and cost effectiveness of our clinical pharmacy service by relevant KPIs and research
- Review of Aseptic Compounding Services

Conclusion.

2017 was another exciting, challenging and busy year for the Pharmacy Department. The department met these challenges, maintained its core activity and also managed to expand services. In 2018 the department will continue to build on these achievements. A significant body of work will also be undertaken by the department in 2018 towards the hospital implementation of EPMAR and MOCIS.



960, 000 PACKS PURCHASED VIA PHARMACY PROCUREMENT OFFICE TO A VALUE

€83 MILLION

**388,924
TRANSACTIONS**

PROCESSED THROUGH MEDICINES
MANAGEMENT DISPENSARY SERVICES





The National Medicines Information Centre (NMIC) provides 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 (CEAS) and proactive information provision through our publications; Therapeutics Today and the NMIC Therapeutics Bulletins. Its team of pharmacists and doctors are trained in information retrieval and analysis and use a range of information sources including specialist texts, information databases and primary journals. Both NMIC publications are available on our website (www.nmic.ie) and are distributed nationally to healthcare professionals. The NMIC also has an educational role in promoting safe and effective use of medicines. This is demonstrated through our involvement in teaching to medical and pharmacy undergraduate and postgraduate students, GP trainees, NCHDs, GPs etc.

2017, was a busy and productive year in the NMIC. We continued to provide information support to healthcare professionals to assist them in the management of patients with increasingly complex pharmaceutical needs. Some key performance highlights include:-

- Over 77% of enquiries to our Clinical Enquiry Answering Service (CEAS) originated in primary care.
- Over 99% of enquiries to our CEAS were patient-centred.
- 95% of enquiries to our CEAS were answered within the agreed time.

A monthly user survey to obtain enquirers' opinions of the NMIC service was undertaken on a sample of enquiries received by our CEAS. A response rate of just under 70% was achieved. Some findings were as follows:

- 96% of respondents said that the information provided by the NMIC answered their clinical enquiry.
- All respondents were confident in the information provided and would use the NMIC CEAS again.

Working in partnership with the Irish Institute of Pharmacy to develop an e-learning programme on answering medicines-related questions in practice. This programme was accredited by the Pharmaceutical Society of Ireland, and was launched nationwide to pharmacists in January, 2018.

Participation in a Department of Health-led expert reference group to develop guidance on cannabis for medical use.

Collaboration with The Royal College of Physicians of Ireland (RCPI) to deliver Prescribing Skills workshop to NCHD trainees as part of their basic specialist training programme.

Therapeutics training sessions delivered to GP trainees, undergraduate and postgraduate pharmacy, medical and dental students (TCD) and final year medical students (UCD).

Continued collaboration with, and support to organisations, such as the Department of Health, HPRA, HSE Medicines Management Programme, ICGP, HSE and RCPI.

Ongoing contribution to the work of the Pharmacy and Therapeutics, Medication Safety, and new drugs committees in SJH.

For 2018:

We will endeavour to continue to provide a high quality service that remains patient-focused and responsive to the needs of our users.

Building on the findings of our monthly user survey, we will explore in more depth the opinions of our users on how the information provided by the CEAS impacts on patient care and outcomes.

We will investigate how the use of new technologies might support the work of the NMIC.



Professor Michael Barry

Director



The Regional Oncology Programme Office's (ROPO) main remit is the improvement and development of cancer services throughout the Region through health communications, health promotion, health education, service improvement and advocacy under the leadership of the Regional Director, Cancer Services. It is used as a resource to enable and mobilise efforts in cancer care services among the institutions in the area of communications, health education, service improvement and advocacy. The ROPO functions as a focal point for building strong collaborative relationships with Regional and National bodies; by aiding in the management of educational initiatives and the expansion of the cancer audit information system

2017

The Regional Oncology Programme Office has provided tangible support for the OECl accreditation process which will hopefully enable us to secure Cancer Centre designation. In order to showcase the range and excellence of services, research and education happening at St. James's Hospital, Trinity College Dublin and the Trinity Cancer Institute, we have facilitated and supported this accreditation process most particularly through:

- **Audit:** Improving the function of the cancer audit system PATs by migration of the cancer registries to advance and develop cancer audit reporting. The process of upgrading all registries to a web based version commenced in 2017 which will bring with them superior reporting functionality and the potential for real time data entry at MDT.
- **The Cancer Audit Programme (CAP)** collated tumour specific data to support comprehensive cancer centre accreditation being sought by Trinity St. James's Cancer Institute from OECl (Organisation of European Cancer Institutes). They will continue to provide comprehensive Key Performance Indicator (KPI) reports to the National Cancer Control Programme (NCCP) for breast, lung, prostate, oesophagogastric and rectal cancers.
- **Accreditation:** Support the development of the Trinity Cancer Institute by assisting with the self-assessment process for OECl accreditation. The self-assessment process involves providing qualitative and quantitative information to assess the current quality in our cancer services.

- **Educational:** Support the educational event for surgical oncology staff by assisting with The Edward Hallaran Bennett lecture with Trinity College Dublin.
- **Cancer Website:** The cancer website was specifically designed to inform patients and their families about the Cancer Institute at St. James's Hospital. The website is an ongoing project involving multiple departments, personnel and services. The website's goal is to improve communication and information to our patients and families, informing everyone of treatment and research available, and providing up-to-date information on different cancer types.

2018

- To continue to work and support the accreditation process for European Accreditation for designation as a cancer centre with the Organisation of European Cancer Institutes (OECl)
- Research engagement is essential for programme development for a Cancer Institute. We will research the creation of a programme that engages the community with research assessing the needs and barriers to establish and create outreach activities and engagement programmes would work.
- The CAP will continue to leverage local and national electronic technologies such as the registry upgrade, St. James's Project Oak and MOCIS to underpin robust, efficient data capture to improve our reporting and audit capabilities and potential to further support research. In conjunction with the clinical teams, the cancer audit team will review and restructure as necessary the cancer registries to ensure they meet the needs and demands of the many and varied stakeholders into the future.



Professor John Reynolds

Regional Oncology
Programme Director

Ms. Hilary Craig

Regional Oncology Programme Manager

Ms. Suzanne Rowley

Cancer Audit Manager

Breast Care

Summary of Cancer Website Statistics for 2017

SITE USAGE

566 pages were viewed a total of 114,115 times in 2017

48,548 visitors in this period

37,656 visited the website once

10,892 visited the website more than once

2.35 pages were viewed on average per visit

1 minute 28 seconds – average time spent viewing the site

New Visitors – 76.4% and Returning Visitors 23.6%

TOP PAGES VIEWED

Vulval Cancer Team

Bone Marrow Transplant Service

Research

Oesophageal Cancer

Haematology Oncology Day Care



566 PAGES

WERE VIEWED A TOTAL OF

114,115

TIMES IN 2017

5.5

Research and Innovation (R&I) Office

The Research and Innovation (R&I) Office, formerly the R&D Hub, is a joint venture between the hospital and the Wellcome-HRB Clinical Research Facility (CRF). It entered its third year of operation in 2017, and acts to maintain oversight of hospital-based research activity, in addition to working to support and strengthen the research culture on campus. An online R&I Research Application Form must be filled out and submitted for review before starting any study, and applies to all forms of research. Support is provided in a “sign-posting” capacity, and includes guidance on local procedures and the local resources that are available, in addition to assistance with study classification, and clarification of any associated documentation or further approvals required. A guidance document is available on the R&I Office webpage on both the inter- and intra-net, explaining how to make an R&I application, and a number of document templates are also located there (e.g. Ethics Application Form, Site Specific Agreement Form, Nursing Research Access Study Protocol, etc.). A Steering Group meets regularly, jointly chaired by Ann Dalton (SJH DCEO/COO) and Professor Michael Gill (CRF Director and Professor of Psychiatry), to action a number of projects to enable and enhance research capacity, output and quality.

The R&D Hub was renamed the Research and Innovation (R&I) Office in 2017. There were 225 studies registered with the R&I Office in 2017, a 26% increase from 179 studies in 2016. The research types included Clinical Audit (38%), Clinical Research Studies - including diagnostics or an intervention (21%), Clinical Trials / Drug Trials (18%), Nursing Studies (7%), Patient Focus Groups / Surveys (6%), Quality Improvement Research (6%), and Other (4%).

The main R&I Office development in 2017 was the launch of a three-year research strategy document in August, “The St. James’s Hospital Research Governance and Support Framework 2017 – 2019”. The document sets out a Research Mission “to support and increase the output, oversight, visibility and utilisation of high-impact, high-quality research that is of value to both SJH staff and patients”, and a Vision, “to leverage the hospital’s scale, creating an environment where research is valued, and to establish robust governance structures and processes to support safe, quality assured, innovative research”.

The four main “pillars” and focus areas are: 1. Financial Governance, 2. Research Support, 3. Approval & Reporting, and 4. Communication Strategy.

The R&I Office has also been part of a Micro-Systems quality improvement team this year, working with Clinical Research Facility staff to clarify and simplify the steps involved in setting up clinical trials. A Lean project was also completed to reduce the initial review time for study contracts.

One of the upcoming challenges and focus areas relates to the regulatory requirement for computer system validation; to be able to demonstrate the robustness of computerised processes, and the integrity of source data. The other linked issue will be General Data Protection Regulation (GDPR), which relates to data security, access and usage.



THERE WERE
225
STUDIES
REGISTERED WITH THE R&I
OFFICE IN 2017



Dr. Declan O’ Hanlon
Programme Manager

Professor Michael Gill
Joint Chair

Ann Dalton
Joint Chair

The Wellcome – HRB Clinical Research Facility (CRF) at St. James's Hospital supports Trinity College (TCD) and St. James's Hospital based investigators conducting clinical research with patients of the hospital. This is accomplished by providing access to purpose built facilities, equipment and specialist services that enable high quality clinical research to take place.

The CRF is funded by the Wellcome Trust and the Health Research Board and is jointly governed by the hospital and TCD. The CRF is a clinical area of approximately 1,300M2 and includes clinical assessment rooms, an exercise physiology room, an electrophysiology suite, isolation rooms, a six-bed day ward, a dispensary and aseptic compounding suite and a sample processing laboratory. The services provided by the CRF include advice on the preparation of protocols and funding applications, contract negotiations, research pharmacy, research nursing, regulatory affairs advice and sample processing.

The CRF is open to a wide range of research, which includes experimental medicine and early phase clinical trials, Phase III clinical trials, studies involving exercise physiology/physiotherapy and electrophysiology studies. The CRF also collaborates with the Centre for Advanced Medical Imaging by supporting studies involving their 3T MRI and ultrasound machine. The CRF is used by a wide range of the hospital's health professions including nurses, physiotherapists, clinical nutrition, psychology and bioengineering.

The CRF provides a dedicated space for conducting research; specialised nurses for carrying out the research; regulatory affairs support including advice on ethics and HPRA submissions; pharmacy support and advises on estimating the costs of studies.

Conclusion

During 2017, there were a number of key operational and strategic developments for the CRF.

The CRF demonstrated continued growth in the number of studies supported and the number of patients attending the CRF.

- Number of open studies within the CRF – 76
- Number of applications to the CRF – 29

- Number of St. James's specialties/sub-specialties using the CRF – 36
- Number of study participant visits – 3,741
- Support provided to investigators making grant applications – 8.

Notable studies that were completed during this year, involved the EU licencing of Dupilumab used in atopic dermatitis and emicizumab which received its FDA licence for patients with haemophilia. The CRF was also used by an Irish company (Neuromod) pioneering the treatment of tinnitus with a neuromodulation medical device. In 2017, a further study was carried out where 100 patients were followed up on as part of this project.

The main clinical areas the CRF are involved in include gastroenterology, infectious diseases, haemophilia, intensive care, stroke care, oesophageal cancer, dermatology and psychiatry. The CRF has an open access policy and other clinical specialities along with allied health care professionals are encouraged to use the CRF.

The CRF appointed a Quality and Regulatory Affairs Manager for TCD sponsorship of clinical trials in August, 2017.

The CRF also underwent a successful Health Product Regulatory Authorities Good Clinical Practice systems site inspection in May, 2017.

The CRF was also active with the hospital's quality improvement initiative.

At the end of 2017, the CRF successfully secured a further four years' of core funding from the Health Research Board up until the end of 2021.

In 2018, the CRF will continue expanding its levels of activity and, together with the hospital's Research and Innovation Office, will focus on streamlining the administration of clinical research for investigators based at St. James's Hospital.

Trinity College Dublin will take on the role of sponsorship of clinical trials and research, which will allow research active investigators to undertake novel research supported through a defined regulatory framework. The CRF also plans to further collaborations within Ireland and abroad with Birmingham Health Partners.

In terms of training the CRF will undertake a three monthly research SHO rotation beginning in July, 2018.



Professor Michael Gill

Clinical Director

The Quality and Safety Improvement Directorate (QSID) exists to help front-line and supporting services provide patient care that is safe, high-quality and person-centred. QSID team's work includes patient safety and risk management, quality assurance, supporting effective governance, promoting person-centred care, responding to patient and family feedback on behalf of the hospital and helping staff develop and apply quality improvement knowledge and skills. QSID aims to support and enable all services in the Hospital in the effective implementation of the National Standards for Safer Better Healthcare (2012) and other national standards and guidelines relevant to their area

Person-Centred Care and Support

The Patient Representative Group

- During 2017, service user involvement was enabled through the activities of the Patient Representative Group (PRG) which met on 11 occasions and engaged with seventeen individual services and departments in the Hospital. The Patient Representative Group engaged with the HSE multi-faith focus group, and HIQA patient focus groups and cognitive interviews during the development of the National Patient Experience Survey.
- The first annual report was produced and disseminated to the Hospital Board and Senior Hospital Management and is being used to inform service improvements.
- The importance of the growth of the group to its members was evident by their initiation of and participation in a recruitment drive in the concourse during which they spoke with patients and visitors about the group.
- The group represented the Hospital at the National Patient Safety Conference and presented a poster entitled 'Enabling Patient & Staff Engagement'.
- The PRG undertook an evaluation of their role in the Hospital and the effectiveness of monthly meetings in December 2017.

The National Patient Experience Survey

The Hospital participated in the National Patient Experience Survey (NPES), through which the views of patients who were admitted as in-patients during the

month of May 2017 were collected and analysed. St. James's Hospital had a response rate of 50% and 1,684 patients participated. The survey included 61 questions based on five stages of care: admissions; care on the ward; examinations; diagnosis and treatment; discharge or transfer; and other aspects of care. 477 free-text comments relating to care and treatment in St. James's Hospital were also analysed. Key findings:

- 85% of participants reported that they had a good or very good experience during their admission to St. James's Hospital.
- 83% always had confidence in the staff treating them.
- 93% of patients were involved as much as they wanted to be in decisions about their care and treatment.
- Prominent areas for quality improvement included patients' experiences of meals, discharge information, hygiene and communication.

Patient and Family Feedback

The Hospital responded to patient and family complaints and concerns and all complaints were managed within the HSE response targets. The Office of the Ombudsman, to which complainants may escalate complaints at any stage, investigated 5 complaints from St. James's Hospital in 2017. The findings in all cases were that these complaints had been managed in accordance with Hospital policy and all issues were resolved. All issues of the complaint were analysed according to the standards and themes of the National Standards for Safer Better Healthcare and reported to the HSE National Consumer Affairs Office on a quarterly basis. The most prevalent problems reflected in patient and family complaints in 2017 were access to services, issues relating to treatment and care and communication. The Hospital is committed to improvement in response to patient and family feedback to provide the best possible patient outcomes and experiences of care.



85%

OF PARTICIPANTS REPORTED THAT THEY HAD A GOOD OR VERY GOOD EXPERIENCE DURING THEIR ADMISSION TO ST. JAMES'S HOSPITAL.

Patient Safety & Risk Management

Safety events were reviewed through systems analysis and learning was shared from the clinical front-line to the Hospital Executive Management Group and Hospital Board and externally with the HSE and the State Claims Agency.

The Safety Managers worked closely with patients, families and staff in reviewing safety events and identifying areas for improvement. The team's work included:

- Responding to staff reports of safety risks, concerns and events
- Triggering Safety Notices to prompt urgent notification and action of serious risks
- Supporting effective safety governance through the Hospital's Safety Committee
- Training staff in risk management, providing safety workshops, contributing to induction and leadership programmes in the CLD and to post-graduate MSc programmes in Pharmacology and Medical Imaging.
- Coordinating the Hospital's Safety Alert management in response to product re-calls and safety notifications
- Contributing to the work of external safety and risk management groups

The Patient Safety and Risk management team supported 12 meetings of the Hospital Safety Committee (HSC) in 2017. The Committee addressed key safety issues presented by Quality and Safety Governance Committees

Risk Management

The Hospital's Risk Management Framework was revised in 2017 and EMG engagement in structured safety and risk management was strengthened. The Hospital's lead Safety and Risk Manager supported directorate and service teams on the use of the Hospital's electronic risk management platform through the delivery of training to 900 key staff during 2017.

Effective Care and Support

Accreditation Programmes

Accreditation processes, audit programmes and regulatory inspections enabled services to demonstrate compliance with international and national evidence to achieve best patient outcomes. All laboratory departments maintained their accreditation status with the Irish National Accreditation Board (INAB). The Hospital's Blood Transfusion Department underwent an additional inspection by INAB in May to assess compliance with additional Quality & Safety of Human Blood and Blood Components legislation (EU Directive 2002/98/EC). The Hospital's Haematology Stem Cell Transplant Programme under the direction of the HOPE Directorate

advanced their engagement with the JACIE accreditation programme - the Joint Accreditation Committee of the European Society for Blood and Marrow Transplantation and the International Society for Cellular Therapy. The Hospital's Medical Physics and Bioengineering (MPBE) Service registered to undertake an ISO certification programme i.e. ISO 9001:2015.

A Health Information & Quality Authority (HIQA) announced Inspection for Medication Safety Report occurred on the 4th July 2017. The report, which identified effective practice in medication safety management, was published on the 23rd August 2017.

Clinical Audit

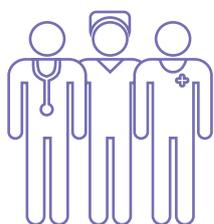
The Hospital participated in the National Acute Hospital Mortality Audit, Major Trauma Audit, Irish Hip Fracture Database and National Intensive Care Unit audit, supported by the National Office for Clinical Audit (NOCA).

Clinical Audit was supported by a dedicated quality and safety governance committee established in April 2017 and a Hospital Policy for Clinical Audit, including an escalation framework for clinical findings, was agreed. A suite of educational materials for clinicians undertaking audit was made available to staff through the Hospital's electronic training platform and an electronic registry of clinical audits was implemented.

Supporting Staff in Improving Care

In support of the Hospital's aims of continuously improving the quality of care and supporting staff in improving care as they provide care, training was provided in quality improvement science and methods including the Dartmouth Institute Microsystem Academy improvement coaching, lean methods and the Improvement Method.

- 15 staff volunteered to train as QI coaches and undertook an intensive 5-month training course, commencing in February 2017. These coaches joined a previous cohort of 22 coaches who trained in 2016 in coaching front-line improvement teams and over the past 2 years, 17 teams and approximately 130 front-line staff were involved in this programme.
- 3 staff members completed the HSE RCPI Diploma in Quality and Leadership in 2017 and three further staff members commenced the course.
- 15 staff members participated in a one-day Lean 5S course in July 2017 and a further 19 staff undertook a two-day Lean White Belt course in September 2017, facilitated by the CLD.
- Over thirty staff members attended a half-day seminar on Leadership for Quality Improvement in CLD in March 2017, facilitated by the Dartmouth Institute Microsystem Academy.



83%

OF PARTICIPANTS ALWAYS HAD CONFIDENCE IN THE STAFF TREATING THEM.



93%

OF PATIENTS WERE INVOLVED AS MUCH AS THEY WANTED TO BE IN DECISIONS ABOUT THEIR CARE AND TREATMENT.

Nursing services

MEDEL DIRECTORATE: LIST OF NURSING PUBLICATIONS/RESEARCH PAPERS/POSTER PRESENTATIONS/LECTURES, AT A NATIONAL AND INTERNATIONAL LEVEL FOR THE 2017 ANNUAL REPORT.

HomeFirst team: Aoife Dillon c ANP

Home FIRsT presented by Aoife : Moderated poster presentation at the Ireland Association of Emergency Medicine conference October 2017.

Home FIRsT: Best Poster winner at the European Falls, Frailty and Bone Health conference November 2017.

Home FIRsT: 7th Annual William Stokes Award Winners & lecture presentation December 2017.

Aoife: Lectured on MISA Foundation Course in Gerontological Nursing October 2017.

Bone Health Service CNS Group: Georgina Steen, Nessa Fallon, Niamh Maher, Aoife Dillon:

Poster presentations:

"Hyperparathyroidism: How Much Do Calcium and Vitamin D Matter?"

JH Mahon, O Hannigan, M Hennessy, R O'Toole, P Claffey, N Fallon, G Steen, I Tomita, MCCasey, JB Walsh, K McCarroll. Age and Ageing, Volume 46, Issue Suppl_3, 1 September 2017, Pages iii13–iii59, <https://doi.org/10.1093/ageing/afx144.221> Presented at the Irish Gerontological Society Annual Scientific Meeting, September 2017. *Winner of IGS Presidential Award for Best Abstract IGS 2017*

"Review Of Teriparatide (FORSTEO) Treatment On Older Patient Attending Bone Health Clinic In St. James's Hospital"

T Zainal, O Hannigan, M Casey, J. B Walsh, G Steen, N Maher, N Fallon, K McCarroll Age and Ageing, Volume 46, Issue Suppl_3, 1 September 2017, Pages iii13–iii59, <https://doi.org/10.1093/ageing/afx144.214> Presented at the Irish Gerontological Society Annual Scientific Meeting, September 2017.

"Adherence and persistence to teriparatide treatment"

G Steen, N Maher, N Fallon, A Dillon, J Mahon, R Lannon, K McCarroll, J.B. Walsh, M Casey. Age and Ageing, Volume 46, Issue Suppl_3, 1 September 2017, Pages iii13–iii59, <https://doi.org/10.1093/ageing/afx144.214> Presented at the Irish Gerontological Society Annual Scientific Meeting, September 2017 and presented at WCO-IOF-ESCEO in Florence March 2017

"The impact of vertebral fractures on health related quality of life in osteoporotic patients attending a bone health service."

N Maher, N Fallon, G Steen, P Brown, J Mahon, A Dillon, K McCarroll, JB Walsh, M Casey Age and Ageing, Volume 46, Issue Suppl_3, 1 September 2017, Pages iii13–iii59, <https://doi.org/10.1093/ageing/afx144.214> Presented at the Irish Gerontological Society Annual Scientific Meeting, September 2017 and presented at WCO-IOF-ESCEO in Florence March 2017

"An Open Secret: Utilising Plain Film X-Ray to Diagnose Osteopenia"

OJ Hannigan, N Garry, M Smyth, A Dillon, L Clowry, B

McCarthy, MC Casey, K McCarroll, J Mahon, J Browne, JB Walsh, R Lannon. Presented at WCO-IOF-ESCEO in Florence March 2017

"Therapeutic affect: The effect of antidepressant medications on bone health."

J. Mahon, R.M. Duffy, C. Power, N. Fallon, G.Steen,M. C. Casey, J. B. Walsh, K. McCarroll Presented at WCO-IOF-ESCEO in Florence March 2017

"Factors associated with five-year mortality rate in older post hip fracture adults."

N. Maher, G. Steen, N. Fallon, A. Dillon, J. Mahon, J.Browne, K. McCarroll, J. B. Walsh, M. Casey. Presented at WCO-IOF-ESCEO in Florence March 2017

"Teriparatide and denosumab combination treatment in a bone health clinic"

A. B. Broderick, R. O'Toole, N. Fallon, J. Mahon, K.McCarroll. Presented at WCO-IOF-ESCEO in Florence March 2017

"Observation of response to denosumab in patients attending a specialist bone clinic."

C. Drislane, M. Smyth, A. O'Donohoe, G. Steen, J.Mahon, J.B. Walsh, K.McCarroll, R. Lannon. Presented at WCO-IOF-ESCEO in Florence March 2017.

"Down at heel: The utility of quantitative ultrasound in diagnosing osteoporosis."

J.Mahon, D.Moloney, A. Farrelly, D. Smith, L. Mulkerrins, O. Hannigan, M. Rafferty, C.McManus, N. Fallon, G. Steen, N. Maher, R. Lannon, M. C. Casey, J. B. Walsh. Presented at WCO-IOF-ESCEO in Florence March 2017

EDUCATION DELIVERED ON THE FOLLOWING PROGRAMS/ FORUMS:

- Trinity/ SJH MSC Gerontology programme: Bone Health
- SJH FET/QQI Programme for HCA's
- World Osteoporosis Day information stand SJH

NEUROVASCULAR SERVICE CNS GROUP: ROISIN KELLY & SUZANNE WALSH

A Systematic Review of the Causes and Management of Nonthrombotic Embolic Stroke of Tissue Origin, Sarah Mello, Ciaran Judge, Roisin Kelly, David Bradley, and Joseph Harbison *Stroke Research and Treatment Review Article* (7 pages), Article ID 8092862, Volume 2018 (2018)

Stroke Unit Nursing Care – changing from a general ward to a dedicated stroke unit Kelly, R., Walsh, S., Bradley, D. and Harbison, J. (Poster presented at European Stroke Conference, Prague, 2017)

AMNESTIC STROKE SECONDARY TO TEMPORAL LOBE HAEMORRHAGE

P. Claffey1, O. Hannigan1, R. Kelly1, R. Coen2, D. Bradley3, J.A. Harbison1 (Poster, ESOC, Prague, 2017)

SHOULD WE ASSESS AND TREAT ANTERIOR CHOROIDAL ARTERY STROKES DIFFERENTLY?

Ruth McDonagh1, Róisín Kelly1, David Bradley2, Joseph A

Harbison1, Paul Claffey (Poster, Irish Geriatric Society Meeting, 2017)

Falls & Syncope CNS Group:

Ciara Rice, Lisa Byrne, Louise Clerkin & Dymphna Hade
3rd February 2017 – Presentation - 6th International Syncope Day, St James Hospital.

31st March 2017 – Presentation – SAOLTA cardiology nurses group, Donegal.

2nd September 2017 – Presentation – Diabetic Nurses Group, Naas.

Also, in 2017 Ciara Rice became a Fellow of the European Society of Cardiology.

Directorate Level: Continence Research Group-

Josephine Donlon, Mary Bell, Claire O' Carroll, Cora O' Connor, Anna Ayton & Ms Geraldine Prizeman from MedEl Directorate St James's Hospital and the School of Nursing & Midwifery, Trinity College Dublin.

"An Exploration of Nurses' Knowledge, Attitudes, Beliefs and Practices associated with Urinary Incontinence among Older People" (Poster at the RCSI 36th Annual International Nursing & Midwifery Research and Education Conference March 2017). This was a collaboration involving

Lectures on the National MedEl Gerontology foundation course were presented by the following nursing staff from MedEl:

- i. Neurovascular services and Care of the person with a stroke– Stroke CNS Roisin Kelly
- ii. Bone Health and Osteoporosis – Bone Health CNS Nessa Fallon
- iii. Falls and Syncope Unit - Falls and Syncope CNS Louise Clerkin
- iv. Robert Mayne Day Hospital – CNM 2 Tracy Byrne & CNM 1 Sairah Matthews
- v. Home First Team & Frailty – cANP Aoife Dillon
- vi. Memory Clinic – CNM 2 Irene Bruce
- vii. Demographics on Ageing & Urinary Incontinence – MISA Education & Training Coordinator Cora O'Connor
- viii. Community Liaison Service – CNM 2 Sam Baunta
- ix. Safeguarding/Vulnerable Adults at risk of abuse – CNM 3 Miracline Samuel

From ICU nursing team:

These have all been based upon our Quality Improvement Project within the General Intensive Care Unit using a Lean approach and Releasing Time to Care.

1. Quality Improvement Celebration Event - 14th December 2017 -Poster and Presentation. Won the award for best Presentation on the day.
2. Presentation for Clinical Research Nurses 26th April 2018.
3. Health Service Executive - Living the Values Conference 9th May 2018. Poster - Received certificate of recognition.
4. Presentation at Grand Rounds 11th May 2018.
5. St. James's Hospital 11th Annual MDT in Research, Clinical Audit and Quality Improvement Seminar 16th May 2018 - Poster and Presentation.

CNS Immunology Anne Sloan:

Better HAE? Impact of home treatment on quality of life of patients with the ability to self-treat with Icatibant. Poster presentation at Irish society for Immunology Meeting . September 2017

Lecture presentation " Engaging patients in Disease Management"

Connect for Care Meeting , International meeting for LSD , Immunology and Haematology October 2017

These are the details of paper published in Gastrointestinal Nursing from 2017.

Chandler P, Buckley M, Canty T, O'Sullivan L, Stuart AM (2017) Assessing ostomates' quality of life in the Republic of Ireland. *Gastrointestinal Nursing* 15(2): 45-50. <https://doi.org/10.129681/gasn.2017.15.2.45>

Details for publication of Lucy Ann KIELTY ADoN, MSC in Healthcare Informatics Thesis in 2017:

Lucy Ann KIELTY, (2017) "Improving ICU risk management and patient safety", International Journal of Health Care Quality Assurance, Vol. 30 Issue: 5, pp.445-457, <https://doi.org/10.1108/IJHCQA-05-2016-0074>

Permanent link to this document:

<https://doi.org/10.1108/IJHCQA-05-2016-0074>

Dr Shane Broderick and I won the NOCA QI Championship Award 2018 on our project titled "Development and dual site implementation of a standardised approach to trauma documentation- TraumaDoc".

Lorraine Costello

Clinical Facilitator, Keith Shaw ICU

We presented a poster at the The 4th Annual Regional Nursing & Midwifery Conference; September 2017 - 'Caring Today for a Healthier Tomorrow: The Nursing and Midwifery Contribution'

Poster: Early Nurse-Led Extubation in Post Cardiac Surgery Patients

HOPe Directorate

Lavin M, Aquila S, Schneppenheim S, Dalton N, Jones KL, O'Sullivan JM, O'Connell NM, Ryan K, White B, Byrne M, Rafferty M, Doyle M, Nolan M, Preston RJS, Budde U, James P, Di Paola J, O'Donnell JS. Novel insights into the clinical phenotype and pathophysiology underlying low VWF levels. *Blood*. 2017 Nov 23;130(21):2344-2353.

Drakeford C, O'Donnell JS. Targeting von Willebrand Factor-Mediated Inflammation. *Arterioscler Thromb Vasc Biol*. 2017 Sep;37(9):1590-1591.

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Soraghan C, Geary U, O'Dowd E, Boyle G.
Progressing Staff Ideas Through Design –
SJH Design Week 2017", SJH Grand Rounds, 24th March 2017.

Soraghan C, O'Dowd E, Boyle G. (2017)
'Hospital Design Week', releasing the design potential of clinical staff. European Medical & Biological Engineering.
Conference (EMBEC), Tampere, Finland 2017.

Sybring M, Carmody M, Fan CW, O'Dwyer C, Nolan H, Kenny RA, Finucane C.
Vasovagal Syncope is Associated with Relative Autonomic Hypersensitivity and Lower Stroke Volume during Active Standing., The Joint Conference of the European Medical and Biological Engineering Conference (EMBEC) and the Nordic Baltic Conference on Biomedical Engineering (NBC), Tampere, Finland, June 11-15, 2017.

CONFERENCE PRESENTATIONS:

Ferguson D, Strahan O, Coen RF, Dockree P, Doherty C, Norris S. (2017) [abstract]

A high prevalence rate of a positive screen for neurocognitive dysfunction in patients with chronic Hepatitis C infection in an Irish clinic.

Presented at the American Association for the Study of Liver Diseases (AASLD) Annual Conference, Oct 2017, Washington, USA.

Hannigan O, Ntlholang O, Power C, Claffey P, Roseingrave R, Farley R, Bruce I, Gibb M, McCarthy M, Malomo K, Coen R, Balasa M, Lawlor B, Robinson D.

The Alzheimers Questionnaire: Optimising Cut Points For An Irish Memory Clinic Population

Age and Ageing, Volume 46, Issue Suppl: 3, 1 September 2017, Pages iii1, iii12, <https://doi.org/10.1093/ageing/afx145.32>
Presented [OJH] at the Irish Gerontological Society Annual Scientific Meeting, September 2017

Hannigan O, O'Shea Farren D, Sparrow R, McNicholas T, Soraghan C, Robinson D.

The Great Escape: Virtual Reality as a Complementary Therapy in the Elderly in Residential Settings, a Pilot Study

Age and Ageing, Volume 46, Issue Suppl 3, 1 September 2017, Pages iii13,iii59, <https://doi.org/10.1093/ageing/afx144.144>.
Presented [OJH] at the Irish Gerontological Society Annual Scientific Meeting, September 2017

Power C, Duffy R, McCarthy B, H Bates, Healy M, Gleeson P, Power M, BA Lawlor, E Greene.

The Detection, Diagnosis and Impact of Delirium and Cognitive Impairment Amongst Over 65s in an Irish Tertiary Referral Hospital.
Presented [CP] at European Delirium Association, November 2017

Power C, Gunawardena S, Greene E.

End of Life Care Planning and Information Handover Amongst Dementia Patients Awaiting Long Term Care.

Accepted for presentation
[CP] at the 16th Annual Kaleidoscope International Palliative Care Conference 30th and 31st May 2018

Power C, Hannigan O, Claffey P, Gibb M, Bruce I, McCarthy M, Coen R, Robinson D, Lawlor B.A.

Phenocopy Fronto-Temporal Dementia.

Presented [CP] at the 7th Annual Memory Clinic Conference June 2017, Dublin

Power C, Hannigan O, Gibb M, Bruce I, McCarthy M, Coen R, Robinson D, Lawlor B.A. [abstract]

Phenocopy Frontotemporal Dementia: A Case Series from a National Memory Clinic and a Review of the Literature.

Presented [CP] at 25th European Congress of Psychiatry, Florence, Italy April 2017

Power C, Hannigan OJ, McNicholas T, Farley R, Bruce I, McCarthy M, Coen R, M Gibb, Lawlor BA, Robinson D.

Range of Diagnoses Received by Patients Aged 50 and under Attending a Memory Clinic for First Assessment.

Age and Ageing 46(Suppl 3):iii13-iii59 Presented [OJH] at the Irish Gerontological Society Annual Scientific Meeting, September 2017

Power C, McCarthy B, Lawlor BA, Greene E.

Antipsychotic Prescribing Practices Amongst Elderly Patients of an Irish General Hospital.

Platform Presentation [CP] at the European Delirium Association Annual Meeting Oslo, Nov 16th-17th 2017

Power C, McCarthy B, Lawlor BA, Greene E.

Antipsychotic Prescribing Practices Amongst the Elderly of St. James's Hospital, Dublin.

Presented [CP] at 25th European Congress of Psychiatry, Florence, Italy, April 2017

Power R, Coen RF, Beatty S, Mulcahy R, Moran R, Stack J, Howard AN, Nolan JM. (2017) [abstract]

Supplemental retinal carotenoids enhance memory in healthy individuals with low levels of macular pigment in a randomized, double blind, placebo-controlled clinical trial.

Presented [RP] at Psychological Society of Ireland Annual Conference. The Irish Psychologist, 44(1) Suppl; S19

Rofes A, DiLiberto GM, Theo E, Coen RF, Kotz SA, Lalor, EC, Lawlor BA, Dickree P. (2017) [abstract]

EEG tracking of grammatical structures with different cloze probabilities in connected speech.

Presented at the Annual Meeting of the Society for the Neurobiology of Language, Baltimore, Maryland.

Strahan O, Ferguson D, Coen RF, Dockree P, Doherty C, Norris S. (2017) [abstract]

Viral Hepatitis C Associated Neurocognitive Dysfunction in Ireland in the DAA Era.

Presented [OS] at Psychological Society of Ireland Annual Conference. The Irish Psychologist, 44(1) Suppl; S20. Winner of the Deirdre McMackin award for early career researcher making a substantial contribution to Neuropsychological research in Ireland.

Orthostatic Hypotension at Baseline Associated with a Decline in Cognitive Function at Four Year Follow-up?

IGS September 2017

Orthostatic hypotension, orthostatic intolerance and fear of falling
FFBH November 2017

Does the presence of orthostatic hypotension at baseline predict decline in global cognition? - Findings from the Irish Longitudinal Study on Ageing (TILDA)

BGS November 2017

The Dementia Services Information and Development Centre (DSIDC)

Alzheimer Europe 2017 – Poster

Future Health Summit, 2017 – Poster

Aramark Health Roadshow – Lecture

Liberty IT - Lecture

A Guide to Memory Clinics in Ireland (4th iteration) (2017)

The Brain Brain Health and Dementia, Dementia Services Information and Development Centre (2017)

Cognitive Impairment and Dementia, (2nd Edition) Dementia Services Information and Development Centre (2017)

'At Full Capacity', Professor Brian Lawlor and Matthew Gibb, Law Society of Ireland Gazette, October, 2017

Surgery, Anaesthesia and Critical Care Directorate (SACC)

- 1: O'Neill LM, Guinan E, Doyle SL, Bennett AE, Murphy C, Elliott JA, O'Sullivan J, Reynolds JV, Hussey J. The RESTORE Randomized Controlled Trial: Impact of a Multidisciplinary Rehabilitative Program on Cardiorespiratory Fitness in Esophagogastric cancer Survivorship. *Ann Surg*. 2018 Jul 12. doi: 10.1097/SLA.0000000000002895. [Epub ahead of print] PubMed PMID: 30004915.
- 2: Bell A, Conway N, Courtney J, Kennedy K, Raubenheimer Z, Rice N, Kevans D, Donohoe CL, Reynolds JV. Point Prevalence of Adult Intestinal Failure in Republic Of Ireland. *Ir Med J*. 2018 Feb 9;111(2):688. PubMed PMID: 29952437.
- 3: Duggan SP, Garry C, Behan FM, Phipps S, Kudo H, Kirca M, Zaheer A, McGarrigle S, Reynolds JV, Goldin R, Kalloger SE, Schaeffer DF, Long A, Strid J, Kelleher D. siRNA Library Screening Identifies a Druggable Immune-Signature Driving Esophageal Adenocarcinoma Cell Growth. *Cell Mol Gastroenterol Hepatol*. 2018 Jan 31;5(4):569-590. doi: 10.1016/j.jcmgh.2018.01.012. eCollection 2018. PubMed PMID: 29930979; PubMed Central PMCID: PMC6009761.
- 4: O'Sullivan KE, Michielsen AJ, O'Regan E, Cathcart MC, Moore G, Breen E, Segurado R, Reynolds JV, Lysaght J, O'Sullivan J. pSTAT3 Levels Have Divergent Expression Patterns and Associations with Survival in Squamous Cell Carcinoma and Adenocarcinoma of the Oesophagus. *Int J Mol Sci*. 2018 Jun 10;19(6). pii: E1720. doi: 10.3390/ijms19061720. PubMed PMID: 29890775; PubMed Central PMCID: PMC6032321.
- 5: Baiocchi GL, Giacomuzzi S, Marrelli D, Reim D, Piessen G, Matos da Costa P, Reynolds JV, Meyer HJ, Morgagni P, Gockel I, Lara Santos L, Jensen LS, Murphy T, Preston SR, Ter-Ovanesov M, Fumagalli Romario U, Degiuli M, Kielan W, Mönig S, Kotodziejczyk P, Polkowski W, Hardwick R, Pera M, Johansson J, Schneider PM, de Steur WO, Gisbertz SS, Hartgrink H, van Sandick JW, Portolani N, Hölscher AH, Botticini M, Roviello F, Mariette C, Allum W, De Manzoni G. International consensus on a complications list after gastrectomy for cancer. *Gastric Cancer*. 2018 May 30. doi: 10.1007/s10120-018-0839-5. [Epub ahead of print] PubMed PMID: 29846827.
- 6: Valkenet K, Trappenburg JCA, Ruurda JP, Guinan EM, Reynolds JV, Nafteux P, Fontaine M, Rodrigo HE, van der Peet DL, Hania SW, Sosef MN, Willms J, Rosman C, Pieters H, Scheepers JJG, Faber T, Kouwenhoven EA, Tinselboer M, Räsänen J, Ryyänen H, Gosselink R, van Hillegersberg R, Backx FJG. Multicentre randomized clinical trial of inspiratory muscle training versus usual care before surgery for oesophageal cancer. *Br J Surg*. 2018 Apr;105(5):502-511. doi: 10.1002/bjs.10803. PubMed PMID: 29603130.
- 7: O'Neill L, Moran J, Guinan EM, Reynolds JV, Hussey J. Physical decline and its implications in the management of oesophageal and gastric cancer: a systematic review. *J Cancer Surviv*. 2018 Aug;12(4):601-618. doi: 10.1007/s11764-018-0696-6. Epub 2018 May 23. Review. PubMed PMID: 29796931.
- 8: Bennett AE, O'Neill L, Connolly D, Guinan EM, Boland L, Doyle SL, O'Sullivan J, Reynolds JV, Hussey J. Patient experiences of a physiotherapy-led multidisciplinary rehabilitative intervention after successful treatment for oesophago-gastric cancer. *Support Care Cancer*. 2018 Aug;26(8):2615-2623. doi: 10.1007/s00520-018-4112-6. Epub 2018 Feb 18. PubMed PMID: 29455302.
- 9: Galvin KC, Conroy MJ, Doyle SL, Dunne MR, Fahey R, Foley E, O'Sullivan KE, Doherty DG, Geoghegan JG, Ravi N, O'Farrelly C, Reynolds JV, Lysaght J. Extratumoral PD-1 blockade does not perpetuate obesity-associated inflammation in esophageal adenocarcinoma. *Cancer Lett*. 2018 Apr 1;418:230-238. doi: 10.1016/j.canlet.2018.01.039. Epub 2018 Jan 12. PubMed PMID: 29339209.
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- 11: Low DE, Kuppusamy MK, Alderson D, Ceccanello I, Chang AC, Darling G, Davies A, D'Journo XB, Gisbertz SS, Griffin SM, Hardwick R, Hoelscher A, Hofstetter W, Jobe B, Kitagawa Y, Law S, Mariette C, Maynard N, Morse CR, Nafteux P, Pera M, Pramesh CS, Puig S, Reynolds JV, Schroeder W, Smithers M, Wijnhoven BPL. Benchmarking Complications Associated with Esophagectomy. *Ann Surg*. 2017 Dec 4. doi: 10.1097/SLA.0000000000002611. [Epub ahead of print] PubMed PMID: 29206677.
- 12: Guinan EM, Doyle SL, Bennett AE, O'Neill L, Gannon J, Elliott JA, O'Sullivan J, Reynolds JV, Hussey J. Sarcopenia during neoadjuvant therapy for oesophageal cancer: characterising the impact on muscle strength and physical performance. *Support Care Cancer*. 2018 May;26(5):1569-1576. doi: 10.1007/s00520-017-3993-0. Epub 2017 Dec 2. PubMed PMID: 29197960.
- 13: Sheil F, Donohoe CL, King S, O'Toole D, Cunningham M, Cuffe S, Ravi N, Reynolds JV. Outcomes for Esophageal Squamous Cell Carcinoma Treated with Curative Intent in a Western Cohort: Should Multimodal Therapy Be the Gold Standard? *World J Surg*. 2018 May;42(5):1485-1495. doi: 10.1007/s00268-017-4289-8. PubMed PMID: 29075858.
- 14: Prichard DO, Byrne AM, Murphy JO, Reynolds JV, O'Sullivan J, Feighery R, Doyle B, Eldin OS, Finn SP, Maguire A, Duff D, Kelleher DP, Long A. Deoxycholic acid promotes development of gastroesophageal reflux disease and Barrett's oesophagus by modulating integrin- α v trafficking. *J Cell Mol Med*. 2017 Dec;21(12):3612-3625. doi: 10.1111/jcmm.13271. Epub 2017 Sep 22. PubMed PMID: 28941013; PubMed Central PMCID: PMC5706496.
- 15: Donohoe CL, Healy LA, Fanning M, Doyle SL, Hugh AM, Moore J, Ravi N, Reynolds JV. Impact of supplemental home enteral feeding postesophagectomy on nutrition, body composition, quality of life, and patient satisfaction. *Dis Esophagus*. 2017 Sep 1;30(9):1-9. doi: 10.1093/dote/dox063. PubMed PMID: 28859364.
- 16: Donohoe CL, Reynolds JV. Neoadjuvant treatment of locally advanced esophageal and junctional cancer: the evidence-base, current key questions and clinical trials. *J Thorac Dis*. 2017 Jul;9(Suppl 8):S697-S704. doi: 10.21037/jtd.2017.03.159. Review. PubMed PMID: 28815065; PubMed Central PMCID: PMC5538972.
- 17: Elliott JA, Doyle SL, Murphy CF, King S, Guinan EM, Beddy P, Ravi N, Reynolds JV. Sarcopenia: Prevalence, and Impact on Operative and Oncologic Outcomes in the Multimodal Management of Locally Advanced Esophageal Cancer. *Ann Surg*. 2017 Nov;266(5):822-830. doi: 10.1097/SLA.0000000000002398. PubMed PMID: 28796017.
- 18: Healy LA, Ryan A, Doyle SL, Ní Bhuachalla ÉB, Cushen S, Segurado R, Murphy T, Ravi N, Donohoe CL, Reynolds JV. Does Prolonged Enteral Feeding With Supplemental Omega-3 Fatty Acids Impact on Recovery Post-esophagectomy: Results of a Randomized Double-Blind Trial. *Ann Surg*. 2017 Nov;266(5):720-728. doi: 10.1097/SLA.0000000000002390. PubMed PMID: 28742713.

- 19: Reynolds JV, Preston SR, O'Neill B, Baeksgaard L, Griffin SM, Mariette C, Cuffe S, Cunningham M, Crosby T, Parker I, Hofland K, Hanna G, Svendsen LB, Donohoe CL, Muldoon C, O'Toole D, Johnson C, Ravi N, Jones G, Corkhill AK, Illsley M, Mellor J, Lee K, Dib M, Marchesin V, Cunnane M, Scott K, Lawner P, Warren S, O'Reilly S, O'Dowd G, Leonard G, Hennessy B, Dermott RM. ICORG 10-14: NEOadjuvant trial in Adenocarcinoma of the oEsophagus and oesophagoGastric junction International Study (Neo-AEGIS). *BMC Cancer*. 2017 Jun 3;17(1):401. doi: 10.1186/s12885-017-3386-2. PubMed PMID: 28578652; PubMed Central PMCID: PMC5457631.
- 20: Gannon JA, Guinan EM, Doyle SL, Beddy P, Reynolds JV, Hussey J. Reduced fitness and physical functioning are long-term sequelae after curative treatment for esophageal cancer: a matched control study. *Dis Esophagus*. 2017 Aug 1;30(8):1-7. doi: 10.1093/dote/dox018. PubMed PMID: 28575241.
- 21: Doyle SL, Mongan AM, Donohoe CL, Pidgeon GP, Sherlock M, Reynolds JV, Lysaght J. Impact of visceral obesity and metabolic syndrome on the postoperative immune, inflammatory, and endocrine response following surgery for esophageal adenocarcinoma. *Dis Esophagus*. 2017 Jun 1;30(6):1-11. doi: 10.1093/dote/dox008. PubMed PMID: 28475745.
- 22: Dunne MR, Michielsen AJ, O'Sullivan KE, Cathcart MC, Feighery R, Doyle B, Watson JA, O'Farrell NJ, Ravi N, Kay E, Reynolds JV, Ryan EJ, O'Sullivan J. HLA-DR expression in tumor epithelium is an independent prognostic indicator in esophageal adenocarcinoma patients. *Cancer Immunol Immunother*. 2017 Jul;66(7):841-850. doi: 10.1007/s00262-017-1983-1. Epub 2017 Mar 18. PubMed PMID: 28315927; PubMed Central PMCID: PMC5489642.
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- 24: Markar SR, Noordman BJ, Mackenzie H, Findlay JM, Boshier PR, Ni M, Steyerberg EW, van der Gaast A, Hulshof MCCM, Maynard N, van Berge Henegouwen MI, Wijnhoven BPL, Reynolds JV, Van Lanschot JJB, Hanna GB. Multimodality treatment for esophageal adenocarcinoma: multi-center propensity-score matched study. *Ann Oncol*. 2017 Mar 1;28(3):519-527. doi: 10.1093/annonc/mdw560. PubMed PMID: 28039180; PubMed Central PMCID: PMC5391716.
- 25: Lynam-Lennon N, Heavey S, Sommerville G, Bibby BA, Ffrench B, Quinn J, Gasch C, O'Leary JJ, Gallagher MF, Reynolds JV, Maher SG. MicroRNA-17 is downregulated in esophageal adenocarcinoma cancer stem-like cells and promotes a radioresistant phenotype. *Oncotarget*. 2017 Feb 14;8(7):11400-11413. doi: 10.18632/oncotarget.13940. PubMed PMID: 28002789; PubMed Central PMCID: PMC5355274.
- 26: Guinan EM, Dowds J, Donohoe C, Reynolds JV, Hussey J. The physiotherapist and the esophageal cancer patient: from prehabilitation to rehabilitation. *Dis Esophagus*. 2017 Jan 1;30(1):1-12. doi: 10.1111/dote.12514. Review. PubMed PMID: 27862675.
- 27: Malik V, Johnston C, O'Toole D, Lucey J, O'Farrell N, Claxton Z, Reynolds JV. Metabolic tumor volume provides complementary prognostic information to EUS staging in esophageal and junctional cancer. *Dis Esophagus*. 2017 Feb 1;30(3):1-8. doi: 10.1111/dote.12505. PubMed PMID: 27862622.
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- 29: Ahmed Z, Elliott JA, King S, Donohoe CL, Ravi N, Reynolds JV. Risk Factors for Anastomotic Stricture Post-esophagectomy with a Standardized Sutured Anastomosis. *World J Surg*. 2017 Feb;41(2):487-497. doi: 10.1007/s00268-016-3746-0. PubMed PMID: 27778075.
- 30: Heneghan HM, Donohoe C, Elliot J, Ahmed Z, Malik V, Ravi N, Reynolds JV. Can CT-PET and Endoscopic Assessment Post-Neoadjuvant Chemoradiotherapy Predict Residual Disease in Esophageal Cancer? *Ann Surg*. 2016 Nov;264(5):831-838. PubMed PMID: 27741010.
- 31: O'Brien H, Mohan H, Hare CO, Reynolds JV, Kenny RA. Mind Over Matter? The Hidden Epidemic of Cognitive Dysfunction in the Older Surgical Patient. *Ann Surg*. 2017 Apr;265(4):677-691. doi: 10.1097/SLA.0000000000001900. PubMed PMID: 27537541.
- 32: Elliott JA, Docherty NG, Eckhardt HG, Doyle SL, Guinan EM, Ravi N, Reynolds JV, Roux CWL. Weight Loss, Satiety, and the Postprandial Gut Hormone Response After Esophagectomy: A Prospective Study. *Ann Surg*. 2017 Jul;266(1):82-90. doi: 10.1097/SLA.0000000000001918. PubMed PMID: 27455150.

Laboratory Medicine (LabMed) Directorate

Lavin M, Aguila S, Schneppenheim S, Dalton N, Jones KL, O'Sullivan JM, O'Connell NM, Ryan K, White B, Byrne M, Rafferty M, Doyle MM, Nolan M, Preston RJS, Budde U, James P, Di Paola J, O'Donnell JS. (2017) *Novel insights into the clinical phenotype and pathophysiology underlying low VWF levels*. *Blood* 130(21):2344-2353. doi: 10.1182/blood-2017-05-786699. Epub 2017

Niamh Appleby, D O'Brien, Fiona M. Quinn, Elisabeth A. Vandenberghe. (2017) *Risk adjusted therapy in chronic lymphocytic leukemia: a phase II cancer trials Ireland (CTRIAL-IE [ICORG 07-01]) study of fludarabine, cyclophosphamide, and rituximab therapy evaluating response adapted, abbreviated frontline therapy with FCR in non-del(17p) CLL*. *Leukemia and Lymphoma* DOI 10.1080/10428194.2017.1376746.

Kratz, M.Plebani, M. Peng, YK.Lee, R. Mc Cafferty, SJ. Machin; on behalf of the International Council for Standardization in Haematology (ICSH). *ICSH recommendations for modified and alternate methods measuring the erythrocyte sedimentation rate*. *Int J Lab Hem* 00; 1-10. <https://doi.org/10.1111/ijlh.12693>

Characterisation of Naive Immunological Profile of Umbilical Cord Blood: The Role of Mucosal-Associated Invariant T Cells and Functional Defects of T Cells and Natural Killer Cells
Anthony M McElligott, Eamon P Breen, Ruth Cleary, Sarah Brophy, Fiona McCarthy, Emma Heffernan, Vincent O'Mahony, Nicola Gardiner, Derek G Doherty, Bridgette Byrne, Paul V Browne and Catherine M Flynn
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N. Appleby,1 E. Groarke,2 M. Crowley,1 F. A. Wahab,2 A. M. McCann,1 L. Egan,1 D. Gough,1 G. McMahon,3 D. O'Donoghue,1 D. O'Keefe2 & N. O'Connell1 (2017): *Reversal of warfarin anticoagulation using prothrombin complex concentrate at 25 IU kg⁻¹: results of the RAPID study*. *Transfusion Medicine* 27 (1):67-71

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Murray C, Ryan R, O'Connell F, Conlon N, Nicholson S
The pulmonary artery sarcoma that wasn't
Histopathology 16 May 2017

POSTER PRESENTATIONS:

Spectrum of Metastases to the Breast from Extra-mammary Malignancies – Review of Breast Core Biopsy Findings in a Symptomatic Breast Unit

Sophie Prendergast, Aoife Maguire, Ciarán Ó Riain, Barbara Dunne,
Dept. of Histopathology, St. James's Hospital, Dublin 8.
Presented at Irish Society of Surgical Pathology, Cork, in October 2017.

JJ Todd, EM McSorley, LK Pourshahidi, SM Madigan, E Laird, RR Weir, M Healy, MBE Livingstone, C Beggan, L Beggan, PJ Magee., 2017. *Lower cathelicidin concentrations in Irish athletes compared to controls: a role for vitamin D?* Proceedings of the Nutrition Society, 76, OCE3, 21-23.

N Aspell, M Healy, J Mc Partlin, BA Lawlor, M O'Sullivan., 2017. *Effects of vitamin D supplementation on cognitive function in healthy, community dwelling older adults: Results from a randomised double-blind placebo-controlled pilot trial* Proceedings of the Nutrition Society, 76, OCE3, E59
Armstrong C, Conneally E & Langabeer S. U2AF1 S34F mutation in a case of low risk MDS-RCMD with 20q deletion and progressive anaemia. MDS Forum, Dublin, May 2017

Frawley T, O'Brien C, Percy M, Conneally E, Vandenberghe E, Langabeer S & Haslam K. *Development of a next-generation sequencing approach to simultaneously detect the common myeloproliferative neoplasms-associated mutations in JAK2, CALR and MPL.* LabCon, Galway, March 2017.

Frawley T, O'Brien C, Percy M, Conneally E, Vandenberghe E, Langabeer S & Haslam K. *Development of a next-generation sequencing approach to simultaneously detect the common myeloproliferative neoplasms-associated mutations in JAK2, CALR and MPL.* Fourth European Association for Professions in Biomedical Science Conference, Salzburg, October 2017.
David O'Brien. The Laboratory diagnosis of Paroxysmal Nocturnal Haemoglobinuria
Irish PNH Advisory Body Meeting, Nov 2017.

Thomas Frawley: *Development of a NGS approach to simultaneously detect the common Myeloproliferative Neoplasm-associated mutations in JAK2, CALR, and MPL.*

President's Prize Winner at Academy of Clinical Science and Laboratory Medicine Conference "Labcon". Radisson Hotel, Galway. 31st Mar-01st Apr 2017.

C. Keenan, R. Campbell, M. Doyle, M. Byrne, K. Ryan, J. O'Donnell, B. White, N. O'Connell. *Spectrum of F8 gene mutations with FVIII assay discrepancies in an Irish patient cohort with mild/moderate Haemophilia A (HA).* Poster Presentation at XXVI International Society for Thrombosis and Haemostasis (ISTH) Congress and 63rd Annual Scientific and Standardisation Committee (SSC) Meeting, July 2017, Berlin.

Dr. Jean Dunne
IBMS Meeting - Congress 2017 *What T cell markers Matter?*
Becton Dickinson – development of standardized panel of antibodies to be used in Primary Immunodeficiency diagnosis and monitoring

Dr. Niall Conlon
The pulmonary artery sarcoma that wasn't.
Murray C, Ryan R, O'Connell F, Conlon N, Nicholson S.
Histopathology. 2017 Aug;71(2):329-331. doi: 10.1111/his.13213.
Epub 2017 May 16

ISI oral presentation 2017 *Googling allergy in Ireland – a battle worth fighting* (N Conlon)

ISI posters 2017 - *Drug allergy in clinical practice* (F Cox, N Conlon)
Omalizumab in Chronic Spontaneous Urticaria and angioedema; lessons from an Irish cohort (V Redenbaugh, N Conlon)
Sports and Exercise medicine Conference 2017 – *A review of food dependent exercise associated anaphylaxis in St James's Hospital* (A Farrell, N Conlon)

HAE Forum 2017 – *Hereditary Angioedema; An Irish perspective* (N Conlon)

Conleth Feighery - Presentations
"Small molecules" The Corrigan Club, Galway, 2017

McElligott AM, Breen EP, Cleary R, Brophy S, McCarthy F, Heffernan E, O'Mahony V, Gardiner N, Doherty DG, Byrne B, Browne PB, Flynn CM. *Characterisation of naïve immunological profile of umbilical cord blood: the role of mucosal-associated invariant T cells and functional defects of T cells and natural killer cells.* American Society for Hematology, 2017.

Melo AM, Conroy M, Foley E, Reynolds JV, Lysaght J, Doherty DG. *Chemotherapies and radiotherapy for upper gastrointestinal cancers inhibit the antitumour activities of invariant natural killer T cells.* Irish Society for Immunology, 2017.

Fazekas B, Moreno-Olivera A, Kelly Y, O'Hara P, Murray S, Kennedy A, Conlon N, Scott J, Melo AM, Hickey FB, Dooley D, O'Brien EC, Moran S, Doherty DG, Little MA. *Alterations in circulating lymphoid cell populations in systemic small vessel vasculitis are non-specific manifestations of renal injury.* Irish Society for Immunology, 2017.

Melo AM, Conroy M, Foley E, Reynolds JV, Lysaght J, Doherty DG. *Chemotherapies and radiotherapy for upper gastrointestinal cancers inhibit the antitumour activities of invariant natural killer T cells.* CD1-MR1, 2017.

Dockry É, O'Leary S, Gleeson LE, Lyons J, Keane J, Gray SG, Doherty DG. *Epigenetic induction of CD1d expression primes lung cancer cells for killing by invariant natural killer T cells.* CD1-MR1, 2017.

Doherty DG. *HIV in Uganda.* Science on Tap, 2017.

Taher NA, Zareen Z, O'Dea M, McEneaney V, Kelly L, Omer M, Molloy EJ, Doherty DG. *Altered frequencies of T cell subpopulations in neonates and school-age children with neonatal encephalopathy requiring therapeutic hypothermia.* Irish Paediatric Association, 2017.

Taher NA, Zareen Z, O'Dea M, McEneaney V, Kelly L, Omer M, Molloy EJ, Doherty DG. *Phenotypic analysis of circulating lymphocytes suggests a possible role for innate T cells in the development of neonatal encephalopathy.* American Pediatric Association, 2017.

Fazekas B, Moreno-Olivera A, Kelly Y, O'Hara P, Murray S, Kennedy A, Conlon N, Scott J, Melo AM, Hickey FB, Dooley D, O'Brien EC, Moran S, Doherty DG, Little MA. *Alterations in circulating lymphoid cell populations in systemic small vessel vasculitis are non-specific manifestations of renal injury.* Irish Society for Nephrology, 2017.

Al-Harbi A, Coakley JD, Bittencourt VZ, Woods E, Moreno-Olivera A, Ryan T, Doherty DG, Gardiner C. *Metabolic profile of natural killer cells and Vδ2 T cells from patients with sepsis.* Keystone Symposium on Integrating Metabolism and Immunity, 2017.

Elaine Browne. *The Potential for the Holotranscobalamin 2 assay in assessing B12 deficiency and as a potential replacement for current methodologies*
Poster at Haematology Association of Ireland Annual Meeting Europa Hotel, Belfast. 13-14th Oct 2017.

Richard Mc Cafferty. *Evolving EQA: What have we Learned?*
UK NEQAS for Haematology 20th Annual Participants Meeting 2017
Manchester, UK. Tues 17th Oct 2017.

Richard Mc Cafferty. *ICSH Guidelines for Internal QC Policy for Cell Counters*
International Council for Standardisation in Haematology (ICSH) annual meeting, Kobe, Japan, 26-27th Oct 2017.

David O'Brien. *The Laboratory diagnosis of Paroxysmal Nocturnal Haemoglobinuria*
Irish PNH Advisory Body Meeting, Nov 2017.

Thomas Frawley: *Development of a NGS approach to simultaneously detect the common Myeloproliferative Neoplasm-associated mutations in JAK2, CALR, and MPL.*
President's Prize Winner at Academy of Clinical Science and Laboratory Medicine Conference "Labcon". Radisson Hotel, Galway. 31st Mar-01st Apr 2017.

C. Keenan, R. Campbell, M. Doyle, M. Byrne, K. Ryan, J. O'Donnell, B. White, N. O'Connell. *Spectrum of F8 gene mutations with FVIII assay discrepancies in an Irish patient cohort with mild/moderate Haemophilia A (HA).* Poster Presentation at XXVI International Society for Thrombosis and Haemostasis (ISTH) Congress and 63rd Annual Scientific and Standardisation Committee (SSC) Meeting, July 2017, Berlin

SCOPE HSCPs Directorate

CLINICAL NUTRITION DEPARTMENT

Oral presentations international conference
Flanagan E, McMorrow AM, Cummins, H et al., 2017 *An examination of the determinants of low muscle mass and low muscle strength in older adults in Ireland.* Proceedings of the Nutrition Society, 76 (OCE3)

Mc Elroy K, McMorrow AM, Cummins H et al., 2017 *Which handgrip strength cut-offs best predict low physical function in older adults?* IrSPEN

McMorrow AM, Murphy C, Cummins H et al., 2017 *The Prevalence of Malnutrition and Sarcopenia in Community-Dwelling Older Adults in Ireland.* IrSPEN

PHYSIOTHERAPY DEPARTMENT - AWARDS

O'Shea, Emer. (2017). (Presenting on behalf of Helen Kavanagh and Sarah Moore). *The Cardiac Model of Rehabilitation for Transient Ischaemic Attack (TIA) and Non-disabling Stroke (NDS)* - won best oral presentation at IHF conference March 2017, Dublin

SPEECH & LANGUAGE THERAPY DEPARTMENT POSTERS

Daly, S., Collier, S., Flood, V., Mulgrew, C., Murphy, S. & O'Regan, N. (2017). *A dual approach to psycho oncology training for SLTs working with head and neck cancer patients in St. James's Hospital, Dublin.* [Poster]. Exhibited at IASLT Biennial Conference, Croke Park, Dublin, May 2017 & 10th Annual Multidisciplinary Research, Clinical Audit and Quality Improvement Seminar, St. James's Hospital, Dublin, May 2017.

Daly, S. & Parkes, C. (2017). *Accessibility in the context of pre-treatment counselling for individuals with head and neck cancer awaiting radiotherapy.* [Poster]. Exhibited at IASLT Biennial Conference, Croke Park, Dublin, May 2017.
Foley, E. (2017). *Inter-professional Learning for Students in the Hospital Setting.* [Poster]. Exhibited at IASLT Biennial Conference, Croke Park, Dublin, May 2017.

Mulgrew, C. (2017). *Small bites: Managing dysphagia in a rural Ugandan hospital one step at a time.* [Poster]. Exhibited at IASLT Biennial Conference, Croke Park, Dublin, May 2017 & 10th Annual Multidisciplinary Research, Clinical Audit and Quality Improvement Seminar, St. James's Hospital, Dublin, May 2017.
Walsh, Katie. (2017). *Doctor's Construction of Capacity in the Context of Aphasia.* [Poster]. Exhibited at IHF Conference March 2017, Dublin.

PUBLICATIONS

Franklin, S., Harhen, D., Hayes, M., Demos Mc Manus, S., & Pollock, A. (2017). *Top 10 research priorities relating to aphasia following stroke.* Aphasiology, pp. 1-8.

ORAL PRESENTATIONS

Daly, Céire. (2016). *Improving Tracheostomy Knowledge and Skills Among Speech and Language Therapists.* [Powerpoint Presentation]. IASLT Biennial Conference May 2017, Dublin.
Foley, Emer. (2017). *The Role of Alexithymia in Voice Disorders: A literature review.* [Powerpoint Presentation]. IASLT Biennial Conference, Croke Park, Dublin, May 2017.

AWARDS

Walsh, Katie. (2017). *Doctor's Construction of Capacity in the Context of Aphasia* [Poster]. Exhibited at IHF conference March 2017, Dublin. – won best poster at IHF Conference March 2017 Dublin.

Mulgrew, C. & Parkes, C. (2017). *Detection of oropharyngeal dysphagia in lung cancer patients receiving (chemo) radiotherapy (CRT).* [Poster]. Exhibited at IASLT Biennial Conference, Croke Park, May 2017, Dublin & 10th Annual Multidisciplinary Research, Clinical Audit and Quality Improvement Seminar, St. James's Hospital, Dublin, May 2017- won 3rd prize.

Pharmacy Research and Publications:

POSTERS

Nevin F, Melanophy G, Collins A, Moriarty M, Courtney G, Grimes T, Stephens G. 2017. *The effect of a prescriber training intervention on the prevalence of prescribing errors found in an electronic prescribing system.* 22nd Congress of the European Association of Hospital Pharmacists [EAHP], 22-24 March, Cannes, France.

Nevin F, Melanophy G, Collins A, Moriarty M, Courtney G, Grimes T, Stephens G. 2017. *The effect of a prescriber training intervention on the prevalence of prescribing errors found in an electronic prescribing system.* Hospital Pharmacists Association of Ireland [HPAI] Annual Conference, 6-8 April, Dublin.

McMahon, N, McGowan, A, Melanophy, G and Henman, M. *Potentially Inappropriate Prescribing of Proton Pump Inhibitors – A Qualitative Study, Age & Ageing 2017;46(3), iii13*

McMahon N, Carr, B. and O'Reilly, A. *Multi-factorial Approach to Improve Uptake of Pharmacist-led Falls Risk Medication Review Recommendations*, H.P.A.I. Conference, April 2017:

Mc Mahon N, McGowan A, Melanophy G and Henman, *Potentially Inappropriate Prescribing of Proton Pump Inhibitors – A Qualitative Study Irish Gerontological Society*, September 2017

Relihan E, O'Connell F, Kennedy U. *Medication Consternation - Improving Prescribing Quality*, International Society for Quality in Healthcare 34th Conference, London, 1-4 October, 2017

Relihan E, Carr B, Collins A, Melanophy G. *A Novel Model of Audit to Measure and Monitor Medication Safety*, International Society for Quality in Healthcare 34th Conference, London, 1-4 October, 2017

Relihan E, O'Connell F, Kennedy U. *The Medication Safety Minute - Microlearning in Medicine*, National Patient Safety Conference. Dublin Castle. 25-26 October, 2017

Carr B, Relihan E, Melanophy G. *Preventing Clots, Saving Lives - The Journey of Venous Thromboembolism Prophylaxis in St. James's Hospital 2009-2016.* Hospital Pharmacists' Association of Ireland Conference. Dublin. 7-9 April, 2017.

Coghlan M, O'Leary A, Melanophy G, Bergin C, Norris S. *Drug-drug interactions of high prevalence in a real-world Hepatitis C treatment setting. The implications for patient management.* Presented at the European Association for the Study of the Liver, Barcelona, April 2017. Published in the Journal of Hepatology.

Coghlan M, O'Leary A, Melanophy G, Bergin C, Norris S. *Hepatitis C pre-treatment pharmacist assessment: the development process for a complex intervention toolkit.* Presented at the All-Ireland Pharmacy Conference, Dundalk, October 2017.

Coghlan M, O'Leary A, Melanophy G, Bergin C, Norris S. *Drug-drug interactions of high prevalence in a real-world Hepatitis C treatment setting. Introduction of a novel pre-treatment pharmacist assessment toolkit.* Presented at the All-Ireland Pharmacy Conference, Dundalk, October 2017.

Coghlan M, O'Leary A, El Sherif O, Melanophy G, Bergin C, Norris S. *Hepatitis C Direct-Acting Antiviral treatment options in patients with epilepsy. A drug-drug interaction dilemma in Hepatitis C infection.* Published in the journal, Hepatology.

ORAL PRESENTATIONS

Nevin F. 2017. *The effect of a prescriber training intervention on the prevalence of prescribing errors found in an electronic prescribing system.* Hospital Pharmacists Association of Ireland [HPAI] Annual Conference, 6-8 April, Dublin.

Relihan E. 2017 *'Antimicrobials: Medication Safety Issues in an Acute Hospital'* Antimicrobial Stewardship InSight National Conference 2017. Dublin. 12 June, 2017

Hepatitis C pre-treatment pharmacist assessment: the development process for a complex intervention toolkit Presented at the SPHeRE Annual Conference, Dublin January 2017

"Drug-drug interactions of high prevalence in a real-world Hepatitis C treatment setting. Introduction of a novel pre-treatment pharmacist assessment toolkit" Presented at the All-Ireland Pharmacy Conference, Dundalk, October 2017.

National Medicines Information Centre (NMIC)

NMIC (2017) *Update On Management of Atopic Eczema.* NMIC Bulletin 23, 6

NMIC (2017) *Update on Psoriasis.* NMIC Bulletin 23, 5

NMIC (2017) *Update on Management of Rheumatoid Arthritis.* NMIC Bulletin 23, 4

NMIC (2017) *Update on Parkinson's Disease.* NMIC Bulletin 23, 3

NMIC (2017) *Update on the Management of the Menopause.* NMIC Bulletin 23, 2

NMIC (2017) *Update on Type 2 Diabetes Mellitus.* NMIC Bulletin 23, 1

Twelve (monthly) NMIC Therapeutics Today Newsletters

Research and Innovation (R&I) Office

R&I CORE STAFF PUBLICATIONS:

Hernández-Alvarez, Ml., Díaz-Ramos, A., Berdasco, M., Cobb, J., Planet, E., Cooper, D., Pazderska, A., Wanic, K., O'Hanlon, D., Gomez, A., de la Ballina, LR., Esteller, M., Palacin, M., O'Gorman, DJ., Nolan, JJ. and Zorzano, A. (2017). *Early-onset and classical forms of type 2 diabetes show impaired expression of genes involved in muscle branched-chain amino acids metabolism.* Scientific Reports, p.1-12.

R&I CORE STAFF PRESENTATIONS:

Poster presentation at the UK Clinical Research Facilities 13th Annual Conference in the the Scottish Exhibition Centre, Glasgow, 6th - 7th July 2017: O'Hanlon, D. and Burdzanowska, A., on behalf of the CRF and the St. James's Hospital R&I Steering and Operations Groups. *Establishment of an Irish Hospital R&I Office, and an Online Research Application System.*

The Wellcome – HRB Clinical Research Facility (CRF)

Barrett EM, Hussey J, Darker CD, *Feasibility of a physical activity pathway for Irish primary care physiotherapy services.* Physiotherapy, 2017, 103, 1, 106-112, 27033781, Not recorded previously, Not recorded previously

Barrett EM, Darker CD, Hussey J, *The sedentary profile of primary care patients.* Journal of Public Health, 2017, 39, 2, 347-352, 27160861, Not recorded previously, Not recorded previously

Sulaiman I, Cushen B, Greene G, Seheult J, Seow D, Rawat F, MacHale E, Mokoka M, Moran CN, Sartini Bhreathnach A, MacHale P, Tappuni S, Deering B, Jackson M, McCarthy H, Mellon L, Doyle F, Boland F, Reilly RB, Costello RW. *Objective Assessment of Adherence to Inhalers by COPD Patients.* American Journal of Respiratory and Critical Care Medicine, 2017, 195, 10, 1333-1343, 27409253, Not recorded previously, Not recorded previously

Elliott JA, Docherty NG, Eckhardt HG, Doyle SL, Guinan EM, Ravi N, Reynolds JV, Roux CW, *Weight Loss, Satiety, and the Postprandial Gut Hormone Response After Esophagectomy: A Prospective Study.* Annals of Surgery, 2017, 266, 1, 82-90, 27455150, Not recorded previously, Not recorded previously

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Quality and Safety Improvement Directorate (QSID)

NPSO Conference Dublin:

An evaluation of the effectiveness of the # hello my name is... campaign at St. James's Hospital. M. Kane¹, U. Kennedy², E. Nguyen³, E. McCabe³, U. Geary¹ ¹Quality & Safety Improvement Directorate, St James's Hospital, ² Department of Emergency Medicine, St James's Hospital, ³ Trinity College Dublin

NPSO Conference Dublin:

Enabling Patient & Staff Engagement. M. Kane¹, L.R. Wogu², P. O'Reilly², P. Rooney², P. Hartnett², R. Farrell², R. Costello², V. Duffy², U. Geary¹. ¹Quality & Safety Improvement Directorate, St James's Hospital, ² Patient Representative Group, St James's Hospital

European Respiratory Society Italy:

PhotoVoice – a reflection through the lens by people with respiratory illnesses. B. Korn¹, M. Kane¹, E. Errazquin², N. Byrne³, G. Hynes⁴. ¹St James's Hospital, Dublin, ² Community Artist, Dublin, ³Primary Care Centre, Galway, ⁴Faculty of Nursing and Midwifery, Trinity College Dublin, all in Ireland

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