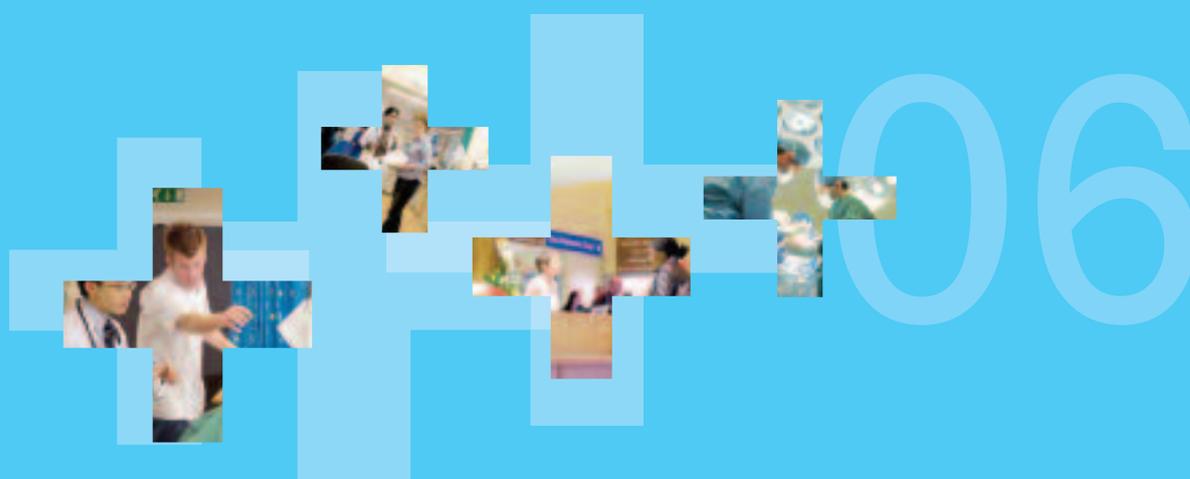




Beaumont Hospital



## Positive developments



Annual Report 2006

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## + positive developments



As one of the country's largest acute hospitals, Beaumont provided close to a quarter-of-a-million bed-days in 2006, 140,000 radiology examinations and approximately 160,000 out-patient attendances and day cases.



Donal O Shea,  
Chairman

As one of the country's largest acute hospitals, Beaumont continues to operate at consistently close to maximum capacity and, indeed, often above that level. It provided close to a quarter of a million bed days last year, some 13,000 theatre procedures, 140,000 radiology examinations and catered for approximately 160,000 out-patient attendances and day cases.

In addition to meeting the needs of a large population in North Dublin and its environs Beaumont also provides wider regional specialities and is the tertiary referral centre for a number of important national specialities.

Organising this complex matrix of services to ensure equity of access, timeliness of provision and quality of treatment is a challenging task, especially when capacity is under considerable pressure in many areas. This challenge is successfully met for the vast majority of patients on a daily basis and this achievement is testimony to both the commitment and the abilities of all staff. I regret that all too frequently this passes without recognition in the midst of the many concerns which exist about the health service in general.

Organisation, with a view to achieving efficiency and effectiveness from the patient perspective, has been a key to the notable achievements of the hospital. The five year strategic plan currently in train is designed to provide a new basis for this continuing quest for quality. At its core is a significant development of the organisation which will

put new emphasis on local management by multidisciplinary teams. The aim is a robust, accountable yet highly flexible organisation.

The extent of the change involved in this organisational development should not be underestimated. It does involve rethinking how the hospital organises and undertakes a range of its activities. But the approach which has been adopted is, above all, consensual. It is only by harnessing the ideas and talents which abound within the hospital that we can effect meaningful change.

This process was well begun in 2006 and I and my boardroom colleagues are confident that the structures are in place to facilitate this.

Beaumont Hospital, however, is not an island which develops independently of the rest of the world. As a regional and tertiary referral centre, we have strong relationships with doctors and hospitals throughout Ireland. As a teaching hospital and research centre we have close working links with colleges, universities and many other agencies, both in Ireland and further afield. The nurture and development of these is an integral part of the five year strategy because it is essential to the future development of the hospital.

Teaching and research are equally important activities which are both intrinsic parts of this Hospital. As the principal teaching hospital for the Royal College of Surgeons in Ireland, Beaumont benefits greatly from the enthusiasm and clinical excellence of both talented students and talented educators. Research is an integral part of this, too, for both institutions. The Hospital strategy recognises the impact that an active research programme has, not least on our ability to attract high calibre clinicians. That is why our commitment to both teaching and research, as evidenced in our strategy, is strong. Neither is an adjunct to what we do, both are integral to our current purpose and vision for the future.

We also have close working relationships with our primary funding agency and

other academic teaching hospitals, particularly those in Dublin with which we share common concerns. One of these is the provision of appropriate "step down" accommodation for patients no longer needing a bed in an acute hospital but not fit enough to go directly home.

No-one should be under any illusion that provision of additional bed capacity alone will address the issues of overcrowding in Beaumont and its associated problems. Operating at close to full capacity means all too frequent delays in admissions, whether that be through the Emergency Department or as an elective in-patient, and difficulties in preventing and containing hospital acquired infections.

Clearly, the more efficiently Beaumont can operate as a hospital, the shorter the length of time patients will need to spend in hospital and the greater the number of patients that can be admitted. There is an obligation on us, therefore, to constantly review and improve our processes and arrangements so that we can ensure the most efficient use of our resources, in such areas as access to diagnostics, for example, and in developing pre-assessment clinics to expedite service delivery to patients.

We also value greatly the work being undertaken by the HSE and other parties in the programme for Primary Community and Continuing Care (PCCC). As part of the PCCC Local Implementation Team in our area we are working with these partners to improve care on the ground, within communities, so that timely earlier interventions will reduce the subsequent need for treatment in hospitals – of great benefit to the patient as well as hospitals such as ours.

Within the hospital, a number of independent surveys have been undertaken on behalf of the HSE with the aim of identifying areas for potential improvement in processes and to ensure the appropriateness of our admissions. While these have been most helpful and recognising that there is always scope for improvement, I am pleased to say that by and large such surveys have

found that Beaumont has a particularly good record in terms of appropriateness of admission and discharge.

Furthermore, it is clear from these studies that the overriding constraint to service provision at Beaumont is indeed capacity, compounded by the difficulties in discharging patients no longer in need of an acute bed to which I referred above. We have clearly seen how well Beaumont can perform on a wide range of criteria – from length of waiting times in the Emergency Department to improvements in admission of elective patients – when “step down” capacity is provided which frees up its overall capacity. We have equally seen what happens when the supply does not meet the hospital's needs and delayed discharges rise to totally unacceptable levels.

This has been recognised by the Health Service Executive, which sought to provide additional “step down” capacity in the North Dublin area during 2006. This includes an interim solution in Beaumont Convalescent Home, adjacent to the Beaumont campus, pending the provision of significant additional capacity at a 100 bed unit at St. Joseph's Hospital in Raheny in 2008.

I welcome these initiatives, the results of which are tangible in terms of the freeing up much needed capacity to allow more patients to be seen and treated. The proposal to develop a colocated private hospital on the Beaumont Campus in partnership with Beaumont Hospital, which was progressed during 2006, is designed to ensure a greater availability of beds for public patients in Beaumont.

But I believe it is important that we look further ahead, too. It is a simple fact that we have a rapidly growing population of elderly people who will require more services from the acute hospital sector as they grow older. Furthermore, this will give rise to ever greater demands for “step down” facilities and home care supports to enable patients to return to their own homes, where possible.

For Beaumont the problem is simply stated: patients going into “step down” accommodation are likely to remain

there for considerable periods of time, typically ranging from a few months to years. Very few of the beds made available today will become available again for other patients in the future.

I am pleased that progress has been made in the development of the Hospital in a number of areas. These include the provision of a new Admissions Lounge which provides improved conditions for patients waiting to be transferred from the Emergency Department to a ward, the installation recently of a long-awaited second MRI scanner and approval for the bringing into service of an additional theatre. These and many other important developments are detailed in the report of the Chief Executive.

Beaumont is also playing its part in developing its areas of specialist expertise. Additional consultant appointments in such areas as neurosurgery and cancer treatment are the start of more ambitious plans needed to meet the growing needs of patients in these areas. In the area of cancer treatment, Beaumont is one of eight hospitals identified as having the established expertise and scale to be further developed as a centre of excellence. This follows its selection as a future centre for radiotherapy and the launch of a Symptomatic Breast Disease Service last year. The further development of cancer services at Beaumont can be expected to see increased activity in both research and education.

The various developments referred to above are part of a programme of much needed growth and I hope and expect that progress will soon be evident in a number of other vitally important areas, including provision of a new dialysis unit, a new Intensive Care Unit, and a Medical Assessment Unit.

In recent times there has been a growing awareness of and concern about Hospital Acquired Infection and its causes. In large acute hospitals such as Beaumont the difficulties in isolating and cohorting patients due to capacity constraints is compounded by case mix, which means we have large numbers of patients more susceptible to infection due to their condition.

Hygiene is another factor and I am pleased that considerable work undertaken in this area, to which I referred to in my report last year, has resulted in significant improvements. Hygiene encompasses not just basic cleaning and hand washing by visitors and staff. It is affected by the very fabric of the building, materials used in furnishings and even the design of equipment. Beaumont has made huge strides in this area, not least in terms of developing a hygiene aware culture amongst staff. I am confident that the systems are in place to ensure continued rigour in this regard. I would caution, however, that the issue of Hospital Acquired Infection is multifaceted and cannot be successfully addressed without action being taken on a variety of fronts.

During 2006 a new Board was appointed. This Board has shown itself to be highly motivated and keen to play an active role in guiding the work and future direction of the hospital in what was a busy year. There was significant board involvement in many areas, the deliberations on the proposals for the co-located hospital being just one example of the work undertaken.

I would like to pay warm tribute to my fellow directors for their time and effort, particularly on the various subcommittees which play such an important role in the overall effectiveness of the main board.

### Services and Governance Committee

Chair: Ms Catherine Duffy  
Members: Dr Paul Brennan  
Dr John Casey  
Ms Suzanne Dempsey

### Finance Committee

Chair: Mr Patrick Mercer  
Members: Mr Alan Eustace  
Mr Matt Merrigan  
Ms Mary Ronan  
Prof Chris Stevenson

### Audit Committee

Chair: Mr Matt Merrigan  
Members: Ms Mary Cullen  
Ms Ita Green

*Donal O Shea*  
Chairman

# Members of the Board

## Board Members 2006 - 2009



Mr. Donal O Shea  
*Chairman*



Councillor Maurice Ahern



Ms. Catherine Duffy



Mr. Patrick Mercer



Ms. Mary Ronan



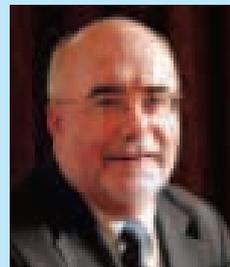
Mr. Matt Merrigan



Ms. Ita Green



Ms. Mary Cullen



Mr. Michael Horgan



Professor Chris Stevenson



Dr. John Casey



Dr. Paul Brennan



Dr. Liam Grogan



Ms. Suzanne Dempsey



Mr. Alan Eustace

### Name

### Nominated by/Representing

### Term of Office

Mr. Donal O Shea	Chairman, nominee of Minister for Health and Children	January 13, 2006 - December 31, 2008
Councillor Maurice Ahern	Nominee of Minister for Health and Children	May 17, 2006 - May 16, 2009
Ms. Catherine Duffy	Nominee of Minister for Health and Children	May 17, 2006 - May 16, 2009
Mr. Patrick Mercer	Nominee of Minister for Health and Children	May 17, 2006 - May 16, 2009
Ms. Mary Ronan	Nominee of Minister for Health and Children	May 17, 2006 - May 16, 2009
Mr. Matt Merrigan	Nominee of Chairman	May 17, 2006 - May 16, 2009
Ms. Ita Green	Nominee of Chairman	May 17, 2006 - May 16, 2009
Ms. Mary Cullen	Nominee of Chairman	May 17, 2006 - May 16, 2009
Mr. Michael Horgan	Royal College of Surgeons in Ireland (Chief Executive)	May 17, 2006 - May 16, 2009
Professor Chris Stevenson	Dublin City University (Professor of Nursing)	May 17, 2006 - May 16, 2009
Dr. John Casey	General Practitioner	May 17, 2006 - May 16, 2009
Dr. Paul Brennan	Chairman, Medical Board, Beaumont Hospital	February 17, 2006 - December 31, 2007
Dr. Liam Grogan	Vice Chairman, Medical Board, Beaumont Hospital	February 17, 2006 - December 31, 2007
Ms. Suzanne Dempsey	Elected by Hospital Staff	September 2006 - May 16, 2009
Mr. Alan Eustace	Elected by Hospital Staff	September 2006 - May 16, 2009

## + positive developments



### Patients treated

<u>In-patients</u>	<u>20,971</u>
<u>Out-patients</u>	<u>125,947</u>
<u>ED admissions</u>	<u>47,291</u>
<u>Day cases</u>	<u>35,690</u>
<u>Theatre procedures</u>	<u>13,166</u>

# Chief Executive's Review



Liam Duffy,  
Chief Executive

**Our waiting lists over the last five years have shown steady improvements; for example the list has reduced by over 100% between 2001 (3005) and 2006 (1405).**

2006 was a year in which the Hospital embarked on the implementation of its five-year strategic plan which was launched at the end of 2005. The strategic plan set the framework for the Hospital's development over a five-year period. One of the chief elements is the programme of organisation development to transform the management of the Hospital by 2010. The foundations for this ambitious programme were laid in 2006 and will entail the development of a number of business units based around groups of specialties. There will be significant changes in the way services are organised with improved multidisciplinary team-working, ultimately leading to improved service-delivery to patients and a more active role for staff in local management. The key to starting this work was the appointment of a Head of Organisational Development and Ms Anne McNeely was successful in obtaining this post. The Deputy Chief Executive post was also filled by the appointment of Ms Margaret Swords who will also play a pivotal role in the development programme.

## Activity

In the year under review the Hospital continued to face challenges to deliver efficient and high-quality services to its patients in the face of ever-increasing demands. The tables on pages 10-15 demonstrate that activity levels were maintained at the same levels as recent years. What the tables do not show, however, is the fact that our number of delayed discharges remained at very high levels during the year, although it must be acknowledged that the HSE did secure an additional number of places during the year which did help to ease pressure. At the end of 2006, we were delighted with the announcement by the HSE that a new 100-bed unit is to be developed on the grounds of St Joseph's Hospital, Raheny, as a facility for long-term patients from Beaumont Hospital. As an interim measure, the HSE have leased accommodation in the Beaumont Convalescent Home, adjacent to Beaumont Hospital, which will provide an interim facility for thirty-five patients.

Beaumont Hospital is managing this facility as an extension of the Hospital. This unit will ultimately transfer to the new facility in St Joseph's when it becomes operational.

The delayed discharge issue presented difficulties in meeting the targets set by the HSE with regard to patients waiting in the Emergency Department. While we did strive to meet the targets, it must be recognised that we are severely hampered by the unavailability of beds for Emergency Department admissions. We are continuously reviewing our admission processes and patient pathways to ensure that patients are not kept inappropriately in hospital.

We have benchmarked our length-of-stay against national and international norms. Where there are variations we have addressed them as a matter of urgency and focused on reducing these variances, particularly in the area of admission prior to surgery, with the establishment of pre-admission clinics.

We were pleased to receive funding to open an Admissions Lounge adjacent to the Emergency Department. This provides accommodation in dignified surroundings for ten patients while awaiting admission to a hospital ward.

Plans for the new Acute Medical Assessment Unit and the second MRI made progress during the year and we are hopeful that these two units will become operational during 2007 or early 2008. The new AMAU building will also accommodate a new HDU unit with eight beds, including four single rooms with negative pressure facilities. We also plan to address the shortage of ICU beds by the addition of two new ICU beds. This will be achieved by conversion of a staff room adjacent to the existing ICU.

Our waiting lists over the last five years have shown steady improvements; for example the list has reduced by over 100% between 2001 (3005) and 2006 (1405). This has been achieved through a combination of improved verification of waiting lists, more throughput of elective cases by the acquisition of St Joseph's Hospital, and improved referrals to the

National Treatment Purchase Fund. The Hospital is committed to further improving referrals to the NTPF in the future.

### Major Developments

Two developments planned for the Beaumont Hospital campus over the coming years will have significant implications for the delivery of services in the hospital, viz.

#### Colocated private hospital

The Minister for Health and Children announced plans for the development of colocated private hospitals on a number of public hospital sites, one of which was Beaumont Hospital. During the latter part of the year, there was intensive activity as the HSE worked up proposals for inviting tenders for this facility. At the time of writing this report, a decision has been made to award the tender to Beacon Medical for the development of a private hospital on the Beaumont campus.

#### North Dublin Supra-Regional Cancer Service

The announcement of the development of this facility was made in 2005 by the Minister for Health and Children. Approval was given in 2006 to the development interim radiation oncology services (two linear accelerators) but it was disappointing that progress was slow during the year and it is difficult to see the target date of 2009 being met at the time of writing.

#### Service developments

During the year we focused on developing business cases for our national specialities of **Neurosurgery** and **Renal Transplantation**. We were very pleased to received approval for additional consultant neurosurgeons, particularly in the area of paediatric neurosurgery, where the existing consultant has for too long provided this service on his own. The HSE also approved funding to allow for the opening of a new theatre (theatre 11) which will provide additional capacity for neurosurgery and for the emerging living donor transplantation service. We very much welcomed the approval of

resources for this service which, when up and running, will perform fifteen transplants in the first year.

The investment in the **symptomatic breast disease service** and the **diabetes service** was acknowledged by the official launch by Ms Mary Harney TD, Minister for Health and Children during the year.

#### Out-patients service

For some time, we have striven to improve the services for our out-patients to provide an efficient and appointment-based service. During 2006, after completion of a total refurbishment of our out-patients' department, we have a bright, modern department with reconfigured space which has allowed us to introduce three clinics per day for some services. I am delighted to announce the success of this initiative and plans are in train to extend the appointment system to all our out-patient clinics over the coming years. This will require changes in schedules for some consultants and administrative staff. While we focus on maximising the use of our out-patient space, we will also be aiming to ensure that patients are treated within as short a timeframe as possible

#### Accreditation and audit

In May 2006, we underwent inspection by surveyors from the Irish Health Services Accreditation Board. I would like to pay tribute to the extensive work that

was performed by staff at all levels of the organisation towards preparing for this inspection.

We continued to concentrate resources on improving hygiene standards throughout the Hospital, and we were rewarded by a greatly improved result in the second hygiene audit which saw our score rise by 20 points to 84. A much higher level of awareness is evident among staff of the Hospital and we continue to strive to achieve higher levels of hygiene, particularly in the clinical areas. One area of continuing concern, however, is that of hand hygiene and we need to have a continuous education and audit programme to increase compliance rates amongst staff. It is gratifying to note the growth in awareness by members of the public evidenced by the usage of the alcohol gel dispensers which are abundant throughout the building.

The challenge posed by MRSA and other healthcare acquired infections remains a critical issue for the Hospital. The continued high occupancy rates and the limited number of single rooms militate against our efforts to control infection rates. The new Acute Medical Assessment Unit is being designed to provide an additional 15 single rooms, and this together with two new ICU beds and a new eight-bed HDU unit by 2008 will be very welcome in our drive to control infection rates.



Members of the Kennedy family raised €30,000 to support research into Motor Neurone Disease. They presented the cheque to Orla Hardiman, Consultant Neurologist, in the presence of the Minister for Health & Children, Mary Harney TD.

### Paediatric Hospital

At the invitation of the HSE, we submitted a proposal for the development of the new tertiary paediatric hospital on the Beaumont Hospital campus. Our proposal was based on the distinct advantages which we felt Beaumont Hospital had to offer, including unique paediatric synergies with adult clinical specialties, e.g. national neurosurgery referral centre, national renal/pancreatic transplantation, national cochlear implantation, major cystic fibrosis unit, and site of new supra-regional radiotherapy/cancer centre. A lot of effort and consultation with key stakeholders was involved and we were disappointed that our proposal was not successful. The main reason for our failure to secure this facility was access to the Hospital. We acknowledge that this is a particular problem and we had sought to develop a link with the new Metro East but, regrettably, this was not sanctioned. We will continue our efforts to link in with the development of new transport initiatives that would improve access to our campus.

### New Consultants

We welcomed the following new consultants to the staff of the Hospital during 2006:

- Mr Peter Lacy,  
Consultant ENT Surgeon
- Dr Maria Moran, Consultant  
Psychiatrist/Psychiatry of Old Age
- Mr Donncha O'Brien,  
Consultant Neurosurgeon
- Dr Ross Morgan, Consultant  
Respiratory & General Physician
- Mr Richard Power, Consultant  
Transplant Surgeon & Urologist
- Dr Jacinta Morgan, Consultant in  
Rehabilitation Medicine
- Dr Fidelma Fitzpatrick,  
Consultant Microbiologist
- Prof Arnold Hill, Prof of Surgery

### Clinical Governance

Our Clinical Governance structure was strengthened during the year by the appointment of a Chair of Clinical Governance Committee, Professor Austin Leahy. Peer clinical audit is practised by many specialties in the

Hospital but there is considerable work involved to integrate this into all specialties. The next step is the appointment of a Clinical Governance Manager and we are hopeful that this appointment will be made in 2007.



*Professor Arnold Hill, Professor of Surgery, RCSI, Mary Harney TD, Minister for Health & Children and Mr Donal O Shea, Chairman Beaumont Hospital at the launch of the hospital's new Symptomatic Breast Disease Service.*

### Conclusion

2006 was a very successful year for the Hospital as we continued to build and develop our areas of strength. I would like to thank my colleagues on the management team, the Medical Executive, the Hospital Board and our external partners, the HSE, RCSI, DCU, in particular for their continued support and assistance to me. We also acknowledge the work of the Beaumont Hospital Foundation and their contribution to the facilities of the Hospital.

*Liam Duffy  
Chief Executive*

**Table 1: Admissions**

Specialty	2003	2004	2005	2006
Cardiology	1,265	1,178	1,240	1,122
ENT	1,536	1,381	1,618	1,406
Medical	7,257	6,689	7,338	7,705
Nephrology	1,639	1,420	1,605	1,573
Neurology	770	806	775	838
Neurosurgical	2,114	2,093	2,048	1,838
Surgical	4,633	4,668	5,180	5,316
Urology	1,110	1,134	1,206	1,173
<b>Total</b>	<b>20,324</b>	<b>19,369</b>	<b>21,010</b>	<b>20,971</b>

Please note St. Joseph's Hospital activity is included in above information from 2005.

**Table 2: In-Patient Admissions by Catchment and Non-Catchment Areas**

2006	Medical	Surgical	ENT	N/S	Neph/Uro/T'Plant	Total
Catchment Area	7,902	4,215	775	268	1,137	14,297
Non-Catchment Area	1,763	1,101	631	1,570	1,609	6,674
<b>Totals</b>	<b>9,665</b>	<b>5,316</b>	<b>1,406</b>	<b>1,838</b>	<b>2,746</b>	<b>20,971</b>

Please note St. Joseph's Hospital activity is included in above information.

Note: Beaumont Hospital Catchment Area is Dublin 3, 5, 9, 11, 13, 17 and North County Dublin/ Fingal.

**Table 3: Bed Days Used**

Specialty	2002	2003	2004	2005	2006
Surgical	47,538	48,777	48,129	47,688	46,415
Neurosurgical	25,925	26,515	25,740	26,476	25,794
Urology	7,383	7,377	7,931	8,118	7,547
ENT	6,222	6,478	6,012	5,946	6,158
Medical	78,315	81,149	81,032	98,464	99,209
Nephrology	17,739	17,462	16,951	16,393	16,201
Cardiology	12,970	12,577	15,284	13,727	14,271
Neurology	9,494	9,979	10,561	10,805	10,707
Unallocated	3,224	3,711	3,600	3,841	4,797
<b>Total</b>	<b>208,810</b>	<b>214,025</b>	<b>215,240</b>	<b>231,458</b>	<b>231,099</b>

Please note St. Joseph's Hospital activity is included in above information from 2005.

Table 4: Day Case Procedures

Specialty	2002	2003	2004	2005	2006
Cardiology	886	1,086	1,131	1,161	998
Dermatology	1,091	1,192	1,259	1,292	1,516
ENT	1,356	1,299	2,311	2,075	1,831
Gynaecology	197	214	357	558	378
Medical	12,891	13,585	17,004	20,147	20,342
Neurosurgery	43	134	253	295	277
Neurology	64	35	92	172	240
Nephrology	217	323	345	377	359
Orthopaedics	2,079	2,148	459	631	655
Pain Relief	489	680	609	924	754
Surgical	4,426	4,865	4,750	6,115	5,452
Urology	2,927	3,032	3,445	3,511	2,888
<b>Totals</b>	<b>26,666</b>	<b>28,593</b>	<b>32,015</b>	<b>37,258</b>	<b>35,690</b>
<b>Haemodialysis</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
	25,413	25,017	28,096	31,557	34,665

Please note St. Joseph's Hospital activity is included in above information from 2005.

Table 5: In-Patient Admissions by Health Board

Health Board	Medical	Surgical	ENT	N/S	Neph/Uro/ T <sup>r</sup> Plant	Total	%
Eastern	8,578	4,578	973	871	1,588	16,588	79%
North-Eastern	534	403	280	233	480	1,930	9%
South-Eastern	132	77	31	175	186	601	3%
North-Western	121	98	28	101	169	517	2%
Western	71	35	34	228	87	455	2%
Midland	92	56	11	118	105	382	2%
Mid-Western	41	11	21	62	70	205	1%
Southern	29	17	25	32	43	146	1%
EEC	48	23	2	15	18	106	1%
Unspecified Area Code	19	18	1	3	0	41	0%
<b>Total</b>	<b>9,665</b>	<b>5,316</b>	<b>1,406</b>	<b>1,838</b>	<b>2,746</b>	<b>20,971</b>	<b>100%</b>

Please note St. Joseph's Hospital activity is included in above information from 2005.

Table 6: Out-Patient Activity

	2002	2003	2004	2005	2006
New	24,817	24,953	24,703	24,756	25,754
Return	94,565	94,861	99,707	99,036	100,193
<b>Total</b>	<b>119,382</b>	<b>119,814</b>	<b>124,410</b>	<b>123,792</b>	<b>125,947</b>

Table 7: A &amp; E Activity - Attendances

	2002	2003	2004	2005	2006
New	44,473	44,087	45,126	44,262	44,931
Return	3,472	3,637	4,173	3,690	2,360
<b>Total</b>	<b>47,945</b>	<b>47,724</b>	<b>49,299</b>	<b>47,952</b>	<b>47,291</b>

**Table 8: Radiology Activity**

Specialty	2002	2003	2004	2005	2006
General Examinations	88,276	91,365	95,317	99,031	98,827
Ultrasound	7,464	8,175	8,794	8,346	7,844
CT Brain Scan	5,782	5,884	6,000	6,474	6,290
CT Body Scan	9,048	8,146	9,711	14,941	12,859
Isotope Scans	2,474	2,366	2,331	2,401	2,487
Neurovascular	809	1,092	1,179	1,371	2,891
Neuroangio	2,088	2,216	2,473	3,573	1,047
MRI	7,737	6,370	6,953	6,200	7,953
<b>Total Examinations</b>	<b>123,678</b>	<b>125,614</b>	<b>132,758</b>	<b>142,337</b>	<b>140,198</b>
<b>Total Patients</b>	<b>102,648</b>	<b>103,580</b>	<b>107,631</b>	<b>118,605</b>	<b>112,428</b>

**Table 9: Total Lab Activity Requests**

2002	2003	2004	2005	2006
1,295,840	1,318,920	1,396,554	1,577,282	1,726,751

**Table 10: Beaumont Hospital Theatre Activity**

Specialty	2002	2003	2004	2005	2006
Surgery	3,551	3,640	3,979	3,857	3,884
Orthopaedic	1,226	1,322	1,428	1,472	1,595
Urology/Transplantation	1,156	1,493	1,516	1,428	1,560
ENT	1,094	1,216	1,296	1,166	1,146
Neurosurgery	1,504	1,547	1,706	1,706	1,582
Gynaecology	296	309	360	338	370
Medical Spec	82	162	234	299	319
<b>Total</b>	<b>8,909</b>	<b>9,689</b>	<b>10,519</b>	<b>10,266</b>	<b>10,456</b>

**Table 11: St. Joseph's Theatre Activity**

Specialty	2006
Endo	949
General	401
Urology	312
Gynae	52
Plastics	67
Ortho	35
Pain	163
ENT	223
Locals	464
Dermatology	41
<b>Totals</b>	<b>2,710</b>

Table 12: Waiting Lists - In-Patients Waiting &gt; 3 Months December

Specialty	2002	2003	2004	2005	2006
<i>Surgery:</i>					
General	840	791	390	351	356
Orthopaedic	201	94	32	22	43
Neurosurgery	796	602	409	472	400
Urology	191	173	143	125	82
ENT	554	247	107	83	120
Gynaecology	65	29	29	4	11
Dental	3	1	0	0	0
Pain	22	29	35	35	30
<i>Medicine:</i>					
General	163	515	168	216	206
Nephrology	36	21	37	13	4
Neurology	122	112	135	170	105
Cardiology	11	20	30	52	48
Haematology	1	1	2	2	1
<b>Totals</b>	<b>3,005</b>	<b>2,635</b>	<b>1,517</b>	<b>1,545</b>	<b>1,406</b>

Above information represents a snapshot of patients waiting > 3 months in Dec of appropriate year.

Surgery: "General" includes: General Surgery, Vascular Surgery, Plastic Surgery, Ophthalmology, Maxillo Facial. Medicine: "General" includes Dermatology, Endocrinology, Gastroenterology, General Medicine, Geriatrics, Oncology, Psychiatry, Respiratory Medicine, Rheumatology.

Table 13: Average Length of Stay - Days

1999	2000	2001	2002	2003	2004	2005	2006
9.7	9.1	10.1	10.2	10.3	11.1	11.3	11.0

Table 14: Cardiac Interventional Suite

Procedures	2004	2005	2006
AICD	55	73	73
Alcohol Ablation	1	0	0
Angiogram Total	1,902	1,876	1,757
E.P. Studies	26	15	17
E.P. Study With Radio Frequency Ablation	10	14	15
Ivus Total	35	37	31
Loop Recorder	45	58	57
Miscellaneous	57	16	7
Non-Coronary Stenting (Renal Stents)	15	10	4
Pacemaker Total	255	252	241
PFO/ASD Closures	11	19	21
Plaato	0	18	8
Pressure Wire/FFR	21	59	32
PTCA Total	714	655	539
Renal Angiograms	103	147	64
Right & Left Heart	26	43	106
STENTS Used Per Month	1,552	1,447	1,206
Valvuoplasty	0	2	0

Table 1: Admissions

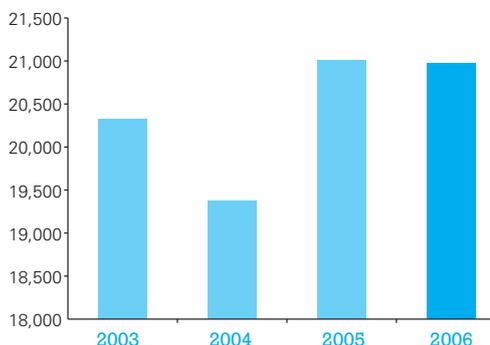


Table 4: Day Case Procedures

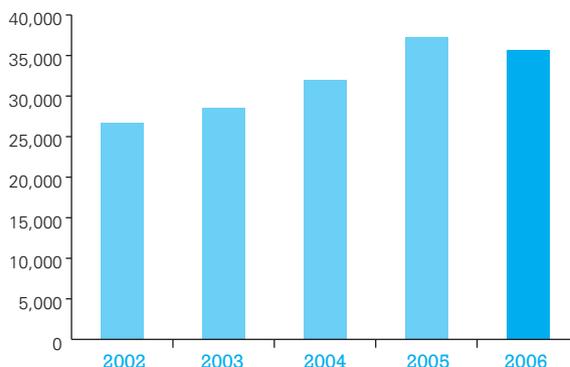


Table 2: In-Patient Admissions By Catchment & Non-Catchment Areas

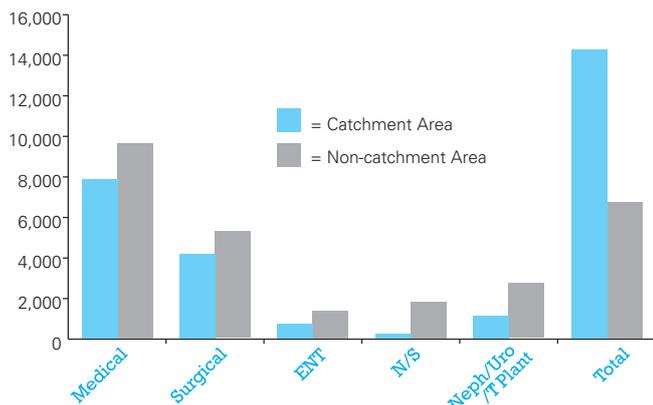


Table 5: In-Patient Admissions By Health Board 2006

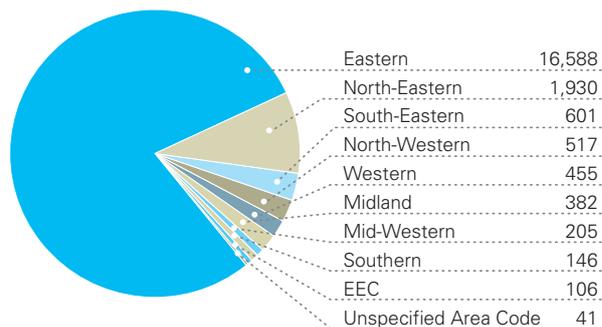


Table 3: Bed Days Used

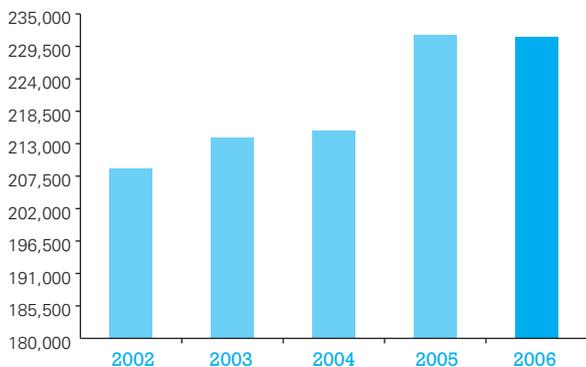
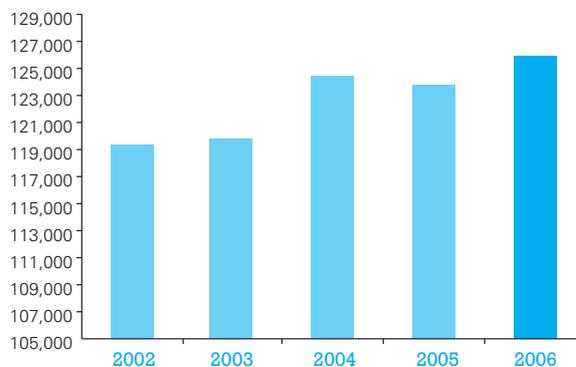
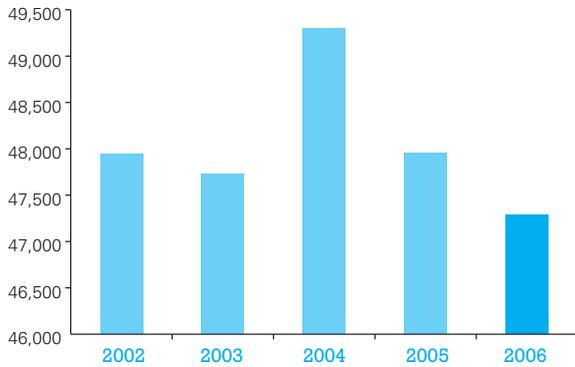


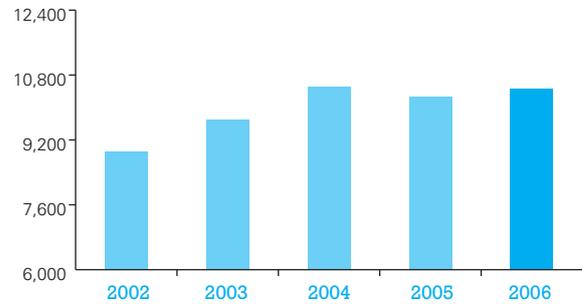
Table 6: OPD Attendances



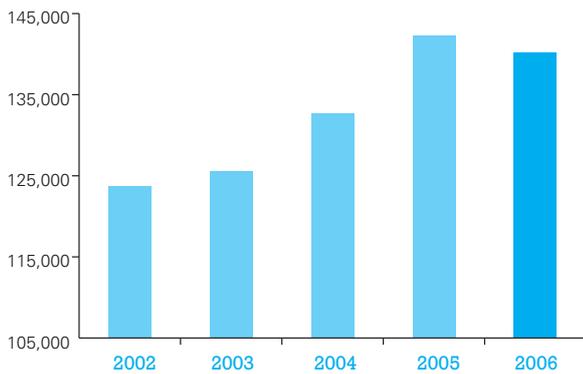
**Table 7: A&E Activity - Attendances**



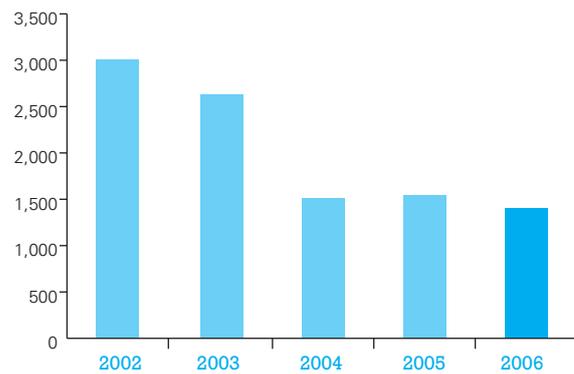
**Table 10: Theatre Activity**



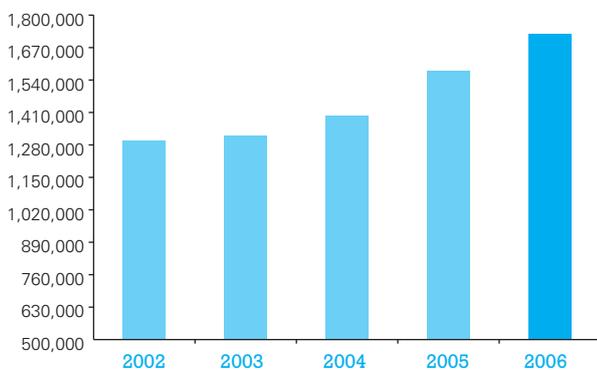
**Table 8: Radiology Activity**



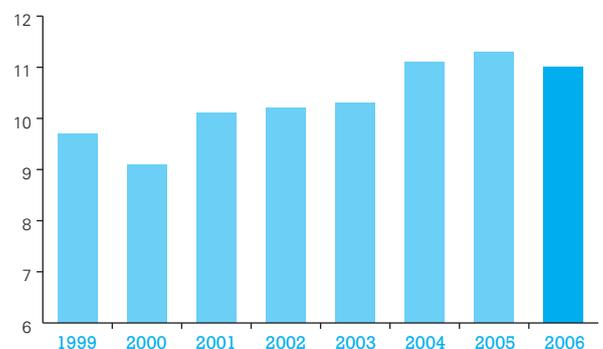
**Table 11: Waiting Lists - In-Patients Waiting > 3 Months December**



**Table 9: Total Lab Activity Requests**



**Table 12: Average Length of Stay - Days**



## + positive developments



### Funding

	€ million
<u>Revenue Funding</u>	<u>249.5</u>
<u>Capital Funding</u>	<u>17.4</u>
Other income	39.8



Gus Mulligan,  
Financial Controller

**Substantial investments in A&E and hygiene contributed to significantly improved results in both areas.**

## Introduction

The financial outcome for the year ended December 31, 2006 shows a cumulative surplus of €0.991million (2005 cumulative surplus €3.327 million) on a non-capital allocation of €249.546 million. The Hospital's 2006 funding from the Health Service Executive fell short of its expenditure by €2.336 million, reducing the closing surplus to €0.991 million. The closing surplus has been committed to a number of hygiene and other projects which will be completed in 2007.

The difficult funding environment experienced in recent years continued throughout 2006. Despite this, the Hospital progressed or completed a number of important clinical development initiatives including:

- ▶ the symptomatic breast service.
- ▶ expansion of oncology services.
- ▶ expansion of renal dialysis services.
- ▶ appointment of consultants as part of the St. Joseph's Hospital project

Substantial investments in A&E and hygiene contributed to significantly improved results in both areas.

Furthermore, the Hospital continued to improve its capability in the areas of quality and risk management and project management through investment in these areas.

These projects - while delivering substantial benefits - added to the inflationary pressures on the Hospital's cost base.

## Funding Allocation

Funding from the Department of Health Service Executive for 2006 totalled €265,950m (2004: €244.102m). This comprised revenue funding of €249.546m and capital funding of €17.395m (2005: €233.057m and €11.045m respectively).

## Revenue Funding

Revenue funding for 2006 increased by €16.489m (7.0%) over the 2005 total.

The main components of this increase were:

- ▶ Pay increases under national pay agreements and increments (€9.513m)
- ▶ Funding for service and cost pressures (€7.798m)
- ▶ Service developments (€2.087m)
- ▶ Non - Pay and Technical inflation (€3.103m)

The Hospital also suffered a number of funding reductions, principally:

- ▶ Increases in public hospital charges (€1.617m)
- ▶ Targeted value-for-money savings (€1.936m)
- ▶ Patient Experience (€0.500m)
- ▶ Minor Capital (replaced by a capital allocation in 2006) (€ 3.100m)

## Capital Funding

The Capital Funding allocation of €17.395m represented the 2006 drawdown in respect of the four-year Capital Equipment Replacement and Refurbishment Programme funded under the National Development Plan. together with a number of specific projects funded subsequently.

The most significant projects were:

- ▶ Staff Change Area related to 35-bed day ward (€2.997m)
- ▶ Out-patients Department Refurbishment (€2.369m)
- ▶ Pipes and Pumps Replacement Project (€2.358m)
- ▶ Medical Equipment (€1.546m)
- ▶ Building Refurbishment (€1.265m)

- ▶ Boiler House Upgrade (€0.894m)
- ▶ Kitchen Upgrade (€0.702m)
- ▶ Electrical Infrastructure (€0.698m)

### Income & Expenditure Account Expenditure

Gross expenditure (before deduction of income) for 2006 was €291.660m, an increase of €20.400m (7.5%) over 2005.

Pay Costs (including superannuation) increased by €17.116m (9.4%) for the following main reasons:

- ▶ Increases under the Sustaining Progress Agreement and full year costs of Benchmarking and Parallel Benchmarking.
- ▶ Increments.
- ▶ Clinical developments in Breast Surgery, Oncology, Renal Dialysis and St Joseph's.
- ▶ Expansion in St. Joseph's related services, including Anaesthetics, Endocrinology, Plastic Surgery, Respiratory and Vascular.
- ▶ Investment in Change, Project, Risk and Quality Management capability.

Non-Pay expenditure, in total, increased by €7.966m (9.7%) over 2005.

Direct Patient Care costs increased by €0.993m (2.0%) in 2006. This modest level of increase arose from moderate increases in oncology drugs and vaccines. These were partly offset by a fall in blood charges from the exceptional levels of 2005 and the removal of medical equipment purchases from the revenue allocation to the capital allocation.

Patient Care as a proportion of non-pay spending fell to 52.2% in 2006 from 52.7% in 2005.

Support Services costs fell by €1.222m (4.4%) from the 2005 level. The main reason was a fall in spending on building refurbishment from the high level of 2005.

There were also a number of significant increases, mainly:

- ▶ Laboratory costs increased significantly due to the costs of the GP Courier scheme and outsourcing of tests.
- ▶ X-Ray costs increased as capacity pressures gave rise to a need to outsource MRI tests.
- ▶ Food costs increased in line with activity following canteen refurbishment.
- ▶ The Hygiene programme led to significantly higher cleaning costs.
- ▶ Gas and electricity price rises increased energy costs.

Financial and Administrative costs rose by €3.179m (22%) due mainly to:

- ▶ Major increases in expenditure on computer infrastructural hardware and software.
- ▶ Increased insurance charges as the 2005 base figure included a once-off premium rebate.

### Income

Income for 2006 was €39.778m an increase of 9.2% over the prior year level (€36.436m). The main contributors to the increase were:

- ▶ A 30% increase in recoverable costs.
- ▶ A 16.6% increase in Retail, Restaurant and Car Park receipts.
- ▶ A 3% increase in private/semi-private income as a 10% increase in charge rates was partly offset by a fall in private bed utilisation.
- ▶ A 12% increase in in-patient statutory charges.
- ▶ An 8.7% increase in superannuation deductions in line with the increase in pay costs.

The income from private beds grew by only 3% despite a 10% rate increase as the need to use private beds for patient isolation and public patient emergency admissions grew. During the year up to 50% of private beds were used for these purposes.

### Taxation

The taxation provision of €792,000 in the Balance Sheet arises from the receipt of income from the Multi Storey Car Park Car Park through the Beaumont Hospital Car Park Company Limited in the years 1999-2003. (See Annual Report 2004).

The directors consider and are advised that the rents were held in trust for Beaumont Hospital Board and were collected by the company as its agent. However, the Revenue Commissioners contested this view and indicated their intention to raise an assessment for taxation on the rents received on the grounds that Beaumont Hospital Car Park Company Limited is a taxable entity.

The Revenue Commissioners raised the assessment for the years 1999-2002 and the Hospital's tax advisers have appealed this decision to the Revenue Appeals Commissioners.

### Liquidity

The Hospital had a net cash outflow of €3.891m due to the shortfall in funding and a rise in working capital needs. Within the working capital a significant increase in Creditors (€5.993m) was partly offset by increases in Stocks (€0.725m), HSE Debtors (€3.087m) and non-HSE Debtors (€0.561m). The rise in Creditors was due to increased non-pay and project spending and an exceptional accrual for IT expenditure at year end.

During 2006 the Hospital significantly increased its dependence on overdraft funding which rose by €6.093m to €18.647m. This represented almost 100% of the maximum overdraft limit set by HSE.

The provisions of the Prompt Payments Act 1997 apply to the payment practices of the Hospital. Under Section 12 of the Act the Hospital issues a Prompt Payments of Account Statement to the Minister for Enterprise and Employment.

## Balance Sheet

Total Capital Employed of at the end of 2006 was €103.950m (2005: €94.053m). This comprised Fixed Assets (at net book value) €104.759m, Current Assets €60.986m, Current Liabilities €52.738m and Long Term Liabilities of €9.057m.

Of the cash balances shown in the Balance Sheet, €4.264m (73.1%) represents the balance on the Multi-Storey Car Park Sinking Fund. Under the Multi-Storey Car Park Agreement, these funds are not available for use by the Hospital until 2013 and may then only be used to exercise the Hospital's option to acquire title to the Multi-Storey Car Park. An increase of €1.550m in other cash holdings was mainly due to increased holdings of research funds which are also unavailable to the Hospital.

## Significant Issues

▶ The baseline funding of the Hospital is inadequate to fund the running of the Hospital. In 2006 the Hospital's allocation fell short of its normal day-to-day spending by €1.700m. As in previous years the Hospital's funding relied on

1. Savings on development projects, which arose from normal implementation delays.
2. Non-recurring minor-capital allocations.

As savings on development projects must be spent in subsequent years and as minor capital allocations can vary significantly from year to year, this creates major uncertainty.

▶ While 2006 was relatively free from cost pressures in the area of new technologies and drugs there are major pressures arising from new drugs and new drug combinations. In general, funding for new treatment technologies in the current funding model continues to be totally inadequate.

▶ Funding for equipment replacement and building maintenance continues to fall well short of what is required. This situation is forcing replacement cycles which are unrealistically long and ultimately unsustainable. There is an urgent need for a further Capital Equipment Replacement Programme to address this problem.

These issues introduce considerable uncertainty in planning and delivering services. The Hospital continues to work with the NHO to address these planning and funding issues.

## Developments

The most important development priorities for the Finance function are:

▶ The improvement of costing activity, diagnosis-related group (DRG) and patient level. DRG level costs were produced in 2006 and will continue to be refined. Lack of suitably skilled external resources continues to be limiting factor.

▶ Devolved budgeting for which roll-out is planned for 2007. Funding shortfalls which persist throughout each year continue to present the most significant barrier to the operation of effective devolved budgeting.

▶ Upgrading of financial systems. The Hospital upgraded its financial ledger system in 2005 giving significantly improved levels of visibility, analysis and control of financial information. Upgrade of the Purchasing and Accounts Payable software modules, scheduled for 2007, will give further benefits in terms of cost control and improved processes.

▶ An integrated HR and Salaries system which would streamline HR and Payroll procedures, eliminate duplication and improve controls. A proposal for a system has been developed and awaits funding.

▶ Support for Clinicians in Management. The Hospital is actively working on a suitable implementation of CIM. This will place considerable demands on the Finance function in terms of business support and information provision.

▶ In the uncertain funding environment the operation of focused cash management, financial forecasting, budget management, cost analysis and centralised cost containment measures have received high priority.

▶ Expansion of the services provided to managers. The Finance Department continues to focus on improving the quality of financial analysis and project-costing services available to managers as a key priority.

**BALANCE SHEET**

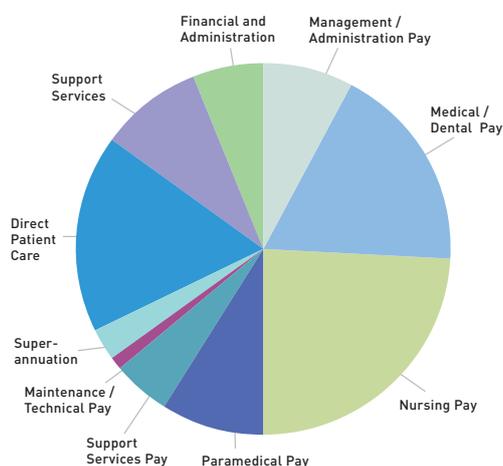
AT 31<sup>ST</sup> DECEMBER 2006

	Notes	2006		2005	
		€'000	€'000	€'000	€'000
FIXED ASSETS	4		104,759		94,861
FINANCIAL ASSETS					
DONATIONS AND BEQUEST FUNDS					
<b>CURRENT ASSETS</b>					
Stocks		47,513		38,353	
Debtors		7,647		6,922	
Bank/Cash Balance		5,826		3,537	
		60,986		48,812	
<b>CURRENT LIABILITIES</b>					
Creditors		33,299		27,304	
Bank Overdraft / Loan		18,647		12,554	
Taxation		792		792	
		52,738		40,650	
<b>NET CURRENT ASSETS / (LIABILITIES)</b>			8,248		8,162
<b>LONG TERM LIABILITIES</b>					
Financing Obligations			9,057		8,970
<b>NET ASSETS</b>			<b>103,950</b>		<b>94,053</b>
<b>FINANCED BY:</b>					
Non-Capital Income & Expenditure Account (Deficit) / Surplus			991		3,327
Capital Income & Expenditure Account (Deficit) / Surplus			(1,800)		(4,135)
Capitalisation Account			104,759		94,861
			<b>103,950</b>		<b>94,053</b>

**REVENUE INCOME & EXPENDITURE ACCOUNT**YEAR ENDED 31<sup>ST</sup> DECEMBER 2006

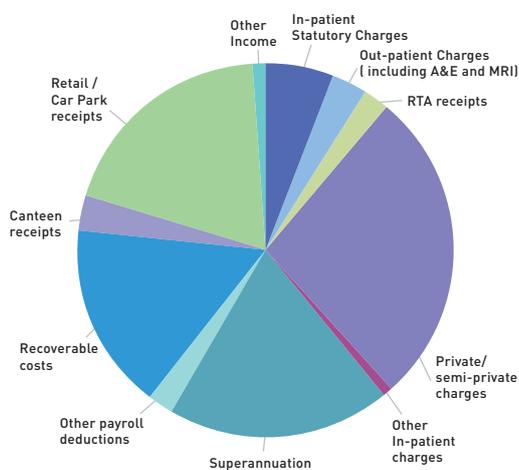
	Notes	2006 €'000	2005 €'000
<b>STAFF COSTS</b>			
Salaries	1	190,998	174,181
Superannuation	1	7,678	7,379
<b>NON-PAY EXPENDITURE</b>			
Direct Patient Care	2	48,521	47,258
Support Services	2	26,778	28,000
Financial and Administrative Costs	2	17,685	14,442
Expenditure for the year		291,660	271,260
Income for year	3	39,778	36,436
Net expenditure for the year		251,882	234,824
Taxation			
Allocation for the year		249,546	233,057
<b>DEFICIT / (SURPLUS) FOR THE YEAR</b>		2,336	1,767
Cumulative Revenue Deficit / (Surplus) from previous year		(3,327)	(5,094)
<b>CUMULATIVE REVENUE DEFICIT / (SURPLUS) AT END OF YEAR</b>		(991)	(3,327)

## 2006 EXPENDITURE



	%	€'000
Management / Administration Pay	8%	24,712
Medical / Dental Pay	18%	51,384
Nursing Pay	24%	69,746
Paramedical Pay	9%	25,380
Support Services Pay	5%	15,452
Maintenance / Technical Pay	1%	4,324
Superannuation	3%	7,678
Direct Patient Care	17%	48,521
Support Services	9%	26,778
Financial and Administration	6%	17,685
<b>Totals</b>	<b>100%</b>	<b>291,660</b>

## 2006 INCOME



	%	€'000
In-Patient Statutory Charges	6%	2,511
Out-patient Charges (including A&E and MRI)	3%	1,301
RTA receipts	2%	781
Private/semi-private charges	27%	10,693
Other In-patient charges	1%	331
Superannuation	19%	7,597
Other payroll deductions	2%	895
Recoverable costs	16%	6,549
Canteen receipts	3%	1,078
Retail / Car Park receipts	19%	7,547
Other Income	1%	495
<b>Totals</b>	<b>100%</b>	<b>39,778</b>

## NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31<sup>ST</sup> DECEMBER 2006

	2006 €'000	2005 €'000
<b>1 STAFF COSTS</b>		
Management Administration	24,712	22,620
Medical / dental	51,384	46,750
Nursing	69,746	64,547
Paramedical	25,380	22,887
Support Services	15,452	13,503
Maintenance / Technical	4,324	3,874
<b>Total Pay</b>	<b>190,998</b>	<b>174,181</b>
<b>Superannuation</b>		
Pensions and refunds	6,511	5,882
Gratuities and lump sums	1,167	1,497
<b>Total Superannuation</b>	<b>7,678</b>	<b>7,379</b>
<b>Total Staff Costs</b>	<b>198,676</b>	<b>181,560</b>
<b>2 NON-PAY EXPENDITURE</b>		
	2006 €'000	2005 €'000
<b>Direct Patient Care</b>		
Drugs and medicine	17,922	16,858
Blood and blood products	4,746	4,892
Medical gases	365	388
Medical and surgical supplies	23,198	22,304
Other medical equipment		
Supplies & contract med. equipment	2,290	2,816
<b>Total</b>	<b>48,521</b>	<b>47,258</b>
<b>Support Services</b>		
X-ray/imaging	4,245	4,807
Laboratory	6,507	5,719
Catering	2,597	2,203
Heat, power, light	2,385	1,959
Cleaning and washing	5,266	4,644
Furniture, crockery, hardware	228	407
Bedding and clothing	483	381
Maintenance - Buildings	3,659	6,688
Maintenance - Grounds	52	65
Transport and travel	1,356	1,127
<b>Total</b>	<b>26,778</b>	<b>28,000</b>
Financial and Administrative		
Bank loan repayment	1,066	962
Bank interest and charges	175	140
Insurance & claims	1,196	794
Audit	57	40
Legal	146	71
Bad and doubtful debts	220	15
Office expenses (rent/rates/postage/tel.)	3,370	3,371
Computer	5,386	3,044
Professional services	926	926
Miscellaneous	5,079	5,079
Office equipment		
<b>Total</b>	<b>17,621</b>	<b>14,442</b>
<b>Total Non-pay Expenditure</b>	<b>92,920</b>	<b>89,700</b>

**NOTES TO THE FINANCIAL STATEMENTS**

FOR THE YEAR ENDED 31<sup>ST</sup> DECEMBER 2006

<b>3 INCOME</b>	<b>2006</b>	<b>2005</b>
	<b>€'000</b>	<b>€'000</b>
In-Patient Statutory Charges	2,511	2,237
Out-patient Charges (including A&E and MRI)	1,301	1,179
RTA receipts	781	1,056
Private/semi-private	10,693	10,378
Other patient charges	331	306
Superannuation	7,597	6,941
Other payroll deductions	895	709
Recoverable Costs	6,549	5,010
Canteen receipts	1,078	696
Retail / Car Park Receipts	7,547	6,383
Other income	495	1,541
<b>Total income</b>	<b>39,778</b>	<b>36,436</b>

## NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31<sup>ST</sup> DECEMBER 2006

## 4 FIXED ASSETS

	Land €'000	Buildings €'000	Work in Progress €'000	Equipment €'000	Vehicles €'000	Total €'000
Cost						
Balance at 1 January 2006	215	82,555	24,983	43,819	22	151,727
Additions		13,998	472	2,415		16,885
Revaluations						
Disposals				-186		-186
Transfers		23,735	-23,735			
Balance at 31 December 2006	215	120,421	1,720	46,048	22	168,426
Depreciation						
Accumulated depreciation at 1 January 2005		26,985		29,874	7	56,866
Depreciation Charge		1,929		4,995	3	6,927
Depreciation on Disposals				-126		-126
Accumulated depreciation at 31 December 2006		28,914		34,743	10	63,667
Net book amount at 31 December 2006	215	91,507	1,720	11,305	12	104,759
Net book amount at 31 December 2005	215	55,703	24,983	13,945	15	94,861

## Notes

- The Multi-Storey Car Park on which the Hospital holds a call option maturing in 2013 has been included in Buildings at the option value, €8,888,165. No depreciation has been provided on this asset. A corresponding long-term liability has been included in the Balance Sheet.
- The net book amount of equipment does not include any amounts in respect of leased assets

	Buildings €'000	Work in Progress €'000	Equipment €'000	Total 2006 €'000
Funding of Additions				
Capital Grants	13,505	472	2,149	16,126
Revenue Grants	493		266	759
Other				
Leased Assets				
	13,998	472	2,415	16,885

## + positive developments



Work on developing a cancer strategy for the Hospital started during 2006, in the context of the HSE's plan for the fullest possible level of integration between the National Programme for Radiation Oncology (NPRO) and the National Cancer Control Programme (NCCP).

# Medical Executive & Medical Board Report



Paul Brennan,  
Chairman Medical Board

**The primary focus for the Clinical Governance Manager will be to support and facilitate the development of clinical governance in all clinical services within Beaumont Hospital.**

The Medical Executive met on seven occasions during 2006 and focussed on a number of major issues during the year:

- We welcomed the announcement by the Minister for Health and Children to locate the north Dublin radiation oncology facility at Beaumont Hospital and look forward to this much-needed service being developed on our campus
- Work on developing a cancer strategy for the Hospital started during 2006, in the context of the HSE's plan for the fullest possible level of integration between the National Programme for Radiation Oncology (NPRO) and the National Cancer Control Programme (NCCP). We have been working to develop our cancer services in anticipation of the implementation of the NPRO and the NCCP, including recruiting key personnel. It is acknowledged that our cancer strategy should set out clearly our priorities in terms of service development, staffing and infrastructure. The strategy will also identify principles which will underpin the development of Cancer Services at Beaumont, identify high level needs analysis for Cancer Services at Beaumont and establish strategic priorities for Cancer Services, based on the current state of Cancer Services in Beaumont and future objectives.
- The new colocated private hospital to be built on the campus was announced by the Minister for Health and Children and we spent much time working with the HSE on this project. A key principle of the colocated policy is that the public and private hospitals must work in a totally integrated fashion, with similar case-mix and with consultant staff working across both sites. These will be key requirements to delivery of a successful colocated model.
- The establishment of a Clinical Governance framework started in 2006 and we hope to make significant progress on this with the appointment of a Clinical Governance Manager in 2007. The primary focus for this post will be to support and facilitate the development of clinical governance in all clinical services within Beaumont Hospital.

- Funding for the development of neurosciences and living-donor transplantation was approved during the year. Development of these services is vital but the excessive lead time from the announcement of developments to actual approval to proceed is of concern.
- It was a disappointment that projects previously approved, i.e. the Medical Assessment Unit, psychiatric unit and the renal dialysis unit, did not advance during 2006 and we hope for significant progress in 2007.
- The Clinical Ethics Forum was established in 2006 under the chairmanship of Dr Ciaran Donegan. We appreciate the work undertaken by Dr Donegan and his colleagues on the Forum.

I would like to thank the members of the Medical Executive and the staff in the Medical Administration Department for their assistance to me during my first year as Chairman of the Medical Executive.

*Paul Brennan  
Chairman  
Medical Executive and Board*

## Members of Medical Executive 2006:

Dr Paul Brennan, Chairman  
Dr Liam Grogan, Vice Chairman  
Professor David Foley,  
Honorary Secretary  
Dr Anthony Dorman, Chairman,  
Laboratory Medicine Division  
Dr Rory Dwyer, Chairman,  
Anaesthetic Division  
Dr Mark Logan, Chairman,  
Radiology Division  
Dr Joan Moroney, Chairman,  
Neurosciences Division  
Dr JA O'Dwyer, Medical Administrator  
Mr Henry Osborne, Chairman,  
Surgical Division  
Dr Stephen Patchett, Chairman,  
Medical Division

+ positive developments



Nursing complement:  
989 full-time equivalents

# Director of Nursing Report



Marie Keane,  
Director of Nursing

In the increasingly multidisciplinary environment of Beaumont Hospital highly skilled and trained nurses continue to play a central role in the delivery of services to our patients.

As the nursing shortages persist the Department of Nursing is indebted to the commitment of nursing staff who made themselves available to ensure continuity of patient care, thus enabling the Department to maintain optimum staffing levels during the past year.

## Turnover of Nursing Staff

Nursing turnover continued to be a challenge throughout 2006: turnover increased slightly on 2005 figures to 15.7% by the end of December 2006. This compares with a nursing turnover of 14.4% in 2004 and 15.3% in 2005.

## Nursing Staff Complement

Every effort was made to attain the WTE complement of 989 RGNs during 2006.

149 nurses were appointed (39 non-EU). 156.53 RGNs resigned of which 14 were non-EU nationals. Non-European nurses comprise 33% of the total nursing complement.

The rostered students helped to support patient care on the wards and fill some of the vacancies; however, the number of vacancies has reduced and was supplemented with Agency Nurses and nurses working overtime. The skill-mix of nursing staff in the clinical area remained an issue.

## Senior Nursing Appointments

During the past year the following senior appointments were made:

Theatre/CSSD/ICU/X-Ray: Ms Judy McEntee, Divisional Nurse Manager

Medical: Mr Ken Fitzgibbon, Divisional Nurse Manager

Renal: Ms Sharon Dwyer, Divisional Nurse Manager

Nursing Support Services Manager: Ms Rosemary Derwin, CNM3

## Retirement

Ms Bridget Hogan retired as Divisional Nurse Manager in the Renal Division. Ms Hogan was a very valued member of the nursing staff and gave many years of outstanding service to patients.

The Department of Nursing acknowledges her dedication and wishes her many happy and healthy years of retirement.

## Departures:

Mr Paul Gallagher - Divisional Nurse Manager: Theatre/X-ray/CSSD

Ms Cathy Connolly - CNM3, ICU

Ms Avril O'Leary - Night Superintendent

## Professional Development for Clinical Nurse Managers

In order to maintain a high-quality service there has been an active participation by nursing staff in post graduate education, professional development and regular attendance at conferences and workshops held.

Management and Development Programmes for Clinical Nurse Managers (18 per programme) were successfully completed. Clinical projects were undertaken by the participants. These programmes are facilitated by Ms Raphaela Kane, DCU and Beaumont Hospital.

## Accreditation

The Nursing Department was actively involved on all Accreditation Committees with many taking the lead. Nurses, as part of the multidisciplinary teams, worked on reviewing the standards and identifying areas of strength and opportunities for improvement in the organisation. These teams continue to meet monthly to develop the quality programme. The Accreditation survey took place in May 2006 and we await the outcome.

## St. Joseph's, Raheny

The Department of Nursing embraced the management of nursing services in St. Joseph's Hospital Raheny, in conjunction with Ms. Maura Hazlett. The full Nursing complement was achieved which enabled services to be expanded.

## Nursing Recognition Day

A Nursing Recognition Day was held in conjunction with the Beaumont Staff Day. The theme of this day was Quality

and Recognition. 55 Nurses graduated and received their nursing hospital badge, 25 received Higher Diploma Certificates and 30 received Special Practice Certificates. Awards were presented for Research Projects for the Sheppard Trust, the Charitable Infirmary Charitable Trust, the Buchalter Bursary (confined to ICU Nursing) and the Josephine Bartley Award.

### Conclusion

On a personal note I would like to thank my colleagues in the Department of Nursing, including the night staff and out-of-hours nursing staff and the clinical nursing staff, for their co-operation, commitment and support during the past year.

I would also like to acknowledge the support of all the Hospital staff. Their contribution ensured that the nursing staff were able to continue to provide a quality service to all patients.

### EMERGENCY DEPARTMENT/OUT-PATIENTS' DEPARTMENT DIVISION

Divisional Nurse Manager – Mary Rose

The Emergency Department/Out-Patients' Department Division comprises the following areas:

#### Emergency Department

Annual attendance of circa 45,000

#### Out-patients Department

Annual attendance of 110,000

#### Anticoagulation Service

Annual attendance circa. 3,000

#### St. Michael's Detoxification Unit

10 beds

#### Stephen Doyle Endoscopy Unit

Annual attendance of circa 7,000

#### Urodynamics

Annual attendance of 3,000

#### Coleman K. Byrne (Haematology) Unit

Annual treatments 3,000

#### Hepatology Unit

Annual attendance 1,000

The workload of the division continued to expand in all areas of activity during 2006.

### Emergency Department

The department continued to work under extreme pressure with the mixed demands of providing an emergency service to North Dublin and an in-patient service for ten to thirty patients per day. Development of a 10-bedded Admission Lounge adjacent to the department is progressing and will be opened in early 2007. This area will allow patients dignity and privacy while awaiting admission to the Hospital.

Staff turnover decreased from 12% in 2005 to 11% in 2006.

### Out-patients Department

Refurbishment of the department was completed in 2006 increasing the capacity in clinic suites A to D by three rooms each and the addition of a new four-roomed suite, clinic F. In the latter part of 2006, Sr. Frances Sullivan was appointed as Project Manager for the expansion and development of the Out-patient Service.

Education of nursing staff continued to be a priority:

- ▶ nurses have successfully completed the BNS programme
- ▶ 5 nurses have successfully completed the Higher Diploma in Nursing (A/E) in partnership with the Royal College of Nursing
- ▶ 5 nurse have successfully completed the Diploma in Management
- ▶ 2 nurses have successfully trained in advanced trauma life support in Northern Ireland
- ▶ 6 clinical nurse managers have successfully completed the management development programme
- ▶ 12 staff nurses have completed the 6-month specialist practice certificate in A&E nursing

### CENTRE OF NURSE EDUCATION

Director of Centre: Mary T O'Sullivan

The focus of the centre is to provide a high standard of continuous education and professional development for qualified nursing staff and health-care assistants within Beaumont Hospital and St Joseph's Hospital, Raheny.

Educational and professional development needs are planned and delivered in collaboration with the Nursing Practice Development Unit and the Learning and Development Unit.

In partnership with the Royal College of Surgeons in Ireland the following programmes are being provided for approximately 38 RGNs. This Post Graduate Diploma / MSc (NQAI level 9) is provided in:

- Emergency, Intensive Care, Coronary Care, Peri Operative, Neuroscience, Gerontological and Oncology Nursing.

Clinically-based six-month Specialist Practice Programmes are run in a variety of areas such as Neurosciences, Coronary Care, Emergency Department, Oncology, Nephrology and Gerontology.

The Centre provides a plethora of clinical educational programmes ranging from two-hour sessions to two-day programmes. Some of these are highlighted opposite;

The Health Care Support Certificate (FETAC level 5) is run through the Centre in conjunction with the Mater, Temple Street and the Rotunda Hospitals. This course runs once a year over nine months and is made up of a five-week theoretical component and clinical practice. The group is made up of approximately 40 Health Care Assistants from a variety of Health Care settings of which 12 are from Beaumont.

The Return to Nursing Practice Programme is also run in conjunction with the Mater Hospital. This is a six-week course run twice a year.

### Clinical educational programmes

Programme Title	No. of times run per year	No. of participants
Induction for new staff	12	87
Orientation for International Nurses	2	39
Preceptorship Programme	8	117
Workshop for International Nurses	3	40
Orientation for newly-qualified staff nurses	2	45
IV Study Day	12	108
Haemovigilance	12	127
Venepuncture for phlebotomy staff	1	11
CERP Training	1	37
Venepuncture & cannulation	5	38
Tracheostomy Education Programme	8	67
Respiratory Education Programme/ Inhaler /Humidification Update	4	50
Chest Drain	2	20
Stoma Care Education Programme	5	59
Peg Tube management	2	20
Managing Aggressive Behaviour	2	22
Pressure Ulcer Study Day	1	19
Management of peripheral arterial disease & measurement of ankle brachial index	2	15
Enhancing Support Skills Study Day	1	26
Presentation Skills for Education Providers	1	18
Major Emergency Workshop	4	99
English Language Workshop		
Informed Consent	1	115

## MEDICAL I DIVISION

### General Medicine and Oncology

*Divisional Nurse Manager: Ken Fitzgibbon*

The Medical 1 Division comprises 195 beds in the following areas: St Patrick's, St. Mary's, St. Paul's, St. Laurence's, St. Clare's, Oncology Day Ward, St. Teresa's, and Jervis Ward.

The Medical 1 Division also incorporates Palliative Care and Infectious Diseases.

### Palliative Care

The Palliative Care Team has a complement of three nurse specialists, who provide an invaluable advisory service to patients and staff. They also participated in the now annual Palliative Care Study Day which was very well attended by staff from Beaumont Hospital as well as staff from hospice and community settings. Nurse Specialists from Palliative Care continue to be actively involved in teaching and management of the Palliative Care Module for the FETAC (Level 5)

Certificate in Healthcare Support undertaken by health-care assistants from Mater Misericordiae Hospital, Community areas 7 and 8, St. Francis Hospice and Beaumont Hospitals.

### Oncology

Beaumont Hospital was selected as a Supra-Regional site for the proposed new Radiation Oncology / Cancer Care Centre and plans were ongoing in 2006 to process- map this venture as well as an interim solution to initiate this service. Congratulations to Mr. Paul Troy on his promotion to CNM3 Oncology services during 2006. A Masters in Oncology Nursing was developed in partnership with the RCSI. Four staff nurses are at present participating in the Higher Diploma in Oncology which is year one of the two-year Masters programme. A waiting-room has been developed for our oncology day unit which has greatly enhanced patient comfort and our oncology day unit has increased its hours of service from 5pm to 8pm to facilitate the numbers of patients attending this service.

Many conferences, both nationally and internationally, were attended by nursing staff in oncology to ensure practice is on par with international best practice. These included conferences in Belfast, Toronto, Boston and Barcelona.

Ms Aine Byrne (CNM2 Oncology Day Ward) and Ms Clodagh McHugh (Oncology Liaison Nurse) were selected by the Health Research Board Ireland – Northern – National Cancer Institute /Cancer Consortium to participate in a five and a half week Clinical Trials Training held in the National Cancer Institute in Washington DC in the USA in Oct / November 2006.

### Infectious Diseases

The Infectious Diseases Out-patient Clinic, which is nurse-led, is held once weekly, since 2004. During 2006 this clinic operated to its full capacity and consideration will have to be given to expanding the service in the future. The main out-patient clinic deals with one to two new HIV diagnoses per week, with many other patients attending for treatment of Hepatitis C. The Infectious Diseases Team participated in World Aids Day on June 15 and set up an education stand outside the staff canteen which helped to increase awareness of the incidence of HIV AIDS.

### Respiratory Nursing Centre

2006 saw the continuation and development of education in relation to non-invasive ventilation, with formal sessions being run on a regular basis in the Centre of Nurse Education, as well as teaching continuing at ward level.

The number of patients with Cystic Fibrosis attending Beaumont Hospital continued to rise in 2006. A submission was made in 2005 to the HSE for additional staff to support this service, and we are awaiting the recruitment of a further Clinical Nurse Specialist (CNM2) to enhance this essential service. Plans for a non-invasive ventilation high-dependency unit within our respiratory service are ongoing.

### Clinical Practice Support

The division welcomed Ms Orla Flynn to the role of Clinical Practice Support Nurse in late 2006. The Clinical Placement Programme for Candidate Nurses and a competency-based development programme for Staff Nurses, developed in 2005, continue to successfully provide support to new members of our nursing staff and are currently being evaluated. The introduction of ward-based education by the CPSN is being developed to individual ward needs as well as providing ongoing general basic care topics to all areas. Fourteen new graduates from the BSc (Hons) began their roles of staff nurses in all areas of the division in Autumn of 2006. The CPSN continued to provide support for overseas nurses for adaptation and direct registration within the division.

### Accreditation

Beaumont Hospital participated in assessment by IHSAB accreditation surveyors in May 2006 where nurses from the Medical 1 Division participated on a number of Accreditation Teams including Respiratory, Oncology, Gastro-Intestinal Medicine and General Medicine.

### Medical Wards

Nursing staff from the medical wards were actively involved in new initiatives in relation to discharge-planning. This ranged from facilitating Multidisciplinary Team meetings at ward level to attending Bed Management Discharge-planning meetings. The facilitation of Multidisciplinary Team meetings proved very challenging on wards where as many as 22 different consultants had patients on some medical wards. Nurses in the Medical Division also participated in the introduction of a discharge-planning IT initiative within our Nursing Information System as well as the introduction of electronic nursing discharge letters.

Congratulations to Ms Nerissa Ramittere on her appointment to CNM1 St. Patrick's ward and Ms Aine Byrne on her appointment to CNM2 Oncology Day Ward.

As with every year, many nurses undertook further studies. Courses varied from CNM Management Development Programmes, Bachelor of Nursing Studies, Masters in Nursing. Diploma in Management to specialist courses such as Higher Diploma in Oncology Nursing and Diploma in Respiratory Nursing.

I would like to take this opportunity to thank nursing and all staff in the division for their hard work throughout 2006.

### MEDICAL II DIVISION

*Divisional Nurse Manager: Bernie Lynch*

2006 was another busy and challenging year for the division. Once again the dedication and commitment demonstrated by all staff must be acknowledged.

### Accreditation

A lot of hard work continued in the early part of 2006 in preparation for the Accreditation Survey which took place in the week commencing May 8, 2006.

### Staff Training & Development

Education of nursing staff continued to be a priority.

- ▶ Seven nurses undertook the Higher Diploma in Coronary Care Nursing and four nurses completed the six-month Specialist Practice programme.
- ▶ Three nurses commenced the Higher Diploma in Gerontological Nursing and five nurses completed the six-month Specialist Practice programme.
- ▶ Participation by Clinical Nurse Managers in the Management Development Programme continued in 2006.

### Diabetes Care Day Centre

2006 was an exciting year for diabetes care. The new centre was officially opened by the Minister for Health and Children, Ms Mary Harney TD, in October. The centre offers more space and affords some privacy for patients with the provision of two examination rooms.

A new education initiative was introduced for patients with Type 1 Diabetes, with the commencement of the DAFNE programme in May. This

comprises a five-day intensive structured education programme. Thus far, 36 patients have become DAFNE graduates.

### St. Joseph's Hospital

Ms. Maura Hazlett continues to lead the nursing team in St. Joseph's Hospital. 2006 saw an increase in activities in both theatre and the Hospital in general. In June Professor Finucane retired after many years of service.

Ms Liz McArdle, Clinical Nurse Manager II, and Ms. Elaine Whelan from the Rehabilitation Unit presented a paper on "Goal Setting" at the Gerontology Study Day held in Beaumont Hospital. Nursing staff were actively involved in the accreditation process and attended many meetings in Beaumont.

The professional development of staff within the Hospital continued with many staff attending in-service training and specialist seminars. Two nurses from the Rehabilitation Unit commenced the Higher Diploma in Gerontology Nursing in September.

### Chest Pain Service

The Chest Pain Service within Beaumont Hospital incorporates the Cardiology Diagnosis Unit and Chest Pain Service Clinic. This service is co-ordinated by Paul Stoneman, Cardiac Nurse Specialist, and aims to improve the assessment diagnosis and treatment of patients presenting to the Emergency Department with undifferentiated chest pain.

### Heart Failure Service

External funding was secured in 2006 to initiate a long-awaited Heart Failure Service. Ms. Clare Lewis was appointed as a Heart Failure Nurse Specialist in November. The aim of this role is to help reduce the risk of progressive deterioration of heart failure, improve quality of life for patients and their families, reduce the frequency of hospital re-admission and promote patient self-management. Furthermore, it will assist the Hospital in developing best practice in managing this chronic illness.

### Cardiac Rehabilitation Department

The Cardiac Rehabilitation Department is developing on an ongoing basis. The links with Dublin City University are continuing with phase IV Cardiac Rehabilitation now restructured to include more of our patients. A very successful golf fund-raising day took place, organised by past patients. The money raised helped the department to upgrade equipment. In May, the first CPR programme for family and friends was attended by 30 family members. Four members of staff, Katriona Slack, Deirdre Dodd, Alison Cahill and Helen Newton, graduated with a Masters in Cardiac Rehabilitation from the Royal College of Surgeons in Ireland in June 2006.

### Care of the Elderly Service

Planning continued in relation to the development of a new Day Hospital. It is anticipated that building will commence in 2007. A very successful Gerontology Study day, organised by Sean O'Brien, Education Co-ordinator, was held on October 12, 2006. There was a country-wide attendance of over one hundred and seventy people. It had a particular focus on the management in the acute environment of patients with dementia.

Funding has been secured from the National Council for the Professional Development of Nursing and Midwifery, for ten Dementia Awareness Study Days.

### New Appointments

The following new appointments were made during 2006.

- Ms. Anna Polson was appointed Clinical Nurse Manager in the Coronary Care Unit.
- Ms. Mary Coogan was appointed Clinical Nurse Manager in the Coronary Care Unit.
- Ms. E. Hickey was appointed Clinical Nurse Manager in the Coronary Care Unit.
- Mr. Joseph Morris was appointed Clinical Nurse Manager in the Whitworth Ward.

The Department of Nursing wishes to congratulate the newly-appointed staff and wish them every success in their new roles.

### DIVISION OF RENAL NURSING

*Divisional Nurse Manager – Sharon Dwyer.*

2006 saw the retirement of two stalwarts of the Renal Nursing Division, Ms. Bridget Hogan, Divisional Nurse Manager, and Ms. Kathleen Kelly, CNM3 for Haemodialysis Services. Together, Ms. Hogan and Ms. Kelly were instrumental in the development of the speciality of Renal Nursing and dedicated their working lives to the development of services for renal patients. Indeed, as Ms. Hogan retired, planning permission was granted for a new state-of-the-art 44-station haemodialysis unit incorporating facilities for peritoneal dialysis, counselling, occupational therapy and physiotherapy for renal patients. Ms. Hogan and Ms. Kelly were joined in retirement later in the year by another very senior member of the renal nursing team, Ms. Marion O'Farrell, also after many years of dedicated and excellent service. We wish each of them well in their retirement.

Another major change for the Division of Renal Nursing was the inclusion of St. Damien's Ward in the Division. St. Damien's Ward is a 33-bed in-patient ward, with 9 beds allocated to Renal Transplantation, 9 beds allocated to Haematology and the remaining 15 beds allocated to Urology.

A summary of the major activity of the Renal Department is provided in the Renal Medical Report. However, the general trend was an increase in workload with as many as 220 patients requiring maintenance haemodialysis towards the end of the year. To relieve the pressure a number of patients had their haemodialysis treatments facilitated at the newly-opened Northern Cross Dialysis Unit. In the meantime, a final decision to proceed to Stage IV of the planning process is awaited from the HSE.

### Budgeted Staff Complement

Nurse Staffing Grades and Whole-Time Equivalents

	2005	2006
Clinical Nurse Manager III	1	1
Clinical Nurse Manager II	9.5	10.5
Clinical Nurse Manager I	12	14
Renal Nurse Counsellor CNM II	1.5	1.5
Patient Care Co-Ordinator CNM II	3	3
Renal Clinical Systems Nurse CNM II	1	1
Haemodialysis Nurse Instructor CNM II	1	1
Renal Virology Co-Ordinator CNM II	1	1
Staff Nurses	88	110.5
<b>Total Number of Whole-Time Equivalents</b>	<b>118</b>	<b>143.5</b>

The following new appointments were made during 2006:-

- Ms. Veronica Francis, was appointed as CNM3 for Haemodialysis Services.
- Ms. Ciara White, was appointed as Education Facilitator/Course Coordinator.

### Staff Training and Development

▶ 13 nurses successfully completed the Specialist Practice Programme in Renal Nursing.

▶ The curriculum for a Post Graduate Diploma in Renal Nursing was developed in conjunction with the RCSI with the hope of commencing the programme in September 2007.

▶ A number of nurses attended International Nephrology and Transplant Nursing Conferences with a paper being presented at the EDTNA in Madrid by Ms Victoria Coogan and Ms Carol Ann Flynn.

▶ Four Clinical Nurse Managers from the division successfully completed the Management Development Programme run in conjunction with Dublin City University.

### Accreditation

The Renal Accreditation Team was a truly multidisciplinary team with medical, nursing, allied health professional and patient involvement. Among the "areas of excellence" highlighted by the surveyors in May was the multidisciplinary approach to care for our client group and the individualised patient care available on a 24-hour basis.

Following recommendations from the surveyors we are hoping to have a number of Key Performance Indicators and an Integrated Care Pathway for Renal Patients in place by the end of 2007.

We are also currently reviewing our Virology Guidelines to ensure they are in line with the National Guidelines on the Prevention of Blood Borne Diseases in the Healthcare Setting.

### SURGICAL DIVISION

*Divisional Nurse Manager: Deirdre Carey*

Like previous years, 2006 was another busy period for all within the Surgical Division.

The Surgical Division comprises 151 beds in the following wards: A B Clery, Banks, Hardwicke, St. Luke's and St. Anne's ENT.

Other areas in the division are: Stoma Care, TPN, Breast Care/Cancer Nurse Co-Ordinator, Radiation-Oncology Co-Ordinator, Head & Neck Nurse Specialist and Colo-proctology Nurse Specialist.

### New and Promotional Appointments

Ms Mairead Carty, CNM1, Hardwicke Ward

### Professional Education and Development

The professional development of staff continues to be an integral part of the support provided within the division. This is due to the commitment of the Clinical Practice Support Nurses along with the Clinical Nurse Manager.

I wish to express my congratulations to Angela O' Donnell, CPSN, AB Clery

Ward, Carol Lyons, CNM 2, Hardwicke Ward, who were part of a group who won the Sheppard Trust prize. Also, Fionnuala Duffy, CPSN, Banks Ward, who was awarded the Charitable Infirmary Charitable Trust prize.

### Accreditation

Nursing staff continued to represent the division on the Accreditation teams.

A group is working on developing Integrated Care Pathways on two of the surgical wards.

### NEUROSCIENCE & PAEDIATRIC NURSING DEPARTMENT

*Divisional Nurse Manager: Suzanne Dempsey*

2006 was an extremely busy year for the department, in particular the first half was focused on preparing for the Hospital Accreditation survey in May. This visit went very well for the Neurosciences Team.

### New Appointments

Ms Jayne O'Mahoney  
Clinical Practice Support Nurse

Ms Denise Boyle  
Clinical Nurse Manager 1, St. Brigid's

Ms Ciara Ni Fhlathartaigh  
Clinical Course Co-ordinator

Ms Fiona Markey  
Clinical Nurse Manager 1, RICU

Ms Margaret Ryan  
Clinical Nurse Manager 1, EEG/EMG

Ms Paula Fitzpatrick  
Clinical Nurse Manager 1, RICU

### Staff Recruitment Staff Retention

14.8 % Staff terminated.

3.8 % Staff transferred to promotional posts or other divisions within the Hospital.

18.83% Staff recruited.

### Clinical

In November 2006 the department introduced its first integrated care pathway for Lumber Discectomy. The multi-disciplinary team has indicated that the

combination of integrated care and documentation facilitated a more accurate picture of the patient's progress and outcome. The pathway will be audited in six months.

The changing health-care environment poses new challenges for nursing. In response to this we organised a series of management days to up-skill senior staff nurses. A total of 40 staff nurses have undertaken this programme.

### Research

The department continues to be actively involved in research that promotes excellence in patient care. Ms. Bernie Corr, Clinical Nurse Specialist, Motor Neurone Disease, was awarded a Health Research Board grant to allow her complete a Masters Programme through research. Ms Corr is examining "End of Life Decisions and Advance Directives in Motor Neurone Disease: Evidence-based guidelines for best practice in Ireland".

### Education

Six RGNs completed the Higher Diploma in Neurosciences and the Clinical Specialist Practice Course.

The Summer events programme was attended by 110 staff from nursing and the allied health-care professionals. Topics covered included the bereavement process, stroke management, relaxation and complimentary therapies and head injury management.

### NURSING PRACTICE DEVELOPMENT UNIT(NPDU)

*Nursing Practice Development Co-Ordinator: Susan Hawkshaw*

### Support for the BSc Undergraduate General Nursing Programme

Fifty-five of our first undergraduate BSc Nursing Students graduated from Dublin City University. Most of these graduates took up positions as staff nurses here in Beaumont Hospital.

The clinical staff, with the support of Clinical Placement Co-ordinators (CPCs) and the Student Allocation Officer, supported and facilitated 270 student nurses on various clinical placements.

The CPCs continued to prepare staff in the clinical area to preceptor and assess students, by running nine preceptorship courses, training a total of 117 nurse preceptors.

The Nursing Practice Development Coordinator, Student Allocations Officer and CPCs maintain strong partnership links with Dublin City University.

### Practice Development

Two of the priority areas for practice were drug administration and nursing documentation.

A warning poster was developed to raise awareness with nurses administering drugs that they are the last line of defence against errors. Also a successful study day on "Medication Management and Error Prevention" was run in November for staff.

A review and update of all nursing documentation is being progressed.

The Clinical Practice Development Nurse continued to support the staff in St Joseph's Hospital. All members of the NPDU and the Clinical Practice Support Nurses took an active part in developing nursing practice.

### Tissue Viability Service

The Tissue Viability Nurse (TVN) service continued to develop a pressure area management programme. To continue raising awareness among staff, the TVNs provided regular in-service education and organised a Pressure Ulcer Study day for staff. The TVNs developed a process to monitor the prevalence rate of hospital acquired pressure ulcers (KPI). The first prevalence was 6.2% in October 2006 whilst the EU average is 18%. They also followed up on 211 reported pressure ulcers, an increase of 58% on those reported in 2005, and carried out a full assessment of all reported high grade pressure ulcers.

The TVNs gave advice and assistance on 1,560 referrals regarding complex wound care and pressure area management, a 70% increase in referrals from 2003.

Also they liaised with Supplies and

Hospital Procurement Services Group in order to ensure economic use of resources, particularly in mattress contracts and VAC therapy.

### Audits from the NPDU

- Audit of CPC Role
- Audit of Hospital-Acquired Pressure Ulcers.
- Audit of aspects of Drug Administration
- Audit of Nursing Documentation
- Audit of Urinary Catheters standards and documentation.
- SWOT evaluation of the rostered year

### NPDU Research papers

- "An evaluation of the Tissue Viability Nurse's Role", Midlands Wound Care conference.
- "Nurses' Experiences and Knowledge of Urinary Catheterisation and Management" Trinity College Dublin School of Nursing and Midwifery 7th annual Interdisciplinary Research Conference.
- "Using simulation to prepare nursing students for their roles as Staff Nurses". Trinity College Dublin School of Nursing and Midwifery 7th annual Interdisciplinary Research Conference.

### OPERATING THEATRE, GITU, CSSD, RADIOLOGY, ST FINBARS DAY WARD.

*Divisional Nurse Manager: Paul Gallagher (January -August 2006)*

*Judy McEntee (August 2006 – ongoing)*

Staff in the division continue to offer a professional service and strive to ensure quality is delivered to clients within an ever-changing environment. We would like to take this opportunity to express our sincere gratitude for the commitment and dedication demonstrated by all.

### Operating Theatres

Overall activity in the Operating Theatre Department for 2006 increased compared to the previous year. 10,600 cases were completed in main theatre

while the day theatre treated 2,261 patients.

The nursing staff are committed to providing an efficient service that is of high standard. This was reflected and celebrated when Theatre Nurses hosted the National Theatre Conference in Beaumont Hospital on September 30, 2006. The conference had a large attendance from all over the country and was well received by all.

The Post Graduate Diploma in Operating Nursing was conducted in partnership with the Royal College of Surgeons in Ireland. Seven nurses successfully completed the programme.

### Staff appointments

Ms Theresa Moran is the newly-appointed Clinical Practice Support Nurse. Theresa works closely with all the Clinical Nurse Managers in aiding and assisting nurse education and professional development in the department.

Ms Elizabeth Oakes was appointed to the role of CNM2 in Neurosurgery Theatre.

### CSSD

Productivity increased in the sterile services department in 2006, with 35,036 sets of reusable medical devices processed in comparison to 34,371 in 2005. This represents an increase of 1.9%.

Education continues to play a vital role in staff development with in-house training programmes provided for technicians. In addition, one member of staff is undertaking a BSc in Sterile Services in DIT, Tallaght, while another is undertaking a MSc in Health Care Management in the Royal College of Surgeons in Ireland.

Ms Celine O'Keefe (CSSD Deputy Manager) retired in 2006 having worked in Beaumont Hospital for a number of years. We offer our thanks to Celine for her hard work and dedication. We wish her a long and happy retirement.

Ms Lisa Carolan was appointed to the post of Deputy CSSD Manager.

One of the team's main objectives was to raise the unit's profile amongst

colleagues in various other departments throughout the Hospital. An information leaflet was devised that explains the service and provides contact details.

The CSSD team worked closely with clinical departments and the Infection Prevention and Control Team in preparation for the National Decontamination Review that takes place in January 2007. The overall aim is to ensure a service that is in line with international best practice.

### General Intensive Care Unit

Five nurses successfully completed the Post Graduate Diploma in Intensive Care Nursing in conjunction with the Royal College of Surgeons in Ireland.

One nurse completed a BNS Degree while another nurse achieved a MSc in Nursing.

Ms Caroline Fallon was appointed to an acting CNM3 position.

Ms Niamh Duggan returned to the role of Clinical Practice Support Nurse on a part-time basis while continuing in her CNM 2 role for the remaining 19.5hrs.

The unit continued to work towards developing the service from a variety of angles.

A new blood gas analyser was installed in close proximity to patient's bedside. This allows the nurse to access up-to-date vital information while adjusting patient treatment in a timely manner.

Two recliner chairs were purchased for the visitors' area. These provide greater comfort during what can often be long waiting periods for families of ITU patients.

Accreditation and hygiene remained a prominent focus, led by a very motivated team. Progress in these areas has resulted in the following improvements:

- Restructuring of storage space including a new linen cupboard and a designated area for cleaning staff to work from.
- Review of patient documentation and flow sheet to optimise the level and quality of information recorded.
- The staff nurse induction programme was reviewed to reflect the needs of

nurses new to Beaumont ITU. This enhanced programme is now operational.

### Radiology Department

The nursing staff in Radiology are in the process of organising a National Radiology Conference that is to take place in April 2007. The conference will focus on the developments within the area of interventional radiology.

A local hygiene committee was formed within the department with nurses actively participating in promoting best practice.

Work is underway to further develop the current induction programme for new nurses to the area.

### St Finbarr's Day Ward

Activity remains high with 6,435 patients attending for day procedures, an increase of 439 patients in comparison to 2005. 1,934 patients were pre-assessed. 137 patients attended for infusion therapy.

Education is ongoing with one nurse completing the CNM management programme, while another works towards her degree. All staff attended the Personal Safety Awareness and Customer Care programme. One member of staff attended the Team Based Performance Management Programme.

In-service training in relation to new equipment, services and safety issues was provided through the year.

### Developments

Ongoing developments continue in relation to patient information and guidelines following surgery. A Staff Nurse introduced a new admission form for non pre-assessed patients. This aids in facilitating a smooth admission process. Another Staff Nurse developed information guidelines for patients undergoing cerebral/femoral angiogram.

The service is now completing more complex cases on a day care basis.

There are plans to further develop the infusion service transferring the care of all patients for infusion to the Day Ward. The Day Ward has facilitated the

allocation of three trolleys for Emergency Department patients on a daily basis in an attempt to help alleviate pressure on that department.

An audit was conducted over a three-month period in relation to Day Ward Services. Feedback from this audit was positive.

Abstracts for poster presentations were accepted from the following National and International Conferences:

14th International Conference on Health Promotion Hospitals, Palanga, Lithuania (May 2006)

### Dublin Castle Innovation Awards 2006

5th Annual National Council for the Professional Development of Nursing, RSCI (November 2006)

Sr. Noreen Brady Smyth continues to be involved in the National Surgical and Medical Day Service section of the Irish Nurses Organisation. There are plans underway to organise the very first day-service nursing conference in Ireland.

### HEALTHCARE ASSISTANTS

*Nursing Support Services Manager:  
Rosemarie Derwin*

At present there are 90 WTE Healthcare Assistant posts within Beaumont Hospital. Healthcare Assistants work directly in patient care under the supervision of registered nursing staff and are employed to provide nursing support in general wards (surgical/medical). Healthcare Assistants also play an important role within the multi-disciplinary team in Richmond Intensive care, Haemodialysis, Out-patients' Department and Emergency Department. With the integration of St. Joseph's Hospital, Raheny, into Beaumont Hospital services, additional HCA posts were created to facilitate care in the 14-bedded Care of the Elderly Rehabilitation unit opened in September 2004.

2006 also saw the fifth rollout of the FETAC (NCVA Level 5) Certificate in Health Care Support. Twelve students from Beaumont Hospital are participating

in the course which runs from September to May (academic year). This eight modular course is facilitated in co-operation with the Mater Misericordiae Hospital, the Rotunda Hospital and Temple Street Hospital. This course will create a basic qualification for Healthcare Assistants within a National framework and is funded by the HSE.

Wednesday, October 18, 2006 was a day of celebration at Beaumont Hospital. Ten healthcare assistants graduated for the first time with the Nursing Staff of Beaumont Hospital.

### Infection Prevention and Control Department

The aim of the Infection Prevention and Control Team (IPCT), with the support of all staff within the hospital, is to reduce the risk of infection through education, surveillance and action.

The team is multidisciplinary, led by a Consultant Microbiologist. The nursing team consists of Tracy Doherty (CNM2), Toney Thomas (CNM2) and John Walsh (A/CNM2). They continued to be involved in various hospital groups and committees while maintaining a clinical focus and offering advice, support and guidance on a wide range of issues.

In order to further enhance and develop the infection control team, the post of Assistant Director of Nursing in Infection Prevention and Control was advertised.

Interviews are scheduled for early 2007.

Infection Control Committee (ICC). This is a multi-disciplinary committee that meets four times a year. The committee has representation from hospital management, senior nursing, specialist units, hospital support services and senior medical staff. The remit of this committee is to advise and support the IPCT, review and ratify policies, documents and reports produced by the ICPT. It reports to the hospital Chief Executive and Medical Board.

### Surveillance

Surveillance programmes on bloodstream infections (BSI), neurosurgical infections and alert organisms including, tuberculosis, MRSA, Vancomycin-resistant enterococci (VRE), and Clostridium difficile continued through the year.

Beaumont Hospital participated in the Hospital Infection Society (HIS) Prevalence Survey of Healthcare-associated Infection (HCAI) 2006. The overall HCAI rate was 4.9% for the Republic of Ireland. Beaumont Hospital's rate was above that of the average for hospitals in our group but that may be partially explained by the complex case-mix in this hospital.

### Education

Educational sessions were provided by the Infection Control and Prevention Team to a wide range of hospital staff.

The ICPT organised a successful hand hygiene awareness programme incorporating a week-long hand hygiene campaign in October. A total of over 600 staff members and 350 members of the public participated in the campaign.

### Professional

Toney Thomas was awarded Fellowship of the Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland. He continued his secondment to the RCSI as course co-ordinator for the Postgraduate Diploma in Nursing (Infection Control). John Walsh enrolled for and commenced the Postgraduate Diploma in Infection Control Nursing.

### Presentations

The IPC team attended and presented posters at various national and International conferences as: the International Staphylococcal Conference, Maastricht, Netherlands: "Don't Panic Conference" in Sheffield: Hospital Infection Society (HIS) Conference, Amsterdam: Annual International Nursing and Midwifery Conference, RCSI: Antimicrobial Resistant Action Plan/SARI (North/South) conference Dublin.

### Achievements

An extension of the electronic alert system in the Emergency Department was introduced to highlight patients colonised or infected with MRSA and/or VRE. Electronic notification of infectious diseases to the Eastern Regional Health Area and Public Health was implemented.

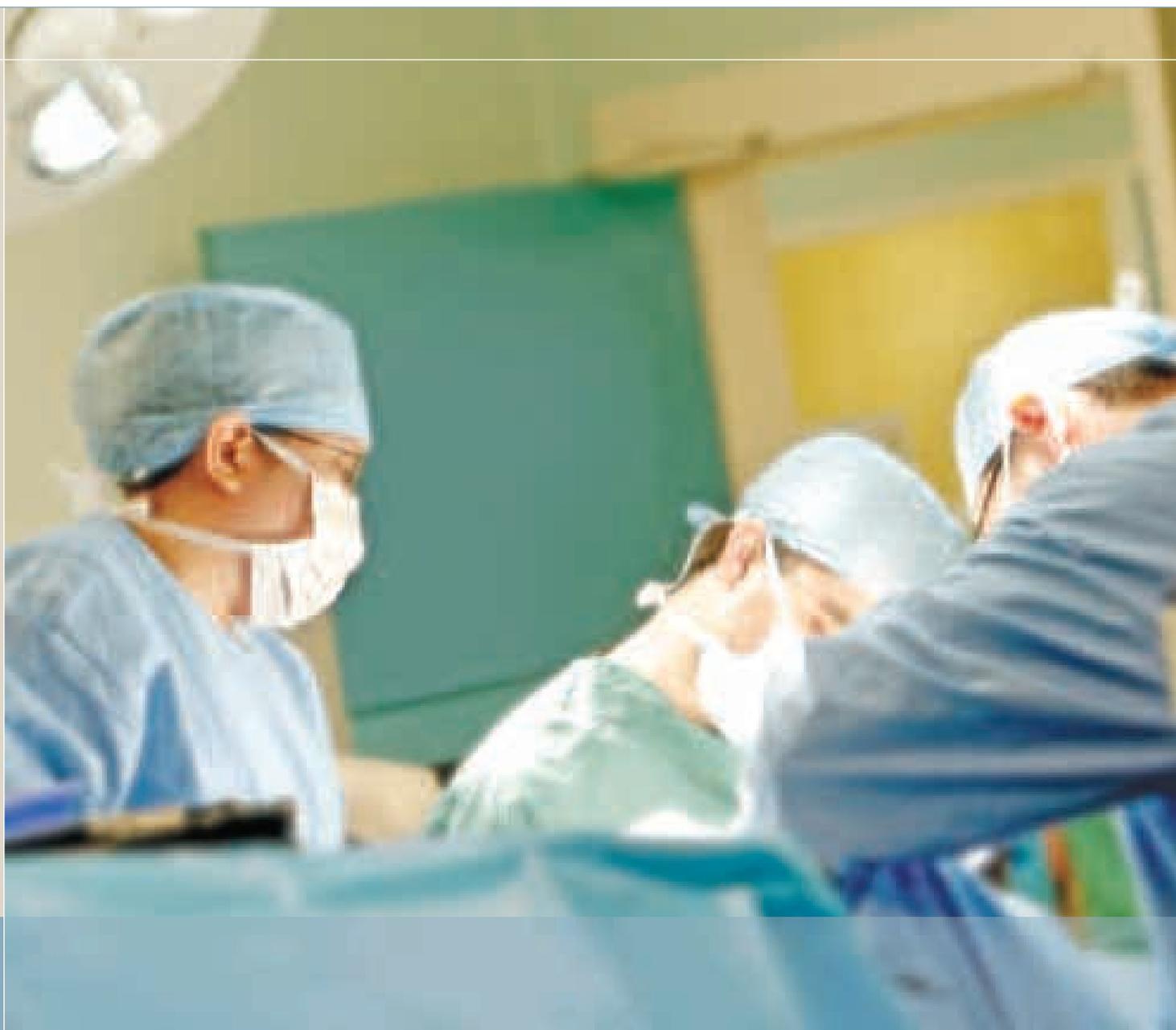
Audits on hand hygiene, sharps disposal, environmental hygiene and waste disposal were conducted. A summary document on Beaumont Hospital compliance with SARI Guidelines on MRSA and hand hygiene was prepared by the ICPT.

All staff in Beaumont Hospital made considerable effort in achieving and consistently improving hygiene standards in the hospital. This is clearly evident from the second National Acute Hospitals Hygiene Audit, undertaken by Desford Consultancy during the year where Beaumont Hospital scored an overall 83%.

## RETIREMENTS 2006

NAME	GRADE	DATE OF RETIREMENT
Maureen Keane	Staff Nurse	13/01/06
Louise Power	Staff Nurse	16/01/06
Kathleen Kelly	CNM 3	28/02/06
Bridget Hogan	Divisional Nurse Manager	31/03/06
Anne Donovan	Staff Nurse	30/04/06
Margaret Fitzgerald	CNM 2	16/06/06
Celine O'Keefe	CNM 2	12/07/06
Celine Purcell	CNM 2	18/07/06
Teresa Magure	CNM 2	31/07/06
Avril O'Leary	Night Superintendent	31/10/06
Marian O'Farrell	CNM 2	31/10/06

## + positive developments



### Theatre activity

	Beaumont	St Joseph's
Surgery	3,884	2,311
Orthopaedics	1,595	35
Urology/transplant	1,560	312
ENT	1,146	-
Neurosurgery	1,582	-
Gynaecology	370	52
Other	319	-
Total	10,456	2,710

The Department of Surgery continued to expand its services in 2006. Several areas within the sub-specialties of general surgery were targeted for specific expansion.

## EMERGENCY DEPARTMENT

The Emergency Department of Beaumont is one of the busiest adult Emergency Departments in Ireland. The department has fourteen Major cubicles, two side rooms, a three-bay resuscitation room and four Minor cubicles with a bereavement room, a Recall Clinic and a General Practitioner Liaison Office.

In addition to the emergency work carried out, there are three Recall Clinics per week and a Dressing Clinic from Monday to Friday.

In 2006 we saw 47,284 patients of whom 2,359 were return patients. The department provided critical care for and resuscitation to 6,550 seriously ill and injured patients, with 303 patients requiring advanced cardiac life support. There were 14,957 attendances with minor injury and illness assessed in the Minors area.

2006 saw a dramatic improvement in the hygiene audit report scoring for Beaumont Hospital in general and the Emergency Department in particular.

The department continues to provide dynamic education in advanced trauma life support, trauma evaluation and management and advanced cardiac life support. Education is provided to undergraduate and post graduate medical personnel as well as nursing staff, radiography staff, paramedical and Fire Brigade Services. In addition to the administrative, medical, nursing and allied health care professionals there is a Clinical Nurse Specialist in chest pain assessment, a Clinical Nurse Specialist in psychiatry, three Clinical Nurse Specialists in minor injuries assessment and a middle grade doctor in the minors assessment area. We have two General Practitioners who provide a sessional commitment to the department. We continue to have only one Specialist Registrar in Emergency Medicine.

The admission rate in 2006 was 18% of total attendances which compares favourably with many departments nationally and, indeed, internationally.

The department continues to face significant challenges in accommodating patients who have been deemed appropriate for admission and in 2006 this accounted for 105% occupancy of the department with admitted patients.

## Research / Audit

Research performed in the department was presented at the International Conference of Emergency Medicine in Halifax in Nova Scotia and at the Irish Association for Emergency Medicine Annual Meeting and at the Research Forum for European Medical Students engaged in undergraduate research in Berlin. Research regarding overcrowding and patient care received awards both in Ireland and Europe with commendation being received for the presentation in Berlin.

Two undergraduate Medical students performed research towards the award of the Bachelor of Medical Science in the department in 2006. One of the Emergency Department Clinical Nurse Specialists received a grant for further research from the Health Research Board.

The second series of Synopses of Cochrane Reviews Applicable to Emergency Services (SOCRATES II) was developed and submitted to and accepted by the Emergency Medical Journal in 2006.

We look forward to continuing to provide a high level of emergency care to the patients in the catchment area of Beaumont Hospital and we would like to thank all the Emergency Department staff and those involved in the provision of on-call care for their continuing commitment to emergency unscheduled care.

## GENERAL SURGERY DEPARTMENT

The Department of Surgery continued to expand its services in 2006. Several areas within the sub-specialties of general surgery were targeted for specific expansion.

### The Breast Unit

This service was expanded greatly in 2006 in line with the Government's strategic plan to develop Beaumont Hospital into a supra-regional cancer centre. The Breast Unit is now supported by three consultant surgeons, Professor Hill, Mr Osborne and Mr Allen. Two breast clinics per week are run including a triple assessment clinic on Tuesday morning.

The service welcomed the arrival of Dr. Deirdre Duke as a consultant with a special interest in breast disease. The arrival of Dr Duke has facilitated greatly the delivery of an efficient breast service to our patients. All patients now receive their breast imaging either on the same day or within a week of their consultation.

In the Radiology Department, the service welcomed the use of a dedicated room for breast imaging, in particular, the arrival of a new breast ultrasound machine. This has streamlined the pathway for patients within the Radiology Department.

In the Pathology Department, Dr Anne-Marie O'Shea was appointed as a Consultant Pathologist and is due to take up her duties in mid 2008. A special feature of the Breast Unit has been the strong collaboration that has developed with the Connolly Hospital Breast Unit. The weekly multi-disciplinary breast conference is now held in conjunction with the Connolly Hospital breast service.

In the latter half of 2006, we were delighted that Ms Mary Harney TD, Minister for Health and Children, was present at the official opening of the new symptomatic breast unit in Beaumont Hospital. These new developments in the symptomatic breast unit have had a significant impact on the patient care delivered to our patients. The average waiting time for an appointment for the Breast Unit in 2005 was over 60 days and this is now less than one week.

### The Vascular Unit

The vascular unit continued its development throughout 2006. The service is greatly facilitated by the presence of four consultant surgeons to deliver the

services for the vascular department. These include Professor Cathal Kelly, Professor Austin Leahy, Mr Hugo Prins and Mr Jacques Bordeaux. The department continued its leadership role in the vascular approach to abdominal aortic aneurysms. The unit currently has one of the largest databases in the country on endovascular aneurysm repair. The department continues its close collaboration with Dr. Frank McGrath in developing the endovascular programme. A significant development during the year was the increased utilisation of St Joseph's Hospital elective facility for vascular surgery procedures. This is a welcome development that has expanded the service provided by the vascular unit.

### The Upper GI and Laparoscopic Unit

This service was led by Mr Broe and Mr Osborne who continue to develop very extensive clinical practice in this area. Mr Broe has continued to provide not only a regional but a supra-regional service for oesophageal surgery and has performed over 50 operations for oesophageal cancer this year.

He has continued to expand his own series of laparoscopic anti reflux procedures which have all been performed on a short-stay basis. One of the challenges within the department is access to the five-day ward and this has been due to the pressure from the Emergency Department. We look forward to working with management to avoid postponement of elective surgery when pressure builds within the Emergency Department.

### The Colorectal Unit

Colorectal services in Beaumont continued to expand with 1,027 new out-patients seen during 2006, increasing from 998 in 2005, 940 in 2004 and 906 in 2003. The overall number of patients seen has also increased again to 4,314 consultations in 2006. Colon and rectal cancer cases continue to increase, representing a major component of our workload. We continue to face challenges to improve services for

patients with benign and malignant colorectal conditions within the current bed complement.

The Stoma Care Department continues to have an increased level of activity. Marianne Doran (CNM2) continues to support development of standards of care for patients undergoing stoma surgery through her participation in the Irish Stoma Care and Colorectal Nurses Association. She hosted a very successful Annual Meeting of the group in Beaumont in 2006.

In addition to a busy clinical year, the department had a number of significant research and academic achievements in 2006. Mr Joe Deasy was President of the Irish Association of Coloproctology and the Annual Meeting in 2006 was hosted in Beaumont Hospital. Ms Deborah McNamara continues as Secretary of the Irish Association of Coloproctology. Ms Sarah Brophy, Colorectal Research Fellow in the Department was awarded the degree of MD for her research into Colorectal Cancer.

## GYNAECOLOGY

The department of Gynaecology provides an elective and emergency service in Beaumont Hospital. Two consultants, Dr Paul Byrne and Dr Barry Gaughan, both of whom have shared appointments with the Rotunda Hospital, staff the department.

The management of women with urinary incontinence continues as one of the special interests of the department. We now use the minimally invasive procedure of Trans Obturator Tape (TOT) sub-urethral sling as our standard surgical procedure for the management of women with stress urinary incontinence.

Recent advances in the management of menorrhagia using minimally invasive techniques such as endometrial ablation have resulted in a reduction in the number of women needing abdominal hysterectomy. We are continuing to evaluate new minimally invasive laparoscopic techniques for the management of women with benign ovarian cysts and mild or moderate endometriosis.

We rely heavily on the excellent day ward facilities provided by Sr. Noreen Brady Smith and her staff. This allows us to offer women a convenient date for day-case surgery when they have been seen in the gynaecology clinic. However, we must still use the waiting list system for major cases as we have inadequate access to seven-day beds. The provision of one extra seven-day bed would reduce our waiting list dramatically and avoid the need to send patients to other hospitals as part of the NTPF scheme.

In 2006, the colposcopy service provided by Dr Byrne, was moved from Beaumont Hospital to the Rotunda Hospital as part of the rationalization of the cervical cancer screening service.

### OTOLARYNGOLOGY / HEAD & NECK SURGERY

Mr Peter Lacy has been appointed to the Department of Otolaryngology, Peter has specific expertise in Rhinology/Anterior Skull Base Surgery, airway surgery and paediatric ENT. His appointment will greatly enhance the academic profile of the Department. Mr Lacy provides two new weekly operating lists in St Joseph's Hospital (exact activity not to hand from there at time of writing this) and two new weekly out-patient clinics, with subspecialty rhinology, paediatric and voice clinics each month.

Patients referred for hearing assessment are now fast tracked directly to the Department of Audiology, this initiative has greatly reduced the waiting time for patients. An additional initiative is being introduced this year patients referred for tonsillectomy are now sent a questionnaire and information sheet on the procedure. If they satisfy specific criteria they are booked directly for a tonsillectomy. This will cut the waiting time for this procedure by approximately 6 months. The case mix for complex operative procedures is increasing each year, last year over 100 major complex operations were performed.

Professor Walsh in his role as Vice President of the European Academy of Facial Plastic Surgery hosted an International Meeting in Dublin in September.

#### *Professor Walsh*

President Irish Society of Otolaryngology.

Secretary Irish Institute of Otolaryngology.

Vice President of European Academy of Facial Plastic Surgery.

Speciality Representative UEMS

Member of British Academy in Otolaryngology Scientific Committee

#### *Mr McConn Walsh*

Secretary, Royal Academy of Medicine in Ireland, Section of Otolaryngology/Head & Neck Surgery.

Course organiser, annual Postgraduate Teaching Course in Otolaryngology for Specialist Registrars in Otolaryngology.

Regional (national) Research Advisor to the Specialist Advisory Committee (SAC) in Otolaryngology.

Member of the National CJD Advisory Committee.

Tutor on the Manchester Temporal Bone Dissection Course for Specialist Registrars.

### Courses

General Practice Study Day, Royal College of Surgeons in Ireland, supervised by Professor M Walsh.

A Structured Teaching Week held in the Royal College of Surgeons in Ireland supervised by Mr R McConn Walsh.

### Prizes

The Sheppard Prize for Scientific Research

'Tamoxifen induces tumour cell apoptosis and blocks metastasis invasion in

Anaplastic Thyroid Cancer'

J P O'Neill - Beaumont Hospital, Feb 2006

RAMI prize for best research paper.

Dr Tara Mackle

Royal Academy of Medicine in Ireland, Otorhinolaryngology section. Tara Mackle April 2006

Ms Emer Lang – IOS 2006

Temporal Bone Course Medal and First Prize awarded jointly: Latif Kadhim, Munish Shandilya.

Head and Neck Course Medal awarded jointly: Mona Thornton, Orla Young.

MCQ for Structured Teaching Course, First Prize: Michael Harney.

Otolaryngology Section of Academy of Medicine Prize: Orla Young and Patrick Sheahan.

Registrars Prize: Mona Thornton.

## + positive developments



### Bed days used

Surgical	46,415
Neurosurgery	25,794
Urology	7,547
ENT	6,158
Medical	99,209
Nephrology	16,201
Cardiology	14,271
Neurology	10,707
Other	4,797
	231,099

## DERMATOLOGY SERVICE

The Dermatology service in Beaumont Hospital provides a service for 5-6,000 patients per year. Dr Gillian Murphy is a trainer for the National Dermatology Specialist training programme. Dr Murphy runs the National Photodermatology investigation programme for investigation and management of photosensitive patients. Dr Murphy also runs a research programme on skin cancer, currently focussing on the genetic factors predisposing to skin cancer in renal transplant patients. Dr Mary Laing has been studying genetic aspects of carcinogenesis in renal transplant patients. She has discovered that polymorphisms in a gene which influences folic acid metabolism confers significant risk of skin cancer in renal transplant patients. Previously we have had 1 MD thesis, 1 PhD thesis and 2 MSc theses stemming from the research programme. We also have a research programme into lupus erythematosus and its impact on quality of life, mechanisms of photosensitivity, photoprotection, and its effects, if any, on calcium metabolism. Some photo-sensitive lupus patients were markedly vitamin D deficient even despite vitamin D supplements. We have discovered that patients with malignant melanoma are four times more likely to get breast cancer and that breast cancer patients in Ireland also have a similar level risk of melanoma. These findings change the way we screen and follow up these patients. We are currently setting up a database and biobank of melanoma patients to explore this together with other genetic risk factors.

A full range of Dermatology services is provided including photochemotherapy, phototherapy and iontophoresis currently in the Physiotherapy Department. Patch testing and intradermal skin testing diagnose delayed hypersensitivity reactions and immediate hypersensitivity reactions such as occupational dermatitis and latex allergy. These procedures are

carried out as out-patient procedures in an allergy clinic in conjunction with our Specialist Nurse, Ann Buckley. Photodynamic therapy (PDT) is a procedure designed to deal with extensive superficial cancers of the skin and precancerous lesions. This is also a nurse-led procedure carried out in an out-patient setting. In the last year we have introduced MAL PDT with a new lamp which is more effective than the previous ALA PDT. Day-case procedures, such as treatment of extensive skin disease and wound care, are also provided. Management of leg-ulcers requires a combination of investigative procedures including patch-testing circulatory investigations and specialised Profore dressings. We run a cryotherapy clinic once weekly for rapid throughput of patients requiring repeated treatment of recurring lesions. Dermatology clinics run on Monday, Tuesday, Wednesday, Thursday and Friday. On average 35-40 patients are seen, with a wide variety of skin disease. There are more than 3000 different skin diseases, thus a consultant-led clinic is essential. Essential to diagnosis is the availability of excellent dermatopathology and immunology services such as are available in Beaumont Hospital.

Dermatological surgery is a big part of our service provision. We remove more than 500 lesions per year. As our waiting list for out-patient visits now extends beyond 17 months, patients are triaged into the clinics on the basis of diagnosis. We try to see patients with malignant melanoma within one week of receipt of referral letters, and non-melanoma skin cancer within one month of referral. Most lesions removed are skin cancers. Our waiting list for surgical procedures has improved greatly with the addition of surgical lists in St Joseph's Hospital.

Beaumont Hospital is the National Renal Transplant centre; renal transplant patients have a risk 250-times that of the normal population, detailed skin surveillance is required to

The endocrine service, particularly pituitary endocrinology, continued to expand during 2006. Currently, we care for approximately 1200 pituitary patients with 80% of our referrals coming from outside the Hospital catchment area, making us the *de facto* national pituitary centre.

detect skin cancers early in these patients. Patients at relatively high risk need to be seen every three months and high-risk patients more frequently. This puts considerable pressure on out-patient services and on our surgical lists. Renal transplant patients are assessed by our special research registrar, our main interest is in preventing and detecting early skin cancers.

In-patients develop complications of disease and drugs which impact on the skin; we currently see 5-6 such patients every day and jointly manage many with severe skin disease. Only patients with very severe skin disease are admitted, most patients are managed as out-patients. There are three beds for Dermatology admissions. With appointment of more consultants it may be necessary to increase the quota of beds. Ideally such patients should be managed by specialist nurses.

Our service has a weekly Dermatology-pathology meeting to discuss and audit biopsies taken to confirm diagnosis and assess adequacy of removal. Dermatologists in North Leinster meet monthly for a case discussion meeting, the meeting rotates between Beaumont Hospital, Our Lady of Lourdes Hospital, Drogheda, Children's University Hospital, Temple Stree, and the Mater hospital. Usually about eight cases are presented and discussed.

We have reconfigured our services so that we now run a weekly cancer clinic, with a monthly multidisciplinary clinic in conjunction with radiotherapy/plastics to assess best care in complex cases. We also have a weekly emergency dermatology clinic for urgent cases. We run a clinic specifically for patients on significant systemic medication managed by protocols, a clinic for infective/ inflammatory diseases, a cancer prevention clinic and an allergy service. This will enable more efficient assessment of patients, better monitoring of treatment and better audits of practice.

## ENDOCRINOLOGY AND DIABETES

### Department of Endocrinology

The endocrine service, particularly pituitary endocrinology, continued to expand during 2006. Currently, we care for approximately 1200 pituitary patients with 80% of our referrals coming from outside the Hospital catchment area, making us the de facto national pituitary centre. There has been a significant increase in referrals as the results of the increased awareness of effect of head trauma on pituitary function following the landmark work on this subject undertaken by our department over the last 5 years. As a result, the unit now runs three medical pituitary clinics per month in addition to a joint monthly neuroendocrinology-neurosurgery clinic. Also, a new weekly general endocrine clinic started in December. Regular multi-disciplinary team meetings are held for pituitary, thyroid, parathyroid and adrenal cases.

In August, Dr Amar Agha took up his post as a Consultant Endocrinologist with special interest in pituitary endocrinology and endocrine oncology. The aim of that appointment was to further develop the pituitary service with emphasis on providing endocrine care for patients with head trauma and cranial radiotherapy and the development of integrated thyroid cancer (and endocrine oncology) service in Beaumont Hospital, particularly as a new radiation oncology unit is due to open shortly.

### Endocrine research /audit

The unit has developed an international reputation in research into pituitary disease. It is considered a world leader in research on pituitary dysfunction following traumatic brain injury and cranial radiotherapy. It is a key international opinion leader in the endocrine control of water balance. In 2006, our department continued to publish on those topics in the leading journals in the field. Furthermore, Dr. Rachel Crowley is currently investigating

sleep, appetite and metabolic disorders in craniopharyngioma patients for her MD thesis (in collaboration with Professor Richard Costello). A major audit (the largest international series) on the natural history of pituitary tumours is currently underway.

### Department of Diabetes

Over 4,500 patients attend the diabetes department as the epidemic of diabetes continues to affect the Beaumont Hospital area.

In 2006 the new diabetes centre was officially opened by the Minister for Health and Children, Ms Mary Harney, TD. The new building has significantly improved the environment in which we are able to deliver care to patients with diabetes. In the centre, over 6,500 patients were reviewed in 2006, staff dealt with acute diabetes emergencies, delivered individual and group education sessions for patients with type 2 diabetes and offered continual support for patients with diabetes. Diabetes Nurse specialist, Sonya Gleeson, and Eimear Fanning, Senior Dietitian, ran six DAFNE courses (specialised 5-day education programme) for patients with type 1 diabetes. The patient response to this course has been extremely positive, many describing the course as a life-changing event. Care of diabetes on the wards continues to be addressed with a full-time diabetes nurse specialist devoted to diabetes patient care on the Hospital wards.

In 2006, there was a significant increase in the number of general diabetes out-patient clinics from four to nine per month. This has allowed us to reduce the out-patient waiting list from 24 to 6 months, this reduction has been achieved without any increase in diabetes staff. The specialist clinics including the young adolescent clinic, the diabetes foot clinic and a new insulin pump/DAFNE clinic continue on a weekly basis. A monthly combined diabetes renal clinic with Professor Peter Conlon was also established in order to facilitate and improve diabetes care to this very high-risk population

group. The heads of department would like to express their gratitude to the diabetes multidisciplinary team who continue to provide a high level of care for patients with diabetes and without whom the significant reduction in the waiting lists would not have been possible.

### Diabetes research/audit

The department is committed to an ongoing audit and research programme. In 2006, a number of audits started, examining diabetes control in the young adolescents and metabolic control in the pancreas transplant cohort. Dr Eoin O'Sullivan commenced his MD thesis examining the association between a bone glycoprotein called osteoprotegerin and diabetic vascular disease in collaboration with the vascular laboratory and Dr Patricia Fitzgerald.

### Education

The department runs a very active training programme in endocrinology and diabetes for the trainees with four dedicated educational sessions per week, making Beaumont Hospital the most popular institution for trainees in endocrinology and diabetes in Ireland. The department participates actively in teaching for undergraduate medical students and also in teaching for the first and second part of the MRCPi and in a monthly endocrine club with specialists from other hospitals in the city.

### INFECTIOUS DISEASES

In 2006 we provided services to 57 people newly-diagnosed with HIV infection, which represents 17% of the Irish total. The core infectious disease team in Beaumont Hospital provides multi-disciplinary care and links clients to specialist services for assistance post-torture, with drug use, psychiatric comorbidity, support societies for people living with HIV, GPs, NGOs, and services for immigrants and asylum seekers. We have developed within a network of service providers in the community and link with family doctors, with the client's permission,

with Spirasi – an NGO with internationally recognised skills in helping victims of torture, with Psychiatrists of Drug Addiction, community psychiatrists, the Rainbow clinic in Our Lady's Hospital, Crumlin, for infections in Pregnancy, Open Heart House for massages, friendship, psychological support, and referrals to counsellors and to many other organisations.

Prevention is a strong focus of our work. For people with HIV we offer vaccinations for Hepatitis B, influenza, pneumococcus, and Hepatitis A in some cases. We perform contact tracing for those newly diagnosed with an infectious disease so that others at risk can be tested. We give advice (and hand out devices) to lower risks of transmission. We offer services for lipid lowering and smoking cessation. We use modern pharmacogenetics to identify people at increased risk of side effects of certain medications and then avoid those medications for that person. We anticipate and prevent drug-drug interactions for those on the powerful anti-retroviral medications.

The Tropical Medicine encounters a wide and complex range of medical conditions. These include: tuberculosis of the scrotum, spine, brain, psoas muscle and lungs, schistosomiasis, Boutonneuse fever, scrub typhus, neurosyphilis, loa loa, cerebral malaria, to name a few. Two are being written up as case reports. We have drawn up guidelines for clinic management of malaria in a hospital setting and implemented these as care plans. These have been shared with other hospitals and could form the basis of national guidelines.

Several audits and prospective pieces of research were performed. An audit of our care provided to people infected with Hepatitis C virus showed that we are very good at diagnosing and treating this infection, but highlighted the need for annual ultrasound tests and alpha-foetoprotein measures as recommended for cancer screening. Because the majority of our clients have genotype 3 of HCV we have

found very high rates of permanent cure for Hepatitis C infection. An out-patient review of patient satisfaction indicated very high levels of client satisfaction for the out-patient services that we provide. An out-patient review of the quality of education that we deliver is being analysed at present. We have started recruitment into Dublin City HIV cohort and continue recruitment for platelets in malaria study.

In financial terms our budget reflects the massive growth in the scale of the services that is provided by this department. The anti-retroviral drug budget alone has risen from €1.3m in 2004 to €2.1m in 2006, reflecting increased number of patients on treatment. We prescribe, dispense and monitor anti-retroviral medication for 284 patients, about half of those with HIV for whom we provide services. The cost is about €12,000 per person per year, for life-saving treatment that completely revolutionises their lives. Most people are almost completely well on treatment, and living their lives as they wish, fulfilling their plans - to help their children grow up, or to buy that second apartment in Spain which they have had their eye on.

The challenges presently are related to human resources, particularly during holiday times or staff development events. We are working towards providing a regular service throughout the year by engagement, discussion and negotiation. The pressure on staff is greater when they are over-worked but presently because of rapidly-changing advances in diagnosis and treatment, most of us who work in the areas of chronic viral infections and tropical medicine find it rewarding, satisfying and very enjoyable. We would like to offer a more continuous service for returned ill travellers as people with undiagnosed fever, malaria and typhoid fever require urgent assessment and care. We would like to continue to expand the range and scale of services to those with chronic viral diseases.

We would like to increase the clinical research integrated in our services, ideally so each person who comes for care can be offered the opportunity to participate in a trial, and thus contribute to incremental improvements in our knowledge of infectious diseases. This, we believe, is the means, not just to achieve excellence in our service provision, but to exceed the current boundary of excellence and go beyond it to new ideas, techniques and interventions that could help people with infectious diseases.

### MEDICAL ONCOLOGY SERVICE

The European Society of Medical Oncology formally recognised Beaumont Hospital as a designated Cancer Centre with integrated palliative care in 2006. This enhances the national and international recognition of Beaumont Hospital and adds to the momentum for the future planned developments.

Oncology Nurse Specialists were successful in winning competitive travel awards to the National Cancer Institute, USA, for training in principles of clinical research and methodology. The links generated during their six-week period have continued to strengthen the commitment to further development of all aspects of cancer care, both for patients and staff, and given new insights into the potentials of the Cancer Services at Beaumont Hospital.

The Medical Oncology service at Beaumont Hospital ranked as the preferred location for training in medical oncology at Registrar level. The atmosphere amongst staff, the opportunity for research and publication, and the associated mentorship were amongst the reasons.

The Cancer Clinical Trials Unit, funded by the Health Research Board, has further developed its portfolio of trials on offer, including collaboration with the NSABP group in the United States, heightening the international profile of the Hospital. The aim for the forthcoming year is to increase staff

numbers to allow a greater range of trials to be on offer for patients with cancer, and to become the premier oncology clinical trial centre within Dublin and the nation.

The Oncology Pharmacy continues to support and streamline methods to enhance the patient's experience within the day unit, in conjunction with the dedicated, experienced oncology staff. The attention to detail involved in script development, agent management, clinical trials and non-trials based therapies is at the highest level, as per two separate independent external audit teams.

Collaboration with the other disciplines within the Beaumont Hospital campus have developed multidisciplinary meetings, enhancing the process of treatment planning for patients, while providing an educational forum for staff, medical and nursing students.

Future developments for 2007 / 2008 will include the initiation and integration of an electronic patient record for patients with cancer; chemotherapy and radiation prescribing via this system; unified database for all cancer-related activity within the campus; increased emphasis on translational research and ongoing development of Beaumont Hospital as the Supra-Regional Cancer Centre for North Dublin and the North East.

### OCCUPATIONAL HEALTH DEPARTMENT

*Head of Department: Dr Blánaid Hayes*

2006 proved to be a busy year for the Occupational Health team and saw the development of closer working relationships with other hospital departments under the aegis of the Integrated Quality and Safety Department. In addition, the team's efforts towards providing a healthy work environment received a commendation during the process of accreditation.

We continued to direct our energies towards improving the safety of the work environment.

The recommendations of the Needlestick Working Group will be launched in 2007. While no single intervention will eliminate needlestick injuries, much could be achieved by introducing safety devices. Our audit this year showed greater availability of this equipment in clinical areas than in 2005.

Rehabilitation is a major focus of our service and much can be done to improve outcomes of illness and injury by taking a rehabilitative approach and by accommodating impaired employees on restricted duties as they gradually return to full health. This is considered good practice and is also required by law. We greatly appreciate the co-operation we receive from many managers in implementing this approach. We also greatly value our relationship with the Physiotherapy Department to whom we refer a growing number of staff for rehabilitation programmes annually.

2006 saw the launch of the Department of Health and Children's guidelines on "Prevention of Transmission of Blood Borne Diseases in the Healthcare Setting". These guidelines have implications for the employment of staff who perform exposure-prone procedures.

The significant increase in uptake of influenza vaccination observed in 2005 (26% of staff) was not sustained in 2006. We believe that the high media profile of the risks of avian and pandemic influenza caused this increase and once the "fear factor" was removed in 2006, overall uptake reverted back to 19%.

With regard to research activities, a number of presentations, posters and papers were presented / published during the year. Details of these, along with a more comprehensive annual report, are available from our administrative office.

## Manual Handling

Newly-published guidance on standards of best practice in patient handling for an Irish acute health care setting should bring significant benefits to patients, carers and health care managers.

Prior to this, there was considerable confusion and uncertainty for practitioners as the only published guidance was written for the UK health service. It is widely acknowledged that clinical managers play a vital role in ensuring that best practice in patient handling is adopted in the workplace. This has been difficult to achieve in the absence of Irish guidance. The Minimal Handling Advisory Group, of which Beaumont is a member, published "Towards Safer Patient Handling (Part II):-Agreed Patient Handling Procedures" – incorporating agreed core practical procedures for inclusion in a standard one-day training programme. The manual handling training in Beaumont Hospital is based on the principles outlined in this document. This facilitates a "passport system" of training which is transferable between employees in the DATHs group since November 2005. Inanimate manual handling training has not been included to date.

Corporate Induction for all new employees in Beaumont Hospital began in January 2006, A new system of delivering manual handling was specially developed for interns this year, which was based on the group's previous level of knowledge. Evaluation found 96% to be very satisfied with the programme and they felt it was relevant to their job.

During 2006, 613 staff were trained in one-day moving and handling programmes. In addition, a number of people were trained "on site" in their specific work areas including staff in St Joseph's Unit. The Manual Handling team (and the Health and Safety team) are working with the IT Department to improve the recording of training and qualifications on the Storm System.

## Presentations:

23rd March 2006. 'The Management & Reduction of Health & Safety Risks – Sharps Injuries: Safety Technology' presented at the 'Safer Place to Work' conference at the Royal Society, London (Dr B Hayes).

22nd April 2006. 'National Guidelines on Bloodborne Pathogens' presented at the National Needlestick Injuries Conference at Dublin City University (Dr B Hayes).

18th November 2006 'National Guidelines on Bloodborne Pathogens' presented at the Annual Study Day of the Phlebotomists' Association of Ireland, Mater Misericordiae Hospital, Dublin (Dr B Hayes).

## PAEDIATRIC MEDICINE

The Children's Ward benefited from environmental improvements during the year and these are ongoing with the playroom and classroom. Parents and children are generally very appreciative of the ward environment and facilities. These are important as some of the conditions treated necessitate a long stay, the average length-of-stay for neurosurgical cases is 8.23 days.

The majority of admissions are ENT (including the Cochlear Implant programme) and Neurosurgery, and admission numbers and length-of-stay were similar to previous years.

The Paediatric Clinical Standards Group organised and hosted a Paediatric Critical Care Study Day in April which was very well attended by Physiotherapy, nursing and medical delegates.

The Ward Service Plan for the year had seven objectives which included the production of ENT admission and discharge information and leaflets for parents; improvements in ward communication and implementation of recommendations of the 2005 pain Audit.

There was a hygiene audit, infection control and sharps review.

An ongoing project on aftercare of children with acquired head injury between the Hospital school and medical staff has been started with several constructive planning meetings.

Our schoolteacher, Avril Carey, and her assistant provide educational support for patients and liaison with patients' own schools during their stay on the ward. Secondary level students in adult wards in Beaumont Hospital and children in Cappagh Orthopaedic Hospital also benefit from our school programme. Ms Carey has carefully developed a fine service which is an integral part of the ward's day activities for the children.

Sisters Edel Arthur and Bridget O'Connor, together with an excellent staff of paediatric trained nurses, provide a thoughtful and careful service in conjunction with other ward staff.

The paediatric registrars for the year were Drs Lisa Bradley and Youssef Elfaki. Drs Sylvia Dockeray and Dubhfeasa Slattery provided consultant general paediatric cover supported by the paediatric staff of the Children's University Hospital, Temple Street; Mr David Allcutt is our Paediatric Neurosurgeon, and Paediatric Neurologists Drs Mary King, Bryan Lynch, Prof. Joe McMenaman and Dr David Webb also visit the ward.

## PALLIATIVE CARE SERVICE

The Palliative Care Service is led by Dr. Regina McQuillan, Palliative Medicine Consultant, and has three full-time Clinical Nurse Specialists, a Palliative Care Registrar, a Palliative Care Social Worker and a full time secretary.

The service has seen an increase in referrals for patients with both malignant and non-malignant diseases. 17% of referrals are for patients with non-malignant diseases. The team continues to act as advisory, educational and support resource for medical, nursing staff, patients and their families.

In 2006 the syringe driver policy was revised and updated. In conjunction with the Pharmacy Department new

analgesia conversion guidelines were written and have been distributed to all wards in Beaumont Hospital. This policy and guidelines are also available on the Beaumont Hospital Intranet.

We are currently reviewing the use of Graseby MS16A syringe drivers within the Hospital in conjunction with other hospital disciplines and examining the use of sub-cutaneous needle-less device system.

The team carried out an audit of opioid drug errors. The audit was presented at Grand Rounds and was used as the basis for other educational inputs.

Marking Beaumont Hospital's designation as one of the four radiotherapy centres for the country, the 2006 Annual Multidisciplinary Palliative Care Study Day focused on cancer care including issues dealing with communication, symptom management and the role of palliative chemotherapy and radiotherapy.

The increased numbers of participants from both Beaumont Hospital and other healthcare areas is encouraging and we look forward to next year's Palliative Care Study Day in September.

## PSYCHIATRY

The Department of Psychiatry continues to provide a range of consultation-liaison psychiatry services to Beaumont Hospital. These services encompass the assessment, diagnosis and treatment of subjects with psychiatric disorder in the setting of a general medical hospital. We have a substantial input into the Emergency Department and a considerable amount of our work-load involves the assessment and management of the patients who present following deliberate self-harm.

The department can be divided into four main areas of sub-specialisation:- General Adult Liaison Psychiatry, Neuropsychiatry, Psychiatry of Old Age, and the in-patient Detoxification service based in St. Michael's Ward.

## New Appointments

Dr. Siobhan MacHale was appointed as Consultant Liaison Psychiatrist in October 2006.

## Current Levels of Activity

### In-patient consultations

The Department of Psychiatry carried out a total of 1,158 in-patient psychiatric consultations in Beaumont Hospital in 2006. Our consultation service encompasses all medical and surgical wards with a dedicated registrar in Neuropsychiatry.

### Out-patient consultations

The Psychiatry Department runs six out-patient clinics per week and one monthly Behavioural Genetics clinic:-

In addition, outside of formal clinics, 179 additional patients were seen in the Psychiatry Department and of these 12 were patients of Dr. Maguire and 42 were patients of Psychiatry of Old Age.

### Emergency Activity

There were 1,242 referrals for psychiatric assessment in the Emergency Department in 2006 (an increase of 13% on referrals for 2005). These figures do not include follow-up

reviews. The Irish Suicide Prevention Working Group has collected information on deliberate self-harm rates in all the major Emergency Departments nationally. Beaumont Hospital, with 840 cases of deliberate self-harm in 2006, has the highest rates for any general hospital in Ireland.

The majority of ED assessments were for deliberate self-harm. Patients with depression, psychosis and alcohol and substance abuse account for a significant proportion of the workload in ED also. The numbers of individuals being brought from Dublin Airport for psychiatric assessment has increased substantially over recent years.

## Service Developments

Dr. Siobhan MacHale commenced as Consultant Liaison Psychiatrist in October 2006. Dr. MacHale is working with Professor Cotter to further develop the Psycho-Oncology service. As part of this development they have, in collaboration with Drs. Liam Grogan and Oscar Breathnach, submitted an application for the development of psycho-oncology Clinical Nurse Specialist position to the Irish Cancer Society. There is an awareness that future developments in the provision of oncology services within Beaumont

## Out-patient consultations

Clinic	Consultant	New patients	Reviews
General Liaison out-patient psychiatric service	Professor Mary Cannon Dr Anne Maguire Dr Siobhan MacHale	53	325
Neuropsychiatry	Professor David Cotter	80	37
Psycho-Hepatology	Dr MacHale & Professor Cotter	30	37
Substance Misuse	Dr John O'Connor	22	463
Psychiatry of Old Age	Dr Mary Cosgrave	32	247
Behavioural Genetics	Professor Kieran Murphy	36	

should be met with appropriate developments within psychiatry. Dr. MacHale is working with the Renal Transplantation Service in establishing and providing a dedicated Consultation Liaison psychiatry service.

### Psychiatry of Old Age

The Old Age Psychiatry service is a multidisciplinary service that operates in Beaumont Hospital, the community and St. Ita's Hospital. In Beaumont Hospital, it provides a consultation service for elderly patients. In 2006 a total of 584 referrals were made to us. These patients are screened by the non-consultant hospital doctors and are reviewed on a weekly consultant ward round. The department sees out-patients at home or in the Hospitals and 346 referrals were received in 2006. This service is organised from St. Ita's Hospital.

Three group therapy courses were run at Beaumont Hospital during 2006. We also have a carers group and plan a reminiscence group. The team is involved in the teaching of medical and nursing students. We have students from the MA in Psychoanalysis Dublin Business School on placement also. We have doctorate students in psychology. A number of research projects are underway or planned; topics include delusional jealousy, cognitive stimulation therapy in dementia and prevalence of dementia and depression in nursing home patients.

Future developments include involvement in the development of a proposed multidisciplinary team for outreach to nursing homes and the planning of the Day Hospital.

### Drug Detoxification Service

St. Michael's Ward provides a Drug Detoxification service primarily for individuals who are dependent on opioids. However, cross-addiction to codeine, cocaine, benzodiazepines and alcohol is increasingly common. There were 135 admissions to St. Michael's Ward in 2006. Medical input

to the unit is provided by Consultant Psychiatrist Dr. John O'Connor and Psychiatry Registrars from Trinity Court Drug Treatment Centre.

### Psychology

The Psychology Service to Liaison Psychiatry met with 90 patients last year for a total of 601 sessions. One Stress Management and Relaxation Training (SMART) group was held in partnership with the Social Work Department. In 2006 psychology staffing comprised two half-time senior clinical psychologists as well as one psychologist in clinical training for a period of five months. The psychology service to liaison psychiatry provides neuropsychological assessment, personality and psychopathology assessment, psychotherapy assessment and individual and group psychotherapy.

### Social Work in Psychiatry

Peter McCartan and Eileen Reilly job-share the single Senior Medical Social Work post for the Liaison Psychiatry service. Eileen Reilly has been in post since January 2006. The social work service provides individual, family and group therapy to both in-patients and out-patients of the Liaison Psychiatry Team.

Stress Management and Relaxation Training (SMART) programmes were organised and co-facilitated by the social work team on two occasions in 2006. All team members were involved in further training in 2007.

Eileen Reilly continued with her training in Systemic Family Therapy with the Clanwilliam Institute. Peter McCartan continued to be involved in teaching on the undergraduate Medical Student Programme in RCSI and as an undergraduate Fieldwork Placement Tutor on the BSS Social Work Training Programme with Trinity College Dublin.

Peter successfully completed his training in the Teaching and Supervision of Systemic Family Therapy through the Department of Child and Family Psychiatry in the Mater Misericordiae Hospital Dublin.

In the Spring of 2006 Peter trained as a trainer in STORM (Skills-based Training on Risk Management) – a suicide prevention training programme. Peter has now joined a multi-disciplinary team to deliver STORM training on behalf of the HSE Northern Area Health Promotion Unit, to professional health care staff.

Both Eileen and Peter will continue their involvement with the Bereavement Support Service, provided under the auspices of the Social Work Department in Beaumont Hospital. This service receives a considerable number of referrals from the Liaison Team.

### Diplomas/Higher Degrees

#### PhD Awarded

Kyla Pennington: University of London; 'Cellular and proteomic analysis of the human cerebral cortex in schizophrenia'. Awarded April 2006

### Research

Research in the Department of Psychiatry encompasses a number of key areas including behavioural genetics and the epidemiology, genetics, neuroimaging, proteomics and animal models of psychosis.

### Grants

Resource for Psychoses Genomics, Ireland. (Wellcome)

A novel high-risk study of schizophrenia susceptibility using a population-based cohort of people with velo-cardio-facial syndrome. (HRB)

Psychiatric Genetics. (RCSI)

Susceptibility genes for psychosis in individuals. (Wellcome)

Characterisation of Neuronal & Gial Cytoarchitecture in major psychiatric disorders and the investigation of potential mechanisms. (Wellcome)

An Investigation of Neuronal and Gial Density size and organisation in the insular cortex. (Stanley)

Proteomic Investigations of the dorsolateral prefrontal cortex, hippocampus & paraventricular nucleus, & the assessment of paraventricular nucleus corticotrophin releasing factor protein & gene expression. (Stanley)

An Investigation of Axonal density and protein expression of myelin basic protein and proteolipid protein in dorsolateral prefrontal cortex and white

matter in schizophrenia and bipolar disorder. (Stanley)

Proteomic Investigation of subcortical white matter in bipolar disorder and schizophrenia. (HRB)

Proteomic investigation of subcortical white matter in schizophrenia and bipolar disorder. (NARSAD)

Investigation of catechol-O-methyltransferase mutant mouse

following exposure to cannabis during adolescence: a model for a gene-environment interaction & increased vulnerability to schizophrenia (Science Foundation Ireland).

**RENAL UNIT**

2006 proved an extremely busy year for the renal service with considerable changes in senior personnel and in activities. Early in the year Ms Bridget Hogan, Renal Unit Divisional Nurse

**TABLE 1 - Three-Year Activity Analysis (2004–2006)**

	2004	2005	2006
<b>Hospital Activity</b>			
In-patient Admissions	1,426	1,605	1,663
Out-patient Attendances	5,617	5,439	5,380
Renal Day Care Attendances	2,424	2,631	2,729
<b>Transplantation</b>			
Total Number of Transplants	146	129	146
Total Kidney Transplants	141	124	141
(Living Related)	(2)	(0)	(2)
(Paediatric Living Related)	(1)	(2)	(1)
Simultaneous Pancreas/Kidney	4	3	4
Pancreas only	0	0	0
Simultaneous Liver/Kidney	1	1	1
Transplant Waiting List (Year end)	287	350	305
Patients attending Beaumont for transplant follow-up	696	692	671
<b>Haemodialysis</b>			
Total Haemodialysis Treatments	28,096	31,557	34,665
Maintenance Haemodialysis Treatments	21,461	24,856	26,956
Patients on Maintenance Programme (Year end)	185	205	207
Acute Haemodialysis Treatments	6,450	6,093	6,789
<b>Plasmapheresis Treatments</b>			
	203	221	162
<b>Renal Biopsies (native kidney/transplant)</b>			
	246/127	285/125	265/165
<b>CAPD Programme</b>			
Patients on CAPD programme (Year end)	67	62	50

Manager, and Ms. Kathleen Kelly, CNM3 for Haemodialysis, both of whom have been in the Renal Unit for more than thirty years, retired. Later in the year Dr John Donohoe retired also after a long and illustrious career. These retirements herald the end of an era during which the Renal Service was established and developed to a very high standard. It is hoped that the consequent changes in personnel will enhance and build on the work of those that went before.

The considerable pressures which have been existing for many years for the provision of haemodialysis services were somewhat alleviated towards the end of 2006 with the opening of Northern Cross Dialysis Unit, a satellite unit of Beaumont Hospital which is managed by Fresenius Healthcare. At the end of 2006 there were ten patients receiving dialysis there with funding committed for up to 32 patients.

### Clinical Activity

2006 also saw the announcement of the commencement of the Living Donor Kidney Transplant Programme. Beaumont Hospital has been performing between 140 and 150 kidney transplants for the last number of years but the waiting list for transplantation has continued to grow. As a consequence a programme has been put in place initially hoping to do 15 living donor transplants in the first twelve to eighteen months and subsequently growing the programme as the need requires.

Towards the end of 2006 two new locum nephrologists, Dr Niamh Kieran and Dr Frank Kelly, were appointed in order to try and further develop the living donor programme and to replace Dr John Donohoe who retired.

The renal team continued to put a lot of effort into further developing plans for the development of the new freestanding haemodialysis unit on the campus of Beaumont Hospital. Planning permission was received during 2006 but tendering has not yet commenced.

The Renal Unit continued to develop an active research interest presenting at all of the major scientific meetings including the American Society of Nephrology, American Transplant Society and European Renal Association. The Unit also continues to participate in the training of Specialist Registrars in all aspects of nephrology and transplantation.

## + positive developments



Beaumont Hospital is one of the largest departments in the country for training in anaesthesia

# Department of Anaesthesia & Intensive Care

**The Acute Pain Service, co-ordinated by Sister Joanne O'Brien, has transformed the management of post-operative pain in the Hospital.**

**Chairman: Dr Rory Dwyer**

**Hon Secretary: Dr Michelle Halpenny**

**Administrative Secretaries: Ms Anne Doyle / Ms Gemma Howard**

The department maintained its level of activity throughout 2006 and developed additional services in new areas.

A total number of 11,027 patients passed through Theatre Recovery Room in 2006 (10,684 in 2005). Numbers alone do not convey the complexity of this workload. A large number of these are major procedures which are demanding in terms of complexity and duration. Minor and intermediate procedures are increasingly performed in St Joseph's Hospital, Raheny, or in other institutions, and Beaumont is restricted to major operations which cannot be undertaken elsewhere.

The requirements for Anaesthesia in the Radiology Department continued to increase and 426 of the patients passing through Recovery originated in Radiology. During the year our department increased the number of scheduled half-day lists in Radiology to three but there is a major additional commitment to Radiology on an ad-hoc basis for MRI, CT, Interventional Neuroradiology, TIPS procedures and ERCPs.

The Acute Pain Service, co-ordinated by Sister Joanne O'Brien, has transformed the management of post-operative pain in the Hospital.

Post-operative epidural analgesia was extended to all the surgical wards in the Hospital during 2006.

Our department provides a hospital-wide service for the insertion of central venous lines. This service has been formalised

by Dr Irene Leonard with the introduction of a standardised request form to ensure proper patient preparation and to facilitate audit and quality control.

Our department cares for 20 ICU patients in General and Richmond ICUs. These beds are almost constantly occupied and shortage of ICU beds continues to be a major problem. Despite the pressure on ICU beds and infrastructural shortcomings in ICU, outcomes in our ICU are comparable to international norms as assessed by Standardised Mortality Ratios (SMRs).

The provision of Anaesthesia in St Joseph's Hospital, Raheny, was a major development for our department in 2006. Three new Consultants took up post to provide this service: Drs Anne Hennessy, Micheal Moore and Vivienne Larney. Increasing numbers of patients are now undergoing minor and intermediate procedures in St Joseph's, taking pressure off the services in Beaumont.

Dr James O'Rourke took up a consultant post with a special interest in ICU, during 2006.

Our department initiated a Pre-Operative Assessment Clinic during 2006. We anticipate this will optimise patient preparation for surgery and reduce cancellations. Dr Michael Moore is running this service since last August.

Drs Keaveny and Pollard run one of the busiest Pain Medicine services in the country. A post of Chronic Pain Nurse to support their activities was established and filled in 2006.

In addition to visible structured activities, our department provides patient care in a variety of settings around the Hospital: cardiac arrests, multiple trauma in the Emergency Department, transport of ventilated patients to Radiology, assessment of critically ill patients on the ward and advice regarding management in many other areas.

We are one of the largest departments in the country for training in Anaesthesia. Training is seen as a major priority for the department and the caseload in Beaumont provides ample training

material. Our College Tutors are Dr Irene Leonard with Dr Frances Maguire and Dr Anne Hennessy. SpRs in Anaesthesia complete confidential reports on the departments they work in and Beaumont is consistently ranked in the top three training departments in the country.

The RCSI Academic Department of Anaesthesia is headed by Professor Anthony Cunningham and the Lecturer is Dr David Hourihan. In addition to undergraduate teaching, the department has a significant input into post-graduate training.

Department members are prominent in national professional bodies:

Professor Cunningham is a member of the Medical Council, Dr Michael Power is the President of the Intensive Care Society of Ireland, Dr Keaveny was President of the Irish Hospital Consultants Association, Drs Dwyer, Tracey and McDevitt are on the Council of the College of Anaesthetists, Dr McDevitt is on the Council of the Association of Anaesthetists of Great Britain and Ireland and is Vice-President of Anaesthetic Division of UEMS, Dr Dwyer is on the Postgraduate Medical and Dental Board,

Priorities for the next few years include:

- (1) provision of a new ICU / HDU with adequate beds to meet demands,
- (2) development of the infrastructure in theatre (equipment and personnel) to support our increasingly complex workload,
- (3) development of audit and quality assurance structures to meet the new standards in these areas,
- (4) develop our teaching programme to meet the needs of new curriculum and structures in College of Anaesthetists,
- (5) develop expertise in new clinical areas and develop our research activities with existing personnel and with new appointments.

## + positive developments



### Radiology activity

General examinations	98,827
Ultrasound	7,844
CT brain scan	6,290
CT body scan	12,859
Isotope scans	2,487
Neurovascular	2,891
Neuroangio	1,047
MRI	7,953
Total Examinations	140,198
Total Patients	112,428

# Department of Radiology

## After many years of campaigning, we finally received sanction for a second MRI scanner in 2005

2006 was a very busy year for the Department of Radiology on a number of fronts.

The clinical workload continues to increase, with more than 147,000 examinations being done, representing a 4% increase on the figures from 2005. The complexity of procedures also continues to increase with more interventional work being done, especially in the oncology and neuroradiology sub-specialties.

The symptomatic breast service received a huge boost with the return of Dr Deirdre Duke, newly-appointed consultant with special responsibility for breast imaging. Previously a trainee in our department, Dr Duke spent time with the Irish Breast screening programme and in the US undergoing special training before returning. She will lead the breast imaging programme and already has made a significant impact in this area. Dr Martina Morrin, who returned in 2005, has settled in well in our department and has developed a very successful CT colongraphy programme on top of her other extensive duties. She has also taken on the post of National Co-Ordinator for the Irish Radiology Training Programme.

At the start of the year, Dr O'Dwyer stepped down as head of the department, a post which he had held for many years. He has decided to concentrate on his clinical work and his work as Medical Administrator. The department owes him a huge debt of gratitude for all his hard work and there is a clear acknowledgement from within

the department and hospital in general that the Radiology Department would not be what it is currently without his guiding hand.

After many years of campaigning, we finally received sanction for a second MRI scanner in 2005; much of 2006 was spent planning for its installation and for the works required throughout the department which would facilitate the housing of the second MRI. As I write this, I am pleased to say that those works have commenced. They include an enforced redesign of the ultrasound department and the building of new offices above the existing department, adjacent to interventional cardiology.

The academic productivity of the department remains strong and is one of the main reasons that places on the radiology training programme at Beaumont Hospital continue to be very sought-after. This does not happen

spontaneously and we are grateful to Professor Michael Lee who leads the academic programme. A number of the other consultants also serve on committees, or as officers, in many national and international societies as well as a number of faculties affiliated to the RCSI.

*Mark Logan  
Consultant Radiologist and Chairman  
Department of Radiology*



*Installation of the new MRI unit.*

## + positive developments



The complexity of procedures continues to increase with more interventional work being done, especially in the oncology and neuroradiology specialities

**The Comhairle report on Neurosurgery shows clearly how the specialist areas of neurosurgery and neurosciences as a whole need additional investment and should be planned and co-ordinated at a national level.**

## NEUROSURGERY

In 2006 Beaumont Hospital welcomed the long awaited Report of the Committee to Review Neurosurgical Services in Ireland. This report highlights severe deficiencies in the current provision of neurosurgical services, clearly sets out how they can be addressed and identifies the need for investment and change to improve things.

The new Report was entirely consistent with a submission recently made to the Health Services Executive which details how Beaumont intends to address the deficiencies at the National Centre for Neurosurgery. This submission, reflecting the consensus view of the Board, management and consultant neurosurgeons, is the latest in a number made over the past decade by the hospital on this subject to the primary funding agencies.

Beaumont has been acutely aware of the deterioration in neurosurgical services resulting primarily from a lack of investment in the area over recent years. This new independent report provides a clear focus and framework for the future.

Additional resources will be required to comply with guidelines on best practice, to reduce unacceptable waiting lists and to substantially increase the number of patients treated in any given year. This includes the appointment of five additional consultant neurosurgeons, additional

ring-fenced in-patient beds, more general and specialist nurses and other specialist staff, including anaesthetists.

The Hospital's proposal to the HSE, together with the many changes recommended by the Committee, which includes important new protocols to improve efficiency, would allow us to improve the availability of beds, to reduce average length-of-stay and to treat some 3,000 patients a year, or approximately 50% more than currently. Crucially, that would allow us to rectify the existing serious imbalance between emergency, urgent elective and other elective admissions, which in turn would ease pressure on our Emergency Department.

The Hospital also welcomed other proposals in the Committee's report, including increased emphasis on the development of sub-specialities in neurosurgery and the recommendation that a major tertiary Neurosciences Centre be developed which would encompass neurosurgery and related disciplines. The latter mirrors the hospital's existing "Neurosciences Cogwheel" group.

The report quite rightly noted that a range of developments are already having a significant impact on the type of neurosurgical services needed now and in the future. These include reduced incidence of trauma, genomics, new drugs, less invasive therapeutic treatments, such as stem cell therapy for Parkinson's Disease, and the changing needs of an ageing population.

The Committee has also noted that the lack of peri-operative neurophysiological monitoring inhibits Beaumont in providing highly specialised services such as functional stereotactic and awake craniotomy and that there may be a similar need in the future for spinal cord monitoring.

Some improvements have been put in train since this report was written – such as approval for the much needed appointment of a second specialist

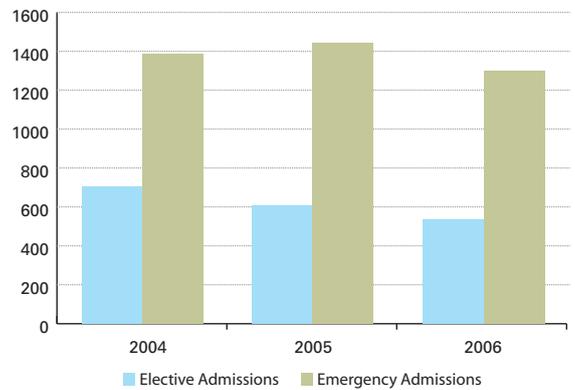
paediatric neurosurgeon. This report, however, shows clearly how the specialist areas of neurosurgery and, indeed, neurosciences as a whole, need additional investment and should be planned and co-ordinated at a national level. That is something which has long been advocated by Beaumont and we look forward to working with the HSE and the National Hospitals Office on the swift implementation of this important report.

Neurosurgery Activity

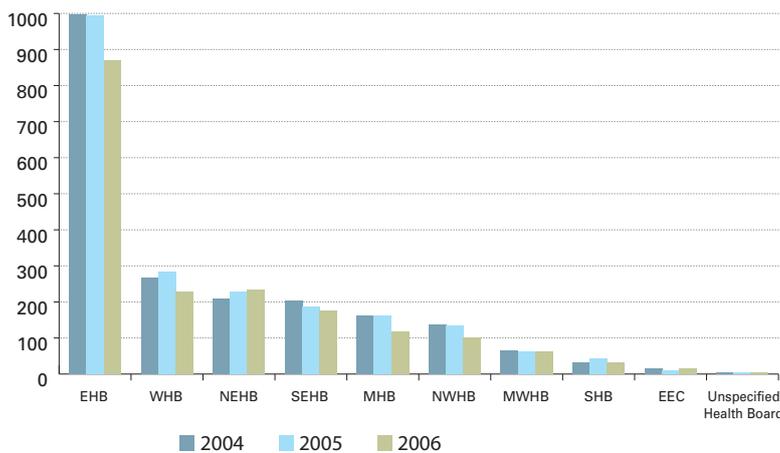
Health Board Report

	2004	2005	2006	Total	%
EHB	998	933	871	2,802	47%
WHB	267	283	228	778	13%
NEHB	208	228	233	669	11%
SEHB	204	186	175	565	9%
MHB	163	162	118	443	7%
NWHB	138	134	101	373	6%
MWHB	65	62	62	189	3%
SHB	32	44	32	108	2%
EEC	15	11	15	41	1%
Unspecified Health Board	4	5	3	12	0%
<b>Total</b>	<b>2,094</b>	<b>2,048</b>	<b>1,838</b>	<b>5,980</b>	<b>100%</b>

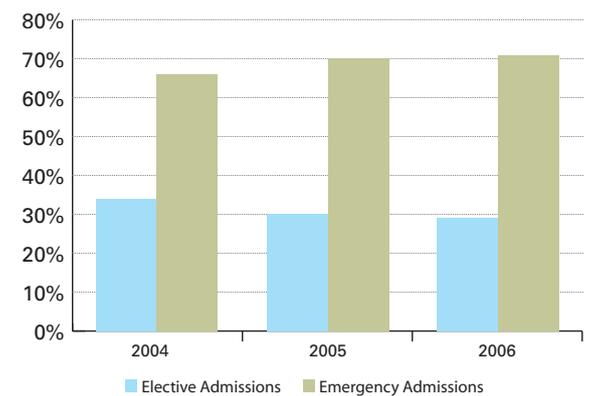
Elective/Emergency Admissions



Neurosurgical In-Patient Admissions by Health Boards 2004 - 2006



% of In-patient Admissions



Admissions

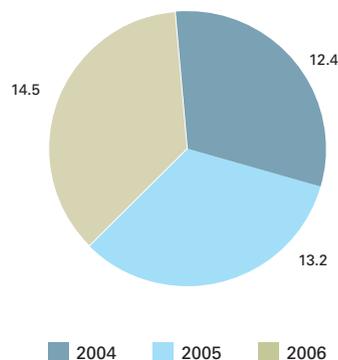
	2004	2005	2006
Elective admissions	705	606	537
Emergency admissions	1389	1442	1301
<b>Total</b>	<b>2094</b>	<b>2048</b>	<b>1838</b>

% of in-patient admissions	2004	2005	2006
Elective admissions	34%	30%	29%
Emergency admissions	66%	70%	71%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

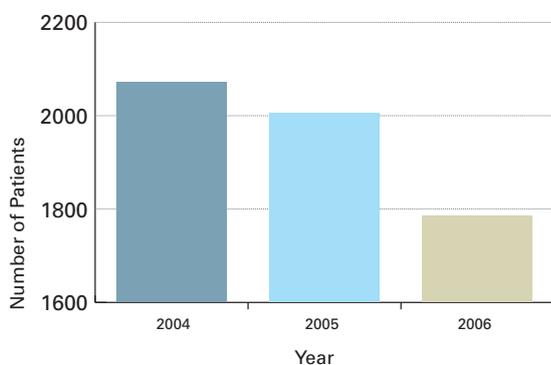
Discharges

Year	2004	2005	2006
<b>In-patients</b>			
Total Discharges	2,072	2,005	1,785
Total bed-days	25,740	26,476	25,794
Average length-of-stay by days	12.4	13.2	14.5
Day Cases	253	295	277

Average Length-of-Stay by days



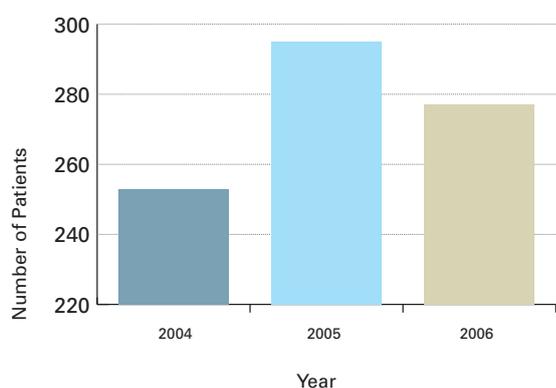
Total Discharges



Attendance at Out-Patient Clinics of Neurosurgeons 2004 - 2006

Year	2004	2005	2006	Total
New	740	832	712	2,284
Return	3,270	3,423	3,170	9,863
<b>Total</b>	<b>4,010</b>	<b>4,255</b>	<b>3,882</b>	<b>12,147</b>

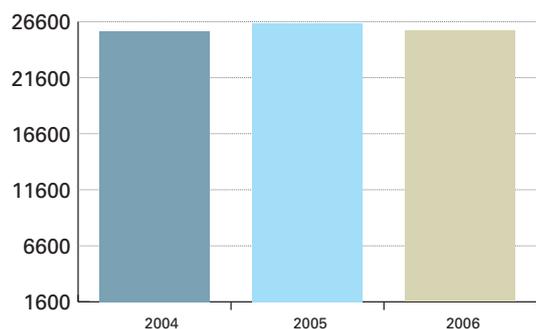
Day Cases



Attendance at Out-Patient Clinics of Neurosurgeons 2004 - 2006



Total Bed-Days



### CLINICAL NEUROPHYSIOLOGY DEPARTMENT

As an integral component of the neuroscience division at Beaumont Hospital, the aim of this department is to deliver the best possible service to all patients referred for clinical neurophysiology testing and to develop in parallel with other neuroscience services.

Demands on the Clinical Neurophysiology Department continue to increase. A range of services including electroencephalography (EEG), electromyography (EMG) and video telemetry EEG, botulinum toxin clinic for neurological disorders and carpal tunnel clinics are delivered. Referrals are received both locally and from centres throughout the country.

Key developments in 2006 included a move to a new interim building with improved space. The appointment of a Clinical Nurse Manager (Ms Margaret Ryan) in April and three Clinical Measurement Neurophysiology Technologists in the Autumn were also welcome developments.

The construction of the interim building for the department was completed mid-summer 2006. This area includes four clinical laboratories, three offices, conference room, reception and clerical area. Further expansion of service delivery is anticipated with recruitment of more technicians and purchase of equipment. Unfortunately, there is a global paucity of clinical technologists and recruiting has been a challenge.

Currently there are two consultants in Clinical Neurophysiology – Drs Fiona Molloy (nine sessions) and Valerie Reid (five sessions). The department has no non-consultant hospital doctors as there are no trainee posts in the Republic of Ireland for this neurology sub-speciality. It is hoped that this will be developed in the near future. Dr Kevin Murphy, Senior Lecturer in Neurology, has worked closely with the department and has reported the EEG telemetry data. There are four Clinical Measurement Technicians comprising a Chief Technician (Ms Geraldine Browne)

and three junior technicians. Other staff members include a Clinical Nurse Manager, an assistant technician and clerical support (1.5 posts).

The department also works closely with the IT Department and Ms Mary Fitzsimons (Principal Physicist).

A teleneurophysiology pilot project which provided a teleneurophysiology service link between the north-west and Beaumont Hospital was completed in 2006. Results were encouraging and confirmed the feasibility of the development of such a multidisciplinary service (see further details below, under Neurophysics section).

Future plans for the development of the department include recruitment of technologists, expansion of the numbers of Consultant Clinical Neurophysiologists in keeping with the Comhairle na nOspideal report on Neurology and Clinical Neurophysiology services (April 2003) and appointment of an equipment manager. Further expansion of the existing services as well as development of other neurophysiology services to include evoked potentials, ambulatory EEG, teleneurophysiology and intra-operative monitoring are priorities for the department.

### NEUROLOGY

Currently, the Neurology Department comprises three consultant neurologists, an RCSI senior lecturer in clinical neurology, three specialist registrars, five research fellows, a registrar, two SHOS and two interns. There are nine clinical specialist nurses: four in epilepsy (two job-sharing), two in multiple sclerosis, and one each in stroke, motor neurone disease, migraine. The department works closely with Neurophysics and the Department of Neurophysiology.

In accordance with its position as the largest and busiest Neuroscience centre in the country, Beaumont Hospital continues to have the largest number of Specialist Registrars in Neurology in Ireland. Three of the 10 current appointments are located at

Beaumont, providing a high level of expertise in Neurology at Junior Hospital Doctor level.

Beaumont provides a 24-hour on-call service for Neurology, staffed in-house with consultant cover. As with all disciplines, activity levels have increased incrementally, and up to 60% of all admissions to the Neurology service now come through the Emergency Department. The presence of integrated services in Epilepsy, Multiple Sclerosis and Motor Neurone Disease has had a positive impact on patient care. Clinical nurse specialists provide an important liaison service – consequently there are fewer “crisis” admissions through ED of patients availing of these specialty services. Patient care is planned and those with disease exacerbation are “fast-tracked” to specialist clinics, and admitted as “urgent electives”, where necessary, with a defined care plan.

### Clinical Activity

The Neurology Department provides an in-patient service, with tertiary and quaternary referrals in the specialist areas of Stroke, Epilepsy, Motor Neurone Disease, Neuromuscular Disease, Multiple Sclerosis and Migraine. Activity levels are increased in all areas from 2005.

### In-Patient Activity

A total of 592 patients were admitted in 2006. The commonest reasons for admission were for management of epilepsy, stroke, multiple sclerosis, motor neurone disease, and neuropathy. Mean length of stay was fifteen days. Thirty-two patients were monitored in the Epilepsy Monitoring Unit (EMU) in the second half of the year; the unit was closed during the first six months of 2006 due to a shortage of video EEG technicians. The mean length of stay in the EMU was ten days. The commonest reasons for delayed discharge were the need for input from other medical and surgical services, and the development of a medical or surgical complication – both reflecting the complexity of the patients

undergoing admission. However, the delay in availability of essential investigations, including MRI, contributed to delays in the discharge of a significant minority of patients. Availability of neuroimaging will improve substantially with commissioning of the much-needed second MRI scanner later in the summer of 2007.

### Waiting Lists for Admission

The mean length of time from decision to admit patient to admission was 44 days (minimum 0, maximum 990 days). There was no difference between public and private patients. Patients who were in receipt of "integrated care" through the sub-specialty clinic were more likely to be admitted and discharged expeditiously. Unfortunately, the waiting list for in-patient video-EEG monitoring remains unacceptably long at 24 months, although some patients are prioritised on the basis of urgent medical need. Notwithstanding the relative efficiency of the service, a substantial proportion of patients waited for longer than six months for admission. Patients from remote areas were over-represented in this group.

### Consult Service

The Neurology Department operates a busy consult service (average 20 consults per week), which is staffed by a specialist registrar with consultant cover. A separate dedicated stroke service is provided by a specialist neurology team, led by Dr. Moroney and Dr. Leo Galvin. Up to 15 strokes are reviewed each week. There has been an increase in the use of Interventional Neuroradiology for patients with critical carotid or vertebral stenoses who are suitable for stenting. We are engaged in ongoing discussions with the Consultant Geriatricians and Beaumont Hospital management to develop a dedicated neurology-led multidisciplinary stroke service, with priority access to sub-acute and chronic rehabilitation utilising a satellite unit at St. Joseph's Hospital and the National Rehabilitation Hospital, where appropriate.

### Out-Patient Activity

There are currently seven weekly public neurology clinics, including specialist clinics in stroke, epilepsy, motor neurone disease, neuromuscular disease and migraine, and a monthly multiple sclerosis clinic. An average of 100 new patients and 400 returns are seen each month by the Neurology service. Important research databases have been generated within the sub-specialist areas, which have contributed to the success of the Department as an important centre for neuroscience research.

### Future Plans

It is envisaged that the specialist services will continue to develop with the expansion of the Neurology service. The department has particular strengths in cerebrovascular disease, epilepsy, motor neurone disease, multiple sclerosis, and more recently, in movement disorders and clinical neurophysiology. New consultant appointments with specialist interests in epilepsy and stroke are planned for 2007, with the concomitant expansion of multidisciplinary services that provide integrated care. In addition, resources for infusion therapy will have to increase to meet the expected demand for Tysabri (natalizimab) for patients with multiple sclerosis during 2007.

Combined clinical and basic science projects in epilepsy, motor neurone disease and stroke have successfully continued in 2006. It is envisaged that these programmes of translational research will continue to develop in collaboration with neuroscientists at RCSI and other Dublin Molecular Medicine partners.

### Research Activity and Output

The department remains active as an academic and research centre. The main research strengths are in epilepsy, stroke and motor neurone disease. Each subspecialty comprises a multidisciplinary team of clinicians and researchers.

The service has had considerable success in 2006.

### Awards and Grants

"Socio-technical challenges of telemedicine: The clinical neurophysiology exemplar" won a Health Service Innovation Award in 2006.

Mary Fitzsimons (PI).

HRB Health Services R&D Award – value €1.25m – Revolutionising chronic disease management with information and communication technology: a socio-technical project applied to epilepsy care in Ireland.

(Mary Fitzsimons/Norman Delanty).

Muscular Dystrophy Association USA. A Genomewide Association Study of ALS - value \$550,000.

(Orla Hardiman)

ALSA (USA) A population based study of cognitive decline in ALS – value \$80,000 starter grant.

(Orla Hardiman)

Beaumont Foundation Kennedy Fellowship.

Awarded to Dr. Julie Phukan and Orla Hardiman for MND research.

Irish Motor Neurone Disease Association Research Award. Maintaining the Irish Register of MND (€59,000) (Orla Hardiman)

### RCSI Grants Awarded in 2005-2006

Royal College of Surgeons in Ireland Research Committee Award – value €90,000 - Genotype to endophenotype- A new standard for association. (Norman Delanty/Mary Fitzsimons).

HRB Health Services Research Fellowships 2006

Awarded to Lisa Ronan to undertake a study entitled: Improving Epilepsy Care with Novel Advanced Imaging Techniques; An in vivo study of cerebral cortical morphology value €90,000

International League Against Epilepsy 2007

To fund a Clinical Information Manager Post for the Epilepsy Programme €50,000

Irish Heart Foundation Scientific Research Grant 2006-2007

Investigation of apraxia of speech and linguistic dysprosody following acute ischaemic hemispherical stroke. Drs. Sinead Murphy/Joan T. Moroney

### International Panels and Advisory Boards

#### Dr. Hardiman

Member of the Data Safety Monitoring Committee for the international Phase II clinical trial Ono 2506 as a therapy in motor neurone disease (2006-2008).

Member of AAN International Sub-Committee (2005-2008)

Member, UK MND Research Advisory Panel (2003-6)

Member of Steering Committee, European ALS Group (EURALS) (2004-present)

Member of HRB Neuroscience Panel

#### Dr. Delanty

Member, Retigabine Advisory Panel, Valeant Pharmaceuticals, European Epilepsy Congress, Helsinki, June 2006.

Member, Vigabatrin Advisory Panel, Ovation Pharmaceuticals, American Epilepsy Society, San Diego, December 2006.

#### Dr. Moroney

Member, Natalizumab Advisory Panel, Ireland. Biogen Pharmaceuticals. June 2007.

Member Stroke Section, American Academy of Neurology, April 2007.

Member, Stroke Council, Irish Heart Foundation, 2007.

### International Lectures

#### Dr. Hardiman

Clinical Trials in ALS. 3rd International Neuromuscular Meeting, Havana Cuba, February 2006

Complex Genetics of ALS. 3rd International Neuromuscular Meeting, Havana, Cuba, Feb 2006

Diagnostic Dilemmas in ALS. ALS Teaching Session, European Neurological Society, Lausanne, May 2006

EURALS Workshop. ENMC meeting, Naarden, October 2006

Non-Invasive Ventilation in ALS. International Symposium on ALS/MND, Yokohama, Japan, Dec 2006

#### Dr. Delanty

Collaboration in Epilepsy Genetics Research. The Sixth Epilepsy Research Foundation Workshop. Oxford, March 2006.

Exploiting Pharmacogenomics to Individualise Prescribing. European Epilepsy Congress, Helsinki, July 2006.

Epilepsy Pharmacogenomics (Session co-chair). European Epilepsy Congress, Helsinki, July 2006.

#### Dr. Moroney

Post-Procedure Care. Congress Interventional Radiologists Annual Conference, Rome, Italy. September 2006

### National Lectures

#### Dr. Hardiman

Integrated Care for Chronic Disease. ISQHC/HSE Annual Meeting, Clontarf Castle, May 2006

Geographic Inequity and Health. Irish Rural Network, Annual Meeting, Tullamore, May 2006

The Complex Genetics of ALS: Ethnicity Matters. Institute of Molecular Medicine, St. James's Hospital, June 2006

Celtic Variations on a Theme in ALS. Neuroscience Ireland Inaugural Meeting, Cork, Sept 2006

Acute Management of Headaches in the A+E. The First Critical Hours Informed Research & Training Ltd.

RCPI, Dublin Sept 2006, and London England, April 2007

"That this house agrees that the solution to the healthcare crisis lies in the private sector". Pharmaceutical Managers of Ireland. Four Seasons Hotel, Dublin Oct 2006

#### Dr. Delanty

Irish Institute of Clinical Neurosciences Annual Neurology Update Day (Chair). September 8th, Guinness Hop Store, Dublin.

Epilepsy Care in Ireland. Brainwave

National Conference, September 30th, Hilton Hotel, Dublin.

Epilepsy and Chronic Disease Management. Electronic Patient Record Workshop. November 4th, Dublin.

Vascular Epilepsy. South of Ireland Clinical Club. October 28th, Killarney.

#### Dr. Moroney

Irish Heart Foundation Stroke Study Day (Session Chair). Dublin, Ireland. May 2006.

ACLS Stroke Management. Irish Society of Intensive Care. Dublin, Ireland. October 2006.

### Peer Reviewers and Editorial Boards

Dr. Hardiman is a reviewer for Annals of Neurology; Neurology; Lancet Neurology, The Journal of Neurology, European Journal of Neurology; Journal of Neurology; Journal of Neurology, Neurosurgery and Psychiatry; The Journal of Neurological Sciences; Brain; ALS and Other Motor Neurone Disorders; Multiple Sclerosis; The Irish Journal of Medical Science; The Irish Medical Journal; and Expert Review of Neurotherapeutics. She is on the editorial board of ALS and Other Motor Neurone Disease and Modern Medicine.

Dr. Moroney is a reviewer for Epilepsia, Neurology, and Stroke.

Dr. Delanty is a reviewer for The Lancet, Epilepsia, Neurology, The American Journal of Medicine, The Journal of Neurological Sciences, Neurobiology of Disease, and The Irish Journal of Medical Science.

### NEUROPHYSICS

The neurophysics group continues to provide technical and scientific support to the Epilepsy Programme and the Clinical Neurophysiology Department at Beaumont Hospital. Activities of the group include: in-vivo MRI-based quantitative assessment of the structure of the brain in epilepsy; the design, development, implementation and evaluation of an epilepsy electronic patient record; tele-neurophysiology – a

pilot project with the HSE North West; equipment management guidance in clinical neurophysiology.

### Quantitative Brain Morphometry

Ms Patricia Breen was awarded an MSc in Physical Sciences in Medicine at Trinity College Dublin. Her research project for this postgraduate degree was a quantitative magnetic resonance imaging based study of the entorhinal cortex of the brain. Imaging research by the group is funded by the Health Research Board (HRB) and the RCSI Research Committee. Ms Lisa Ronan, PhD student and recipient of a HRB career development fellowship, completed a study of cerebral cortical gyrification in temporal lobe epilepsy which has been published in *Epilepsia*. Ms Cathy Scanlon, PhD student, continues her study of brain structure endophenotypes in temporal lobe epilepsy. This RCSI funded project aims to improve understanding of the underlying genetics of epilepsy. Our imaging research is conducted in collaboration with clinical neurology and neuro-radiology colleagues at Beaumont Hospital, St. James's Hospital in Dublin, Trinity College Institute of Neuroscience and Liverpool University.

### Health Informatics

A HRB Health Service R&D funded five-year programme entitled: Revolutionising chronic disease management with information and communication technology: a socio-technical project applied to epilepsy care in Ireland is being undertaken by the group in collaboration with the IT department and Epilepsy Programme at Beaumont Hospital, Dublin, the Centres for Health Informatics and Health Policy and Management, Trinity College Dublin and Dublin Institute of Technology. An electronic patient record (EPR) is being designed, developed, implemented and evaluated by this project. During the year Mr Jarlath Varley joined the group as the evaluation researcher. Ms Louise McQuaid is the requirements engineer for the EPR project. Both Louise and Jarlath are registered for PhDs at Trinity College Dublin.

In October 2006, the group hosted a workshop entitled: Revolutionising chronic disease management: the role of the electronic patient record, at the Carlton Hotel, Dublin Airport. 140 healthcare workers from a variety of disciplines and sectors of the Irish Health Service attended the day-long event. The workshop provided a forum for health service providers and health informaticians to exchange perspectives on EPRs. A number of expert speakers contributed to the workshop including: Dr. Norman Delanty, Prof Jane Grimson, Ursula O'Sullivan, Prof Charles Normand, Mr Feargal McGroarty, Mr Damien McCallion, and Prof Denis Cusack.

### Telemedicine

During the year the group completed a Teleneurophysiology Pilot Project. A teleneurophysiology (TNP) model for service delivery was established. This model resulted in a clinical neurophysiology department being set-up at Sligo General Hospital (SGH) which is a satellite of the specialist host department in Beaumont Hospital. The satellite and host are linked via the Government Virtual Private Network (GVPN). Electroencephalography (EEG) investigations can be conducted by a technologist at SGH, digitally recorded EEG data is uploaded to a file server, and a consultant in Clinical Neurophysiology can access the digital data from Beaumont Hospital for interpretation, over a secure telecommunication network i.e. GVPN.

Over a twenty-week period between May and September 2006, 142 patients (over 18 years old) had EEGs recorded at SGH. The digital EEG recordings were accessed electronically from Beaumont Hospital by a Consultant in Clinical Neurophysiology for interpretation.

The pilot project demonstrated:

- + The practicability of a telemedicine model of Clinical Neurophysiology (CN) service delivery.
- + The benefits of the TNP model and its alignment with the national goals of the

health service in Ireland - better health, fair access, appropriateness and responsiveness, and high performance.

- + A six-fold increase in access to EEG services for the population of the NW and an improvement in waiting times for CN appointment.

- + That the Government Virtual Private Network (GVPN) provided a secure and highly reliable link between SGH and Beaumont Hospital in Dublin for electronic transfer of, and remote access to data.

- + A high satisfaction rating from CN personnel who made practical suggestions for improving the model.

- + Patient satisfaction with the TNP service who were pleased not to have to travel long distances for investigation.

- + Referring clinicians found TNP to be a readily accessible service with prompt, efficient and clear reporting which positively impacts on patient management.

- + That the cost of EEG service-delivery using the TNP model is comparable with conventional CN service delivery.

This pilot project was funded by the HSE North West and is a collaboration between clinical neurophysiology personnel at Beaumont and Tallaght Hospital, clinicians and management in the HSE North West Region and IT personnel. The project won a Health Service Innovation Award in 2006.

## + positive developments



The great success of the GP courier service continues to swell demand for GP diagnostic services and reduces the number of patients needing to attend the hospital for tests.

# Division of Laboratory Medicine

## MICROBIOLOGY

The Department of Microbiology provides a fully externally accredited service to Beaumont Hospital and to the wider community through general practitioners, clinics and external institutions.

Staffing issues, a major concern in 2005, have been somewhat alleviated during 2006. The processing of TB work had to be outsourced in 2006 due to critical staff shortages, but a value-for-money initiative was approved by the Hospital to allow the repatriation of this critical diagnostic area. Fungal work, outsourced in 2006, is also covered by this initiative. Following the Pollock Report findings, which estimates a total of 110 cystic fibrosis patients for Beaumont Hospital by 2010, a staff grade medical scientist has been approved to support the increasing diagnostic pressures in this area.

On the scientific front, new methodologies have been put in place to streamline the processing of MRSA specimens, resulting in improved turnaround times and detection rates. The move to Clinical Laboratory Standards Institute (CLSI) methodology as a standard for antimicrobial susceptibility testing had been delayed in 2006 due to staffing difficulties. The approval to appoint a temporary member of staff will now allow the process to move to the implementation stage.

Two members of the scientific staff in the department (Aoife Houlihan and Donal Doyle) are participating in MSc programmes. Eileen Nolan successfully completed the Higher Diploma in Training and Quality Management and was awarded a bronze medal. Dr Lorraine Power, SpR, passed Part 1 MRCPPath and Dr Lilian Rajan gained her MRCPPath.

Most of the increases represent high scientific input areas, where the growth in specimen numbers is driven by factors outside our control such as:

- ▶ Increased surveillance and monitoring of healthcare associated infection, including MRSA & VRE (+63%).
- ▶ Increased requirement for TB testing and ova and parasites, partly due to the changing population demographic.
- ▶ An increase in complex respiratory specimens from cystic fibrosis patients.
- ▶ Increased awareness of Legionella sp. infection and hence increased demand for Legionella antigen (+57%).

The great success of the GP courier service continues to swell the demand for diagnostic services. Microbiology GP workload has increased by 109% since 2003 and by 24% since 2005. In the absence of adequate numbers of full-time staff, GP work is currently being carried out after hours, with additional medical laboratory assistant support.

The clinical service continues to place significant demands on the medical staff. Diagnostic and therapeutic advice, review of patients with sterile site and other complex infections and daily review of the 20 ICU patients requires the full-time commitment of two SpRs, the SHO and the on-call consultant. In 2006, the Department was involved in the ongoing management of 1,622 patients, accounting for 8% of admissions to the Hospital.

The most critical areas of increased / decreased workload are outlined in Table 1

### Specimen No. By Year

Year	2003	2004	2005	2006	Variance 2003-2006*
Specimen numbers	86,072	91,423	101,234	102,909	16,837 (+20%)

\*2003 figures are used as a benchmark in the above table, as accreditation was awarded on the basis of 2003 workload / staffing ratios

On the scientific front, new methodologies have been put in place to streamline the processing of MRSA specimens, resulting in improved turnaround times and detection rates.

There were approximately 1,860 out-of-hours calls to the consultant microbiologists during 2006, the majority for advice on patient care with the remainder for infection control advice or permission for out-of-hours specimen processing etc. In early 2007, the 1.5 consultants will be joined by an additional consultant shared between the Health Protection Surveillance Centre (6 sessions) and Beaumont Hospital (5 sessions).

### HISTOPATHOLOGY DEPARTMENT

#### Mission Statement

*"The Histopathology Department in Beaumont Hospital is committed to providing a high quality diagnostic service to all its patients, while striving to maintain a safe and professional work environment for its staff. The department also seeks to support the educational needs of all hospital staff and to promote an environment conducive to research."*

#### Summary

The Beaumont Hospital Histopathology Department provides a comprehensive service in histopathology. This includes surgical pathology, cytopathology, autopsies, clinico-pathological meetings, research, education and training. The workload of the surgical pathology department continues to increase. The expansion of the breast service has significantly increased the number of cases received. Additional appointments in gastroenterology have also increased the workload. These have placed a great strain on the service as the department has insufficient additional scientific, medical and secretarial staff. The workload in cytopathology also continues to increase and further increases are expected with the roll out of the National Cervical Screening Programme. The Cytology Service intends becoming part of the National Cervical Screening Programme.

Dr. Christian Gulmann has commenced practice in the Histopathology Department having returned from the NIH Washington. His main research interest is GIT Pathology.

The Department of Pathology sought accreditation by the UK accrediting body CPA. It was rigorously reviewed and received full accreditation in 2005. This is an affirmation that the laboratory functions to the highest international standard.

In 2005 the Department completed its refurbishment and is now in line with Health & Safety standards by CPA.

Research continues to be an important priority and papers are regularly presented at scientific meetings. This research is clinically based and is focused on translational issues. A molecular facility is not currently available in the Beaumont Hospital Histopathology Laboratory. It is hoped that the Beaumont Histopathology Laboratory will have its own molecular diagnostic facility within one year. Such a facility is essential for modern histopathological evaluation and is particularly important given Beaumont Hospital's commitments as a cancer centre for up to one million people.

Postgraduate training in histopathology and cytopathology is an integral component of the Department and much time and effort is invested in the training of higher specialist registrars in histopathology, and in supervising research projects for scientific and medical staff.

Audit and Clinical Governance are an integral part of the activities of the Histopathology Department. These are currently being reviewed and updated.

#### Professor Mary Leader

Member of Medical National Education Research and Training Committee

Member of Board of British Division of International Academy of Pathology (Irish nominee)

Member of Editorial Board of Current Diagnostic Pathology

Member of Editorial Board of Histopathology

Member of Board of Beaumont Hospital Foundation

Member of Council of Irish Hospital Consultants Association

Member of Committee of International

Academic Pathology Forum of Great Britain & Ireland

External examiner – Trinity College and UCD.

#### Professor Elaine Kay

Member of Histopathology Sub-group, Faculty of Pathology, Royal College of Physicians in Ireland.

Member of the All Ireland NCI Scientific Advisory Group.

Committee Member, Pathological Society of Great Britain & Ireland.

HRB Cancer Biology and Haematological Diseases Committee.

Assessor - UKNEQAS.

External Examiner

QUB, Pathology, 3rd Medical Year

QUB, Clinical Science (BMS Pathways) Course

University of Cambridge – Undergraduate Pathology & Graduate Entry Pathology

Board Member – Postgraduate Medical & Dental Board

Board Member – IACR

Board Member – CRI

ICORG – Translational Research Group

#### Dr. Anthony Dorman

Chairperson Division of Laboratory Medicine, Beaumont Hospital.

Representative of Division of Laboratory Medicine – Medical Executive, Beaumont Hospital.

President, Irish Branch, Association of Clinical Pathologists.

#### Dr. Derval Royston

Member of Beaumont Hospital Ethics Board

Ms. Pauline McGrath has completed an MBA in Healthcare Management with the Academy of Laboratory Sciences and is Chairperson of the Cellular Pathology Body, AMLS.

### Renal Histopathology Department

The renal histopathology service provides a diagnostic renal biopsy service to Beaumont Hospital, the Mater Hospital, Our Lady's Hospital for Sick Children, Crumlin, Temple Street Hospital, Limerick University Hospital, Merlin Park Hospital, Galway, Waterford Regional Hospital, Cavan General Hospital and Letterkenny Hospital.

Renal biopsy pathology incorporates direct immunofluorescence, light microscopy (which includes routine and special stains) and electron microscopy. As well as examining native biopsies, a very important aspect of our service includes the national renal transplant service. The latter includes on-call assessment of frozen sections from marginal donors with a view to optimising a limited source of organs serving an ever-increasing waiting list.

In 2006 we reported on 430 renal biopsies in comparison with 311 in 1996.

All biopsies are reported by telephone within twenty-four hours of receipt, with discussions of clinico-pathological correlation. There is a weekly renal biopsy conference.

The renal biopsy pathology archive has accumulated a unique collection of renal biopsy pathology, which is available to doctors training in histopathology.

In addition it has served as a source of clinical research with many papers published using this archive as a source of cases.

Our clinical research activities, which include publications in 2006, in collaboration with clinical nephrology and transplant surgery are familial interstitial nephritis, allergic tubulo-interstitial nephritis in the allograft, thrombotic microangiopathy in allografts, familial membranoproliferative glomerulonephritis and recurrent membranoproliferative glomerulonephritis in allografts.

Light Microscopy, (including routine, histochemical stains and immunoperoxidase) is performed in the Histopathology Department.

Fluorescence Microscopy slides are prepared in the Department of Immunology.

### CLINICAL INVESTIGATION UNIT-PATHOLOGY.

The department of pathology continues to be involved in research in the clinical investigation unit. This facility is staffed by Professor Mary Leader, Professor Elaine Kay, Dr. Kilian Perrem, Ms. Ailish Lynch and Mr. Pauric Flavin.

This laboratory works in conjunction with the larger research facility of the Pathology Department in the Royal College of Surgeons in Ireland. Current research examines the role of telomerase and of the factors which control cell proliferation in disease biology, supported by a research grant from Science Foundation Ireland.

## + positive developments



The division is actively working on delivery of quality patient services in the most economic fashion.



Ginny Hanrahan,  
Clinical Services Co-ordinator

**During 2006, additional resources were received to support the new status of Beaumont Hospital as the Regional Cystic Fibrosis Service.**

2006 has been a hectic year in the Clinical Services Division. Nationally, the Health and Social Care Professionals' Registration Board has been set up and will be chaired by Finbarr Flood, former Chairman of the Labour Relations Court. This is to protect the public from rogue practitioners and will also protect titles of the professionals involved. It is the first health professionals' board that has been set up with a predominant number of lay members on the board and should be up and running by the summer of 2007. The professionals involved are: Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetics, Social Work, Psychologists, Radiographers, Biochemists, Medical Scientists, Orthoptists, Podiatrists and Social Care Workers.

### **New Services**

During 2006, additional resources were received to support the new status of Beaumont Hospital as the Regional Cystic Fibrosis Service. Dedicated staffing has been provided and it is our hope that there will be capital development within the next year. Within the division, this has meant additional staff for physiotherapy, dietetics, psychology, social work, pulmonary laboratory, microbiology and pharmacy. The setting up of the Living-Related Donor Programme has also brought additional resources to allow the support for this new programme, in particular Transplant Co-ordinators, NHISSOT (Tissue Typing), Psychology, Social Work and Pharmacy. Finally, the division also received two new posts to support our Neurology services – for Psychology and Speech and Language Therapy. The division was also involved in the recent review of the National Neurosurgical Service, outlining what will be required to provide an appropriate level of service to these patients with the addition of new neurosurgeons. Posts which had been funded in 2005 were filled this year, in the Symptomatic Breast/Oncology services and two additional posts were granted following national competition for Clinical Tutors for Physiotherapy, Occupational Therapy Speech and

Language Therapy with a number of Clinical Specialist upgrades.

Clinical Services are also reviewing change management processes in line with the Hospital review of service delivery. This will link with the introduction of Business Units/Directorate models. The division is actively working on delivery of quality patient services in the most economic fashion.

### **40th Anniversary**

Congratulations to Dr. Joe Tracey and Ms. Patricia Casey on celebrating the 40th anniversary of the National Poisons Information Centre. Please see the department's report for more details.

### **Workloads**

Across all departments, there has been an increase in workload – see individual department reports for details. This is due to demands being placed on these services by the additional new consultants, who have commenced work in Beaumont/St. Joseph's Hospital. This includes the addition of a gastroenterologist and plastics surgeon, urologist, neurosurgeon, ENT surgeon, with a respiratory physician due to join the staff. With in-patient beds running at an almost 100% occupancy, this would indicate that this should not be the case. However, this is due to patients with increasing complexities being treated and greater demands being made through out-patient services. In the Pathology service 34% of all the lab work is now received from general practitioners and continuing to grow. This has placed a particular pressure on a number of areas, including Microbiology, Chemical Pathology, Endocrine, Haematology, Immunology and Histopathology.

The increasing pressure from patients requiring admission from the Emergency Department presents significant challenges in accessing appropriate placements and support services for patients requiring discharge. Social Work, Occupational Therapy, Dietetics, Speech and Language Therapy and Physiotherapy, along with our nursing colleagues, have been responding

promptly and creatively to ensuring the early discharge of patients with appropriate resources and home care packages.

### Staffing

Recruitment has continued to be a challenge in particular areas: Radiographers, Audiologists, and Cardiac Catheterisation Technicians in particular. I wish to thank the staff in these areas in particular who have continued to provide a patient-centred service.

Kara Cullen became the permanent In Charge 3 of Nutrition and Dietetics. Claire Byrne took leave of absence from her role as COPD Outreach Co-ordinator and has been ably replaced by Brenda Deering.

### Capital Projects

In 2006, this office acted as project sponsor for the delivery of the new Diabetic Day Centre, Cochlear Implant Programme and the new Neurophysiology department, which were all completed in 2006. Chest Pain is another service that we have been trying to complete, but the funding has only allowed us to offer a minimal service and applications have been made to provide services on a 24/7 basis. Ongoing project involvement include the Day Hospital for the Psychiatry of Old Age and Care of the Elderly (now at Stage 2), the 44-station Haemodialysis Unit, and the Hepatology Unit. In Radiology, planning for the installation of the second MRI and the large amount of associated work is underway, with a time line of having the MRI in by the middle of 2007 and the project completed by late Spring 2008. Work has also been ongoing in preparing for PACS – Picture Archiving Communication System, which will see the replacement of x-ray by digital imaging. This will be a huge change management programme across the Hospital. Thanks to staff in all of these areas for their assistance and patience in delivering these projects.

### Community Developments

With the HSE National Transformation Programme, there is a great emphasis on the development of Primary Care Teams. This year the community services have

been working to set up five additional teams in this area. Each primary care team will look after approximately 7-8,000 people, starting with areas of high needs. The core team will include general practitioners, nursing, physiotherapy, occupational therapy, mental health workers with a more specialised service being provided by psychology, dietetics, speech and language therapy. Ballymun Primary Care team was established in 2004, as one of the national pilot sites. This has worked well and is being rolled out through the rest of the service – the first ones have been identified as Darndale, Edenmore, Coolock, Whitehall and Killester. Des O'Toole, Trauma Co-Ordinator, and I have been actively representing Beaumont Hospital on these developments.

Locally, the development of the North Fringe region will ultimately result in an additional 40,000 people living in our catchment area. This area is between Donaghmede, Baldoyle, Malahide Road – Clare Hall. Dublin City Council has been taking a lead on planning the development to ensure that the appropriate infrastructure is in place – schools, transport, primary health services, gardai, shopping, pre-school services. Beaumont Hospital has been at the table, with two major issues, one is transport to the Hospital and, secondly, the requirements for the people in this area; this involvement was reflected in the Hospital Strategy Document.

### Long-Stay Services

One of the frustrating issues for Beaumont Hospital this year has been the lack of suitable long-stay beds in North Dublin for our patients. This has put pressure on the Hospital and Martin McCormack, Head Medical Social Worker, and his team have maximised the use of any beds that have been allocated to our hospital. This has resulted in a number of patients moving to services out of area, which has challenged how we work. Beaumont Hospital are working closely with the HSE PCCC to try to improve this situation and it is hoped to have a 100 bedded unit on St. Joseph's site in 2007 for patients

with very high care needs, as currently there are only 30 beds in this area to meet these patients' needs.

### Clinical Services Office Developments

In recognition of the volume of work in the Clinical Services office, it has been agreed to assign a Grade 8 post to the office, which will occur during 2008.

Finally I would like to thank each of the Heads of Departments for their committed work and their dedication to patient-centred delivery of services, while working hard to support and develop staff. It is a tremendous reflection on the managers that despite the increasing demands on the services, we have motivated and dedicated staff.

Personally, I would also like to thank Adrienne O'Connor who does such an excellent job in the organisation of this office.

*Ginny Hanrahan*  
*Clinical Services Co-ordinator*

++ Some reports of services provided by Clinical Services staff are within other departments' reports, ++

### CHAPLAINCY

*Fr Bryan Nolan, Head Chaplain*

The Chaplaincy Department is an integral part of the multidisciplinary team. Our Chaplains cover the entire hospital and so are in a unique position of having an overall view of how the system works and how care is provided. The work takes many forms: from meeting new patients in the Emergency Department, where Fr James provides a most welcome service, to bringing a prayerful presence to patients before surgery, sitting with and comforting relatives in our Neuro and General Intensive Care units; finding appropriate words and rituals that try to bring meaning and closure for families after traumatic deaths, supporting patients as they are dying by developing relationships with them and listening to their concerns, often exploring questions that they could never ask anyone else.

The service we provide attempts to journey with the patient and provide a non-judgmental supportive presence. We help patients try and answer these limitless questions. Questions such as where is God? How could God do this to me? Is there really anything after this? Why me? Why us? Why now? Big questions that maybe they have never given much thought to before, for all sorts of reasons.

Patients can become vulnerable and may feel powerless and out of control.

There is endless time; independence and freedom seem to have been taken away. In such situations the chaplain's role is more important than ever. Chaplains are present to those of all faiths and none, for those who profess faith in a particular creed but have not practised it for many years and now in illness wish to access their spirituality but are not sure how to go about it.

Many people faced with terminal illness have issues that they need to resolve; sometimes they need reconciliation, sometimes it is they who need to forgive and sometimes they need to forgive themselves.

Healing in Beaumont takes many forms and that healing is not always a physical one but one where the patient can come to terms with his or her story and be supported on the way.

The chaplaincy service in Beaumont Hospital is inter-denominational and the main Christian traditions work together as a team of equals. We celebrated Remembrance Services for adults and children. Reconciliation Services for staff called 'Give up your auld sins' which proved very popular. Services of celebration for Lent, Advent and Thanksgiving for our volunteers.

There were services to help bring closure for staff after the loss of a colleague and different services around death, dying and bereavement.

Mass is celebrated daily and is generally well attended. There are two masses each Sunday and this year the Filipino community, which has become such an integral part of the Hospital, formed a music group. It is a huge success.

We continued with our commitment to education and took part in many of the post-graduate courses in the centre of education. Fr Bryan became part of the accreditation team for ICU. Chaplaincy was represented on the multi disciplinary teams for RITU, ED and ITU, at clinical services and general services meetings.

We also supported the Social Work Department in contributing to the Hospital bereavement course. We also supervised students from All Hallows College completing their Master's programme.

Members of our department played a significant part in the preparation a document called policies and procedures for chaplains. This is a national document and was launched by President Mary McAleese at the National Chaplains' Conference in April.

Fr Bryan helped bring to completion the negotiations for contracts and salaries with the HSE and a full-time chaplain's salary is now at grade six level. Fr Bryan was also invited to become a member of the National Steering Committee for the Hospice Foundation. He also continued his work as national chaplain to the Catholic Nurses' Guild and led the national pilgrimage for nurses in May.

Fr. Eoin managed our Ministers of the Eucharist; he ran recruitment drives and training sessions. He also has responsibility for St Michael's Ward and makes a significant contribution there.

Fr Paddy Ryan retired on health grounds in August and was not replaced. This had a significant impact on our ability to provide a service. We are fortunate in having the help of two excellent locums - Fr Dan Callaghan and Fr Sony Sebastian.

I would also like to give special thanks to Sr. Brenda Swan and to Sr. Therese Dillon for their commitment, creativity, and enthusiasm. In the last year they have managed to change the way we do things forever. It is wonderful to have them with us.

I would also like to thank the staff in general and the nurses in particular for their support and acknowledgment of our role.

## MEDICAL MEASUREMENT DEPARTMENTS

### CARDIAC CATHETERISATION TECHNICIAN SERVICE

*Thelma Morgan, Chief / Cardiac Catheterisation Technician.*

The ever-increasing workload continued in 2006 with 24,537 tests performed during the year. With no increase in staffing levels this proved a challenging year.

The planning of the Chest Pain Unit and allocating the space required was a major accomplishment. All things going well, the unit should open in 2007, which will greatly benefit the ECG department and patients alike. The demand for ECHOs continues to grow. The hospital has supported initiatives to reduce waiting lists using Saturday sessions for out-patients.

The completed installation of the Transoesophageal probes, with designed sterilisation equipment in place has been a welcome addition to the department, a special thanks to Josette Galligan, Vigilance Officer.

A big welcome to Amy Whelan, the first secretary in the ECG department since the Hospital opened.

Our pacemaker clinic continues to grow with plans for the clinic to increase from twice a week to four times a week in 2007.

The outlook for 2007 is for the workload to increase further; however, the ongoing recruitment drive should provide some more staff early in 2007.

### NON INVASIVE VASCULAR UNIT

*Director: Dr. Patricia Fitzgerald  
Chief Technologist: Mr. Dermot Murphy*

The Non-Invasive Vascular Unit continues to provide a diagnostic vascular ultrasound service for both medical and surgical divisions of the Hospital plus local community General Practitioners.

### Clinical Activity

The Unit continues to see a mixture of both in and out-patients for assessment. In 2006, 7544 examinations were performed, 60% on an out-patient basis. This is similar to 2005 activity.

### Staffing

The level remains static; however, changes in personnel resulted in a reduction of skill-mix. This is secondary to the national paucity of qualified and experienced vascular technologists. This is currently being addressed by ongoing training within the unit.

### Educational Training And Research

In 2006 the Department expanded its training role.

Full involvement in undergraduate clinical training for Technician staff, as well as 2nd and 3rd year Radiology Registrars rotating through the unit to enhance their Duplex Ultrasound skills.

- Dermot Murphy was awarded an MSc (Portsmouth University) for work on the predictive value of vein diameter in the haemodialysis access patent.
- Dr. P Fitzgerald was awarded an MD (UCD) for Vascular Haemodynamics in off-spring of Abdominal Aortic Aneurysm patient.
- The Unit hosted the Autumn Meeting of the Society for Vascular Technologists of Great Britain and Ireland.

### New Initiatives

Ongoing collaboration with DIT Bolton Street, to develop an in-flight exercise device aimed at DVT prevention.

Duplex mapping of abdominal wall vascular for the Oncology patient prior to breast reconstructive surgery.

### CLINICAL NEUROPHYSIOLOGY DEPARTMENT

*Geraldine Browne, Chief 11 CNP Technologist*

The Clinical Neurophysiology Technologist team is led by Ms. Geraldine Browne, Chief Neurophysiology Technician, and the service is clinically led by Dr. Fiona Molloy, Consultant Neurophysiologist, with Dr. Valerie Reid, Consultant Neurophysiologist. The team provides EEG, Long-term Epilepsy Monitoring, and Carpal Tunnel Clinics for both in-patient and out-patient referrals.

We are confident that as we get closer to our full staffing complement, we will be able to decrease our waiting list for EEGs. The number of in-patient referrals has increased by 25% with the introduction of a Carpal Tunnel Clinic. Patients requiring EEGs have to wait a considerable period before they can be called for appointment. Recruitment remains a priority.

The Technologists dealing with the Epilepsy Long-Term Monitoring Unit are part of a very active, positive and supportive multi-disciplinary group. They work closely with Dr Norman Delanty, Dr Niall Pender, Head of Clinical Neuropsychology, Ms Patricia Ennis and Ms Paula Corr, Ms Maire White and Ms Cora Flynn, Epilepsy Nurse Specialities.

Our department was invited by the Neurophysics Group, led by Ms. Mary Fitzsimons, to take part in a pilot study with Sligo General Hospital: "Teleneurophysiology project". The aim is to deliver an EEG service to the North West of Ireland and the data will be reviewed and interpreted here in the Neurophysiology Department in Beaumont Hospital. The pilot project has been successful. It will certainly be the model for other hospitals to take up and follow. We are delighted to be part of this innovative development.

Dr Molloy and Dr Reid are developing the EMG service and the technologists are happy to be involved with the delivery of the Nerve Conduction Clinic. The waiting list for Carpal Tunnel studies is up-to-date. Early next year the department will be hoping to secure new equipment for EMG studies. There is a heavy demand on the existing old machinery.

Dr Kevin Murphy and Dr Deirdre O'Rourke are involved in the interrelation of EEGs in the department. Both of them present at our Epilepsy Review meetings on Friday where, along with a large multi-disciplinary group, the monitored patients are discussed and decisions reached regarding their treatment.

Margaret Ryan is Clinical Nurse Manager in the department and her input and help is invaluable to each and every one of us.

For all the hard work thanks to all the staff: Drs Molloy, Reid, Murphy, O'Rourke; the Technologists Alma O'Donnell, Senior Technologist, Sheila O'Connell and Mark Rowe, Junior Technologists. Thanks to Ciara Duggan for all her help and the secretaries Bride, John and Rebecca who are led by Martina Breen.

### THERAPEUTIC SERVICES COPD OUTREACH

*Brenda Deering, a/COPD Co-ordinator*

#### Staffing

Two full-time staff members, CNM2 and Senior Physiotherapist, provide an extended hours of service Monday to Friday, 8am to 6pm. For a period of time we received funding for a third person under the National Health Services Partnership Forum which allowed for a weekend service.

#### Clinical Activity

1. Early Discharge Programme
2. Assisted Discharge Programme
3. NIV assisted Discharge Programme
4. Prevent Readmission Programme
5. Pulmonary Rehabilitation

#### Early Discharge

The average length of stay for COPD exacerbation patients without catastrophic complications who did not fit our criteria was 7.7 days in Beaumont Hospital in 2005. In 2006, 48 patients availed of our Early Discharge Programme with an average LOS of 1.43 days with a saving of 303 bed days.

#### Assisted Discharge

This new programme was developed for the more chronic patients on nocturnal NIPPY and to those new to portable or long-term oxygen to assist their transition from hospital to home. It has decreased the long-term stay for those with catastrophic complications from 10.7 days in Beaumont in 2005 to 8.85 days, which is a saving of 85 bed days. 46 patients were seen under this initiative.

#### Prevent Readmission

Our ability to prevent readmission for patients previously enrolled in COPD Outreach has helped keep down the

number of patients attending the Emergency Department with 16 revolving door patients benefiting in the six months from June 2006 to Jan 2007 which is a saving of 123 bed days in 6 months. With this projection for a year 32 patients could benefit from this service with a potential saving of 246 bed days a year.

In total, 511 bed days were saved through these initiatives.

### Pulmonary Rehabilitation

32 patients benefited from pulmonary rehabilitation in 2006. A cost analysis comparing patients who participate in pulmonary rehabilitation to those who do not has show a saving of €172,812 per 12 patients per annum, which is a saving of €461,000 last year for the Hospital. However, the real cost to the patient can be seen in an increased prognosis for survival, decreased dependency on Emergency Department services and improved quality of life.

COPD Outreach Services are cost-effective and driven forward by patient need and best practice. Short-term and long-term follow-up ensures patient satisfaction and the success of all programmes. Only through audit and research can evidenced-based practice be provided. The COPD Outreach service continues to expand with additional programmes being developed annually through the identification of patient needs. Overall, 140 patients were recruited to these programmes in 2006 (see figure 1).

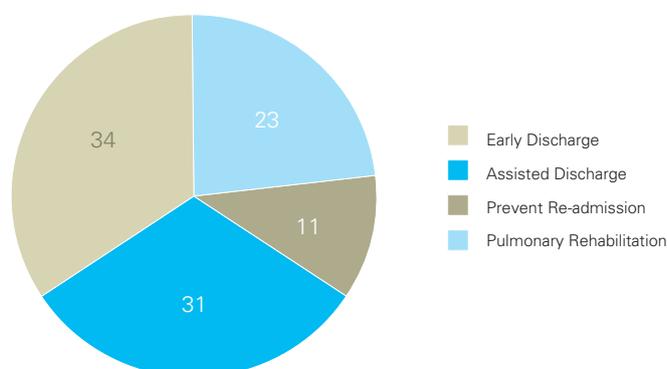


Figure 1. Percentage of patients allocated to each programme for the year ended 2006.

### Service Development

Development of inclusion/exclusion handy-card for doctors.

Prevent Re-admission and Assisted Discharge NIV programmes.

### In House Education

Nursing education in St Joseph's Hospital, Raheny, A&E nurse education, School of Nursing final year nurse students, GP Study Day, World COPD Day promotion.

### Poster Presentation

Irish Thoracic Society Poster Presentation on Pulmonary Rehabilitation Reduces The BODE Index Score For Certain Chronic Obstructive Pulmonary Disease Patients.

### Publications

Article in the HSE Newsletter Health Matters, February 2005

### NUTRITION AND DIETETICS DEPARTMENT

*Dietitian Manager – Kara Cullen*

### Staffing

The Nutrition and Dietetics Department currently has 20.25 staff.

### Clinical Activity

Referral rates and clinical activity remained very high in 2006 with 26,365 in-patient consultations completed.

### Departmental Developments & Innovations

Clinical Specialist: Carmel O'Hanlon was appointed Clinical Specialist in Critical Care and Nutrition Support in 2006.

Cystic Fibrosis: Rachel O'Reilly was appointed Senior Dietitian in Cystic Fibrosis in 2006. She continues to monitor the Nutritional status of the Cystic Fibrosis population and measure outcomes with differing nutritional therapies.

Oncology: Paula O'Connor was appointed Senior Dietitian in Oncology and commenced her post in January 2006. The addition of a third post in Oncology has led to an increased service for the Oncology Day Ward.

Diabetes: Beaumont Hospital is one of a few national centres to provide DAFNE (Dose Adjusted For Normal Eating) training for people with Type 1 Diabetes. Eimear Fanning, Senior Dietitian in Endocrinology, completed four courses in 2006, with a further six courses planned for 2007. Eimear has also established a specific clinic for people commencing insulin pump therapy.

PN Policy: Carmel O'Hanlon co-ordinated the update of the Hospital PN policy in December 2006. Department members were also involved in the PN contract decisions in 2006.

Care Pathways: Members of the department were involved in the development of various Care Pathways during 2006 – Carmel O'Hanlon was involved in co-ordinating the Care Pathway for patients undergoing elective open AAA repair and Niamh Maher was involved in the development of a Care Pathway for patients undergoing Neck Dissections. Carmel was also involved in the development of a patient information leaflet to accompany the AAA Care Pathway. This information leaflet is to be implemented in 2007.

Nephrology: The Senior Dietitians in this area were involved in the development of a Chronic Renal Failure Patient Information book, which is due for publication in 2007.

Cardiology: A Patient Satisfaction Questionnaire was completed for patients attending the Cardiology OPD service.

Out-patients: Group Nutrition Education Sessions were continued for people with Type 2 Diabetes and those attending Cardiac Rehabilitation. A Patient Satisfaction Survey was completed for patients attending the OPD service, the results of which are to be collated in 2007.

Surgery: In liaison with the Stoma Care Department, the department developed new diet sheets for patients post Ileostomy and Colostomy surgery.

Catering: Dietitians were involved in development and delivery of a Nutrition Education Programme for catering staff.

Professional Supervision: Non-Managerial Clinical Supervision which provides clinical supervision in a group setting was introduced in the department in 2006. Five department members received training during 2006.

Accreditation: 12 members of the department were actively involved in the Hospital Accreditation process during 2006.

### Research

Members of the department have been involved in various audits in 2006:

- PN Audit - Carmel O'Hanlon co-ordinated an audit of parenteral nutrition practices and complications in Beaumont Hospital. A report of the audit was presented to the PN Committee meeting in December 2006.
- The Oncology dietitians conducted two audits looking at dietetic activity in the Oncology Day Ward.
- A hospital-wide audit of weighing scales was conducted to determine their accuracy.
- Audit of dietetic service offered to gastroenterology and haematology patients.

### Education and Training

The department continues to be a training hospital for student dietitians, with a wide variety of lectures given to many staff groups in the Hospital.

Dietetics staff also attended many education and training meetings. Overall 2006 was a busy and productive year for the Nutrition and Dietetic Department.

### MEDICAL SOCIAL WORK

*Martin Mc Cormack, Principal Medical Social Worker*

Referrals to the Medical Social Work Department grew by 25% in 2006. Our staffing allocation rose by 0.5%. This related to the 0.5 WTE SMSW post for the Cystic Fibrosis service and Annette Winston was appointed to that post.

In 2006 we delivered a service to 7,500 patients and their families. The majority of referrals were for counselling and support to those impacted by trauma, illness and hospitalisation and in relation to patient and family support around discharge planning. Prof Drumm, Chief Executive of the HSE, has placed great emphasis on the concepts of social gain and of innovative practice since he came into post. We saw many examples of that in the MSW department in 2006.

Shirley Brennan SMSW established a group for young women who were coping with having a diagnosis of cancer. Fourteen young women attended the course and got an opportunity to meet others, network, ask questions, and take some time out with others who knew what they were going through.

The feedback was very powerful and the group format was deemed very useful. The social work team played a key role at local ward level in the establishment of local discharge teams and spearheaded the co-ordination of home care packages and long-stay placements to patients under the Delayed Discharge initiative.

Siobhan O Driscoll and the administrative team organised the "Annual Beaumont Hospital Public Lecture on Loss and Bereavement". Nell Mc Cafferty delivered the lecture, and gave an intimate overview of her personal experience of grief. It struck a chord with many people. The feedback from the 300 people who attended was overwhelmingly favourable and reaffirms our commitment to this format. Beaumont Hospital and the Health Services National Partnership

Forum kindly agreed to fund a research-based evaluation of the bereavement service, which was carried out in 2006. We would like to record our sincere thanks to those involved for their support. The results of the research will be made available early in 2007.

As part of the department commitment to continuing professional development, Fiona Mc Inerney delivered lectures as part of the Diploma in Oncology Nursing Course on "The Psychosocial aspects associated with Cancer Survivorship", and "Communication skills with the Cancer patient" and Emma Gannon delivered a lecture on "The Cancer Journey from diagnosis to end of life".

Joan Mc Connell taught on the FETAC programme delivered to Health Care Assistants. Celine Deane, Siobhan O Driscoll, Peter Mc Cartan and Martin Mc Cormack collaborated with TCD staff to deliver the Trauma Course offered to final year Social Work students in TCD.

We are extremely grateful for the support we received from Catherine McGrath, Anne Robinson, Ciara Baker, Barbara Clarke, and Sylvia Mc Connon who are the heart and engine room of the department, and the support we received from Ginny Hanrahan, Clinical Services Co-ordinator.

### PHARMACY

*Peter Jacob, Chief Pharmacist /Manager*

#### Staffing

Staffing remained fairly stable during 2006. The staffing stood at 16 Pharmacists and 14 Technicians. Towards the end of the year a senior pharmacist post was approved and recruited for the provision of pharmacy services to St Joseph's Hospital. Preparatory work needs to be done before services can commence in 2007. The old pharmacy needs to be fitted out and procedures drawn up.

The report on pharmacy services, completed in 2005, is still active through a committee of two pharmacists, two technicians and the Clinical Services Co-ordinator. It is hoped a proposal will be put to the Senior Executive in early 2007

to resolve the many issues addressed in the report.

### Services

The pharmacy remained very busy in 2006. Clinical, dispensing and chemotherapy continue to supply every increasing demands from the clinical areas. Plans to alleviate the chronic space problem were drawn up and approved. This extra space should be available in 2007 and will address many problems. A replacement programme for shelving in the pharmacy was initiated and approved on a phased basis for 2007. The Drugs and Therapeutics Committee and the Pharmacy Department continue to push for the appointment of a Medication Safety Officer and for the start of a project to computerise the prescribing in the Hospital.

### Education and Training

New staff continued their in-house training in dispensary, chemotherapy and clinical work. Two staff gained their MScs in hospital pharmacy and two more started MSc programmes. We wish them well in their studies.

### ORGAN PROCUREMENT & RENAL AND PANCREAS TRANSPLANTATION

*Phyllis Cunningham, Senior Transplant Co-Ordinator*

The department had 143 potential donors referred for organ donation in 2006. There were 91 actual donor retrievals, yielding 23 donors per million of population (pmp). The remaining 54 cases were either medically unsuitability or consent was declined.

There has been a record number of multiple organ transplants performed in Ireland with much fewer organs being sent abroad in 2006.

In spite of this, the number of patients requiring renal transplantation has continued to rise and the demand is ever-increasing. The live kidney donor programme is expanding to address this situation. There were 4 such transplants performed in 2006 and it is hoped that a further 15 will take place in this coming year.

Transplant personnel and recipients are indebted to families who make the very brave and unselfish decision to donate their loved one's organs providing life-saving operations to so many patients. We acknowledge the ongoing support from our colleagues in all the participating hospitals around the country.

### PSYCHOLOGY

*Dr Niall Pender, Head of Department of Psychology*

The department has seen further growth in demand for services over the past year with over 1,000 patients seen across 2,000 sessions of assessment or treatment. In 2006 we have 7 wte, with Ms Coleen Kernekamp joining us in a half-time post in the cystic fibrosis team which represents a significant improvement in the psychological management of these patients.

There has been a great recognition of the beneficial role of psychology in the Hospital and support for the development of psychological services to different patient groups. Despite the increased demand in services, we have been successfully addressing the length of waiting lists in the department. Neuropsychology continues to carry long waiting times due to the lack of staffing and the considerable demand for services. Services to neurosurgery are particularly problematic. However, the psychology input to liaison psychiatry and old age psychiatry is offering an efficient and responsive clinical service. We continue to expand our community focus in the Old Age Psychiatry services and Dr Edgeworth has developed several groups for psychological management of older adults. Furthermore, in cochlear implant services, Angela Murphy developed, in collaboration with the multi-disciplinary team, a resource pack for teachers and ancillary educational staff on 'Working with a child who is deaf in the educational setting'. The cochlear implant team currently have 0.5wte psychology which is insufficient to meet the considerable demand on the service. We will be working with the team to enhance this service in 2007.

We have maintained links with several clinical psychology training courses and now regularly accept trainees from Trinity College Dublin, University College, Dublin and the National University of Ireland, Galway which significantly improve our clinical resources. However, sufficient and appropriate clinical space remains a problem which we will attempt to improve in 2007. We also continue our successful undergraduate student internships with the American College Dublin and the European Study Abroad Programme. We started a very successful post-qualification course in clinical neuropsychology for clinical neuro-psychologists which lasted 10 months. The course was very well-received and we are running this again in 2007.

### Research

All department staff are now research active and we are continuing to deliver on our Research Strategy 2005. We have continued our collaborations with the Trinity College Institute of Neuroscience examining patients with focal brain lesions and have developed new research links with the Department of Psychology, University College Dublin and the Department of Psychiatry RCSI. At present we have 5 post-graduate research students (2 PhD and 3 Masters) pursuing research in the department and many staff are involved with external collaborations. We have also fostered further internal research collaborations with medical teams within the Hospital. Many of our staff have presented research and position papers in national and international conferences in 2006.

We have ongoing research programmes in Dementia (and neurodegenerative disease) as well as conditions such as conversion disorders. Further research with the Epilepsy Programme examines the psychological impact of Epilepsy Surgery and the efficacy of the Intra-Carotid Sodium Amytal Test which is run fortnightly in collaboration with the Department of Radiology and St Finbarr's Day Ward. Members of the department have now been trained in Dialectical

Behaviour Therapy and are running this programme for the management of Self-Harm as well as investigating its efficacy in patients with borderline personality disorder.

We hope to see further growth in both the clinical and research elements of the department in 2007 which will result in substantially improved services to patients.

### Publications/ Posters/ Seminar & Conference Presentations

Murphy Angela (2006). Children who are deaf who present with complex needs. Speech and Language Special Interest Group on Deafness, May.

Edgeworth, Jennifer (2006). Mental Capacity. Highfield Nursing Home and Mater Hospital Geriatric/Psychiatry of Older Adult Journal Club.

Edgeworth, Jennifer (2006). Management of Behavioural and Psychological Symptoms of dementia. St Ita's Hospital, Dublin.

Edgeworth, Jennifer (2006). Othello Syndrome: a review and case series. Psychological Society of Ireland Annual Conference, November.

Wilson O'Raghallaigh (2006). Psychoanalysis and Illness. Psychological Society of Ireland Annual Conference, November.

Pender, Niall (2006). Co-organiser and Chair of symposium on Diverse Issues in Acute Hospital Care. Psychological Society of Ireland Annual Conference, November 2006.

Co-organiser and Chair of Course Committee for monthly post-qualification course in Clinical Neuropsychology (2006). Clinical Neuropsychology Course, Beaumont Hospital, Dublin (February-December).

Dinneen, Reidy, Edgeworth, Wilson-O'Raghallaigh, Pender (2006) Dialectical Behaviour Therapy at Beaumont Hospital. DBT Course, Dublin September.

Hoerold, D., Pender, N.P., O'Keefe, F., & Robertson, I.H. Neuropsychological performance, error monitoring and self awareness in focal lesion patients. Cognitive Neuroscience Society Annual

Meeting, San Francisco, 2006. Journal of Cognitive Neuroscience.

Pender, Edgeworth and Dinneen (2006). Protecting vulnerable patients in acute hospital care: the importance of mental capacity. Psychological Society of Ireland Annual Conference, November.

Pender, N. (2006). Fractionating recognition memory: the dual process mode. Trinity College Institute of Neuroscience, November.

Pender, N. (2006). Neuropsychology, mental capacity and the brain. Psychological Society of Ireland Annual Invited Lecture. Psychological Society of Ireland Annual General Meeting, May.

McIntyre, D., Walkin, M., Dinneen, C., Philips, J., Murphy, K., Delanty, N., and Pender, N. (2006). Re-evaluating the role of Wada testing prior to selective hippocampotomy for patients with right sided temporal lobe epilepsy in an Irish cohort. Irish Neurological Association Annual Meeting, Galway.

White M, Ennis P, Corr P, Flynn C, Murphy K, Pender N, Phillips J, Delanty N (2006). Resource frustrations in epilepsy surgery evaluation in Ireland. Irish Neurological Association Annual Meeting, Galway.

Pender, N. (2006). Managing challenging neurological behaviour. 1st Annual Rehabilitation Conference, Dublin, April.

### Academic affiliations

Dr Jennifer Wilson O' Raghallaigh, Senior Clinical Psychologist in Liaison Psychiatry, has an honorary lectureship in the Department of Psychiatry, Royal College of Surgeons in Ireland (RCSI) and regularly teaches on courses at the RCSI.

Dr Jennifer Edgeworth, Senior Clinical Neuropsychologist in Old Age Psychiatry, has an academic affiliation to the Department of Psychology at UCD.

Dr Niall Pender, Principal Clinical Neuropsychologist, has an honorary lectureship in the Department of Psychology, Trinity College Dublin; is an associate member of the Trinity Institute of Neuroscience and is also honorary Consultant Neuropsychologist at the

Royal Hospital for Neuro-disability, London. He is also honorary Clinical Lecturer on the Clinical Psychology programme at the National University of Ireland, Galway. He is the Western Europe Representative of the International Neuropsychological Society, Chair of the Psychological Society of Ireland's Special Group in Neuropsychology and is the Irish representative for the European Federation of Neuropsychological Societies.

### OCCUPATIONAL THERAPY

*Dearbhla Birdy, Grade 3 in Charge Occupational Therapist*

#### Staffing

Despite ongoing intermittent staffing level difficulties due to unpaid leave and gaps between employment commencement, the department for the most part managed to maintain a relatively stable level of service provision staffing level. The department also welcomed the:-

- Commencement of a dedicated permanent senior Occupational Therapist for Oncology/Symptomatic Breast Care Services as sanctioned in 2005.
- Commencement of a 0.5 Clinical Practice Tutor Post. This post is dedicated to providing a strong student learning environment within the departmental setting and facilitating an effective working relationship between therapist, hospital and university.
- Commencement of the clinical specialist upgrade for the Occupational Therapy Services to the Clinical Neurology caseload.
- Initiation of a portable equipment pilot project between Beaumont Hospital Occupational Therapy Department and Community Occupational Therapy Services in Local Health Offices North Dublin, North West Dublin and Dublin North Central. The pilot will aim to allow Beaumont Occupational Therapists to directly supply essential pieces of equipment to facilitate patient discharge. This process will relieve pressure demands placed on our community

counterparts and make for more timely access to essential patient equipment needs. The pilot project also allows for the provision of a dedicated additional Occupational Therapy Assistant post to provide essential follow up requirement of the patient after discharge.

### Clinical Activity

Referral rates and activity levels continued to increase in 2006 with almost 3,800 (3,769) new patients seen between in-patient and out-patient services. As noted in the 2005 annual report, an increase in referral rates continues to challenge staff resources across all clinical areas, with continued inability to provide any follow up services for in-patients once discharged i.e. via OPD or outreach.

### New Service Developments

- Development and commencement of an internal staff weekly education training programme. This programme which is presented and compiled by the senior therapists aims to educate and further upskill all Occupational Therapy basic grade and assistant staff.
- A senior Occupational Therapy staff member has remained a strong representative on the Association of Occupational Therapists of Ireland (AOTI) education committee, the Practice Education Forum. This forum addresses national professional issues in relation to the practice education for students of the profession. Recently it addressed standards of practice and facilitated third-level education facilities in the WHO accreditation process of the Occupational Therapy degree course.
- Strong participation in the multi-disciplinary forum for the Hospital policy on "Management of patients with behavioural disturbance in the acute hospital setting". The guidelines identify the legal, ethical and professional principles that guide good practice in this area, particularly in the use of restraints.
- Ongoing local service improvements including increased use of standardised assessment tools, eg SAFER in Emergency Department, individual

guidelines of practice in many areas, pre-surgical assessments in rheumatology prior to hand surgery and guidelines for A&E Hand Therapy Services.

- Lymphoedema service provided and ongoing training taking place to ensure continuity of this service.
- Involvement in multi-disciplinary team approach to patient issues, e.g. Mr Walter Leahy, Senior Occupational Therapist, continues to remain a strong member of the "Restraint Committee", a multi-disciplinary body dedicated to the implementation and review of the new hospital restraint policy. This committee has overseen the participation of Whitworth Ward utilising a restraint reduction programme and the trial of some specialised equipment that could reduce the risk of falls in the elderly. As well as assessing a Falls Risk Assessment Tool, Ms. Nicola Doyle has also been involved with devising an MDT book for children with Acquired Brain Injury returning to school
- Development of the Psychiatry of Old Age service including establishment of a carers' support group.

### Research/Presentations/Training

- Ms Carole Murphy, Senior Occupational Therapist commenced a research project entitled "Effectiveness of an Occupational Therapy Service in Accident and Emergency", sponsored by the Partnership Department in Beaumont Hospital.
- Ms Mary Naughton, Clinical Specialist Occupational Therapist, presented at the following:
  - 1) AOTI annual conference May 2006 - "Changing hand therapy practices in an acute Dublin Hospital";
  - 2) NAROTI study afternoon 12th May;
  - 3) British Association of Hand Therapy Course Level 1 March 2006 " Tendon Management " and Level 2 November 2006 "Introduction to Hand Therapy";
  - 4) Splinting Study Day November 2006 in Naas General Hospital
- Ms Nicola Doyle Senior Occupational Therapist completed the Sensory

Modality Assessment Response Technique (SMART) training course in the Neuro-rehabilitation Hospital, Putney, London. This has assisted in the commencement of an Occupational Therapy service to patients in a minimally responsive state in Richmond ITU.

- Ms Geraldine Foley, Clinical Specialist Occupational Therapist. These articles include "What are the care needs for people with motor neuron disease and how can occupational therapists respond to meet these needs." published by the British Journal of Occupational Therapy (BJOT).
- In addition she forms part of the research study "A phenomenological study to explore perceptions of quality of life for persons with amyotrophic lateral sclerosis: Determined by coping and affected by healthcare." This has been submitted and awaits publication in Amyotrophic Lateral Sclerosis.

### Other information

In 2006 the department continued to support and contribute significantly to professional matters and workings of the professional body "Association of Occupational Therapist of Ireland/AOTI" with membership to various committee as follows:-

- Ms Derabhla Birdy, Chairperson of the working group for the involvement of Occupational therapy assistants in the SKILL Project.
- Ms Ann D'Arcy (Occupational Therapy Assistant) secretary of the AOTI Occupational Therapy Assistant work group, and is also a member of the aforementioned SKILL Project.
- Ms Geraldine Foley is a working member of National Neurology Steering Group for review of Neurology services in the HSE. An official report in association with AOTI has been submitted to the group on behalf of occupational therapy services in Ireland. Geraldine is also a board member of the Irish Motor Neuron Association (IMNDA)
- Ms Nicola Doyle is the departmental representative of National Association of Neurological Occupational Therapists.

- Ms Mary Naughton holds the current chair of the Irish Association of Hand Therapy (IAHT), she remains as the Irish delegate/representative for the International Society of Hand Therapy (IFSHT). Mary also remains a member of the AOTI validation committee.

- Mr Alex Businos is the acting treasurer of the Association of Rheumatology Occupational Therapist Ireland (NAROTI) and a member of the Irish Rheumatology Health Professional Society.

There remains high level of involvement in national special interest groups for the profession such as in Stroke, Mental Health, Palliative Care, Care of the Elderly, Rheumatology and Emergency Special Interest Groups.

### SPEECH AND LANGUAGE THERAPY

*Dr. Rozanne Barrow, Head Speech and Language Therapist*

#### Staffing

The department comprises 12 WTE Speech and Language Therapists (this includes the 0.4 WTE Practice Tutor Speech and Language Therapist and those working in Cochlear Implant and in St. Joseph's Hospital Rehabilitation Unit, Raheny) and 1 WTE Speech and Language Therapy Assistant. There was some movement of staff during 2006. Owing to the national shortage of Speech and Language Therapists it is difficult to recruit to temporary or locum positions and therefore the department was operating at reduced staffing levels during periods between resignation and recruitment to posts. Savings accrued from this allowed the department to appoint a temporary Speech and Language Therapy Assistant.

#### Clinical Activity

It continues to be difficult to determine details on clinical activity due to a lack of systems; however, a 'snapshot' revealed approximately a 30% increase in activity during 2006 as compared to 2005. The ongoing increasing demands on the service mean that out-patients continue to have to wait an unacceptable length of time (up to one year) before being seen for

assessment and/or therapy. The creation of a post dedicated to meeting the demands of this group remains a priority.

#### Initiatives during 2006 include

- A 0.4 WTE Practice Tutor Speech and Language Therapist was appointed to oversee the clinical education of Speech and Language Therapy students attending Beaumont Hospital. In line with this development the number of students attending the department has increased significantly from Trinity College Dublin, the National University of Ireland Galway and the University of Limerick.

- There has been an increase of 1.0 WTE Basic Grade Speech and Language Therapist for Neurology services.

- The Speech and Language Therapy department in Beaumont Hospital in collaboration with the Mater Hospital, Connolly Hospital, Trinity College and Connect (the Communication Disability Network) in the UK are participating in the Connect Conversational Partner Scheme Project for people with aphasia (difficulty in language processing as a result of acquired brain injury). This scheme aims to provide people with aphasia, particularly those who are isolated and 'hard to reach', the opportunity to engage in conversation with Speech and Language Therapy students. Students receive specific training on ways to support conversation with people who experience difficulties in communication. While this scheme is not a substitute for therapy, it does reduce social isolation for this group of people. For students it provides opportunities to develop skills in supported conversation which is a key competency for their chosen profession. The Practice Tutor provides support and supervision for these students.

- The MDT Voice Clinic resumed during the year with the appointment of an additional ENT Consultant. The Speech and Language Therapist is an integral member of this team and despite no additional resources for this post, provides a service to this clinic. Such MDT clinics facilitate an integrated, evidence-based and efficient approach to the assessment and management of patients with voice conditions.

- The Speech and Language Therapist Managers of Beaumont, Mater and Connolly Hospitals in collaboration with their counterparts in the HSE LHO of North Dublin, North West Dublin and Dublin North Central wrote a report 'Communication Connections' (Barrow et al, July 2006) which outlines patient pathways through the speech and language therapy service. The report identifies how the needs of this group are currently met and drawing on evidence of best practice, makes recommendations for service developments to meet these needs.

#### Other Information

Rozanne Barrow is a visiting lecturer to undergraduate students attending TCD and University College Cork on aphasia and the application of qualitative research methods in clinical practice and to post graduate students attending TCD on disability, working with people with acquired communication impairments and communication access. She is a member of the Education Board of the Irish Association of Speech and Language Therapists and is the Irish Association of Speech and Language Therapist Managers' representative on the National Implementation Group for the Clinical Education of Therapy Students. In addition she is the first Associate Trainer for Connect (The Communication Disability Network) in the UK whereby she delivers training to a wide variety of healthcare workers on issues relating to stroke and acquired communication disability in both the UK and Ireland. Beaumont Hospital is reimbursed for her time to enable to undertake this work. Antonio Hussey is chairperson of the Overseas Committee of the Irish Association of Speech and Language Therapists and so plays a key role in the validation of the qualifications of speech and language therapists from overseas.

Jennifer Robertson is a visiting lecturer to undergraduate students attending TCD and NUI Galway on Cochlear Implant.

Elaine Whelan is a Speech and Language Therapy representative on the SKILL (Securing Knowledge Intra Lifelong Learning) project. The two main aims of this national initiative are, firstly, to

establish a competency framework for support workers in the health service (e.g. therapy assistants) and, secondly, to advise FETAC in the development and planning of appropriate courses to meet the identified competencies.

## PHYSIOTHERAPY

*Ann Marie O'Grady, In Charge 3  
Physiotherapy Manager*

In 2006, there was an 18% increase in referrals to physiotherapy and a 33% increase in out-patient referrals compared to 2005. This occurred on the back of no increase in bed capacity within Beaumont Hospital. Dependency levels of in-patients referred to physiotherapy indicated that 19% required two or more staff to treat the patient safely and effectively. The increased activity presented difficulties in maintaining the necessary intensity and frequency of interventions required. Each clinical area reviewed their work practices to ensure that optimal usage of all resources was occurring.

During 2006 there were a number of very welcome additional staff sanctioned and appointed. They were as follows:

1 WTE senior physiotherapist for cystic fibrosis

1 WTE senior physiotherapist for oncology/symptomatic breast care

0.5 WTE senior physiotherapist/practice tutor top support undergraduate placements for students from University College Dublin.

0.5 WTE staff grade physiotherapist for neurology out-patients funded by Dr Orla Hardiman, consultant neurologist – recoverable

0.75 WTE physiotherapy assistant – funded by Dr Ciaran Donegan/Dr Allan Moore, consultant geriatricians – recoverable – 1 year duration

All these appointments allowed development of additional and more intensive services to these areas of physiotherapy practice.

## New Developments

Team Based Performance Management was successfully introduced and allowed each clinical area to identify their

objectives for the year ahead and to deliver on those objectives within the year, and earlier in many cases. The objectives identified and delivered upon improved both patient care and effectiveness of service delivery.

There was ongoing commitment to the provision of undergraduate student placements to both Royal College of Surgeons in Ireland and University College Dublin.

## Research

There was ongoing support of research within the Physiotherapy Department, with Dr Paul O'Connell, Consultant Rheumatologist, and Dr Orla Hardiman, Consultant Neurologist, providing funding for 0.5 WTE physiotherapist each to undertake research in their specific fields. Their ongoing support is very much appreciated and has contributed significantly to the culture of research within the Physiotherapy Department.

## Presentations, Publications, Bursaries and Funding

- Literature review of continuing Professional Development: models and current practices. 'Physiotherapy: Theory and Practice', Sep-Oct 2006. Michelle Shannon in conjunction with DATHS project group.
- The efficacy of open and closed kinetic chain strengthening exercise in patients with knee OA – Fiona Keogan, American College of Rheumatology, Nov 06
- The management of Rotator Cuff impingement – A review – Clare Gilsenan, Occupational Physicians Conference
- The Inter and Intra- rater reliability of a GAITrite® system in Quantification of Temperospatial gait parameters in subjects with RA, F Keogan, R Egginton, G Kearns, P O'Connell - Therapy Conference May 2006 Oral presentation
- A randomised controlled trial to investigate the effects of orthotics on tempero - spatial parameters.R. Egginton, F Keogan, G Kearns, P O'Connell. British Rheumatology Conference, Glasgow May 06. Poster presentation

- Profile of staff referrals to a physiotherapy department. J Eadie, R Egginton, F Keogan, B Hayes. Irish Society of Chartered Physiotherapists conference. Poster presentation
- A randomised controlled trial to investigate the effects of open and closed chain quadriceps strengthening in subjects with OA of the knee. F Keogan, C Gilsenan P O'Connell. American Rheumatology conference - Oral Presentation, Irish Society of Chartered Physiotherapists conference - Oral Presentation
- Literature review of the pathogenesis of Osteoarthritis. F Keogan. IRHPS Bursary June 2006
- A randomised controlled trial to investigate the effects of open and closed chain quadriceps strengthening in subjects with OA of the knee. F Keogan, C Gilsenan. EULAR Bursary
- 'A profile of Pain in Irish Polio survivors'. Deirdre Murray, Irish Society of Chartered Physiotherapists conference – poster presentation
- "Profile of patients referred to physiotherapy CVA service and the use of the Orpington Prognostic Score as an indicator of discharge destination." Julie Shanahan - Irish Heart Foundation Stroke Study Day May 2006 - Poster presentation
- "A profile of the level of dependency of patients referred for physiotherapy after CVA in an acute hospital and the use of physiotherapy assistants in rehabilitation." Julie Shanahan, Irish Heart Foundation Stroke Study Day May 2006 - Poster presentation
- Profile of physiotherapy service post CVA in an acute care setting. Julie Shanahan. Irish Society of Chartered Physiotherapists conference. Poster presentation
- Health Promoting Hospitals Networks' 14th International Conference, Lithuania. Orla Daly – poster presentation

Research funding of €26,000 obtained from the Post Polio Support Group to support the following ongoing research:

- Follow up study comprising annual Quantitative Muscle Analysis testing for Prior Polio cohort - numbers increased to approximately 100 by end 2006.

Deirdre Murray

- 'An Investigation of Subjective and Motor Fatigue in Prior Polio Patients and the relationship with the Energy Cost of Walking'. Deirdre Murray

### Lectures

- Case study on care of the organ donor patient in the ICU setting to the Physiotherapy National ICU working party. Janet Levingstone

- Post-graduate neurosciences nursing course: Ailish McDermott/Janet Levingstone

- Physiotherapy Respiratory Assessment - Nursing inservice training programme, Beaumont Hospital. Helen Heery

- Respiratory management in the paediatric setting at the paediatric study day, Beaumont Hospital. Janet Levingstone

- Role of the Physiotherapist and the Pelvic Floor Urology Nurses Annual Conference. Cinnny Cusack

- Role of the physiotherapist for Post prostatectomy Patients. Irish Cancer Society Public lecture. Cinnny Cusack

- Assessment and Management of Urinary Incontinence Physiotherapy post graduate course: Cinnny Cusack.

- Clinics in Motion Urology DVD: Presenter: Cinnny Cusack

- Irish College of General Practitioners. - Orla Daly

- Presentations relating to developing culturally sensitive healthcare environment: Orla Daly

- Dignity & Respect in the Workplace - Beaumont Hospital external showcase event. Orla Daly

- Alpha-1 antitrypsin patient support group. Claire Egan

### Additional involvements

Members of the Physiotherapy Department in Beaumont Hospital continue to contribute on a hospital and national basis to physiotherapy and organisational needs. This involvement enhances their contribution to not only individual patients but also the broader picture. These include the following:

- Securing Knowledge Intra Lifelong Learning (SKILL) Project. Eithne Waldron – physiotherapy representative

- Vice Chairman of Irish Society of Chartered Physiotherapists (to June 2006) – Ann Marie O’Grady

- Chair of Publications Committee Irish Society of Chartered Physiotherapists – Editor of monthly publication Firsthand and biannual scientific journal Physiotherapy Ireland, Member of Executive and Council of ISCP -Orla Daly

- Irish Society of Chartered Physiotherapists Website Editor - Julie Shanahan

- Health Management Institute of Ireland, Honorary Editor – Ann Marie O’Grady

- Irish Society of Orthopaedic Medicine - Thelma Murphy

- Committee member of Chartered Physiotherapists in Women’s Health - Cinnny Cusack

- Alternate rep for IOPTWH (International organisation of Physiotherapists in Women's Health) Cinnny Cusack

- Chairperson of Physiotherapy Clinical Specialist interest group - Cinnny Cusack

- Chair of musculoskeletal physiotherapy clinical specialist sub group – Clare Gilsean

- Honorary Secretary of Chartered Physiotherapists in Neurology and Gerontology - Michelle Shannon

- Honorary Secretary Physiotherapy Intensive Care working party, a sub-group of the Chartered Physiotherapists in Respiratory Care - Janet Levingstone

- Dignity & Respect facilitators, Beaumont Hospital- Helen Heery and Orla Daly

### DIAGNOSTIC SERVICES

#### RADIOGRAPHIC SERVICES

*Anne McMenamin, Radiographic Services Manager*

#### Activity

In 2006, 112,428 patients were examined in the department and 147,502 cases carried out (excluding cardiac interventional cases). The Hospital, once again in 2006, supported initiatives to reduce waiting lists in areas such as CT, Ultrasound and MRI and provided prompt in-patient examinations using extended working on a sessional basis for CT and Saturday scanning in the MRI area for in-patients.

#### Developments in Mammography in 2006

2006 saw the appointment of two new Breast Surgeons and a dedicated Breast Radiologist to Beaumont Hospital. The department welcomed the appointment of Jacqui McGovern as Clinical Specialist in Mammography. Subsequently the development of the mammography service has been significant, we now offer a full mammography service as opposed to the two-day service that had been previously available. Also there has been a large increase in the availability of breast ultrasound. This increase in service provision has allowed us to significantly reduce the waiting times for mammography and breast ultrasound.

Furthermore, we now offer a “Triple Assessment Service” whereby many patients attending the Breast Clinic will have their mammography, breast ultrasound and image guided core biopsy carried out the same day.

## On-going Projects

- PACs

Priority was given in 2006 to the appointment of a PACS Project Leader on a contract basis to deliver a service in a two-year timeframe. A PACs Steering Group has been established and it is planned to submit a business case by May 2007. Beaumont Hospital Imaging services are currently 90% digital which gives it a great opportunity to go to a full PACS installation and reap all the benefits from this system. This will be a huge change management initiative throughout the organisation and the staff in Radiology are committed to the successful implementation of this project. Ultimately this will provide an enhanced service for patients, with improved turnaround times.

- CT

A six slice CT scanner has been installed in St. Joseph's Hospital, Raheny, and operational funding is awaited.

- MRI

Plans for the installation for a much-needed second MRI Scanner were advanced as planned. By end 2006 tenders were received. A new Siemens MRI scanner is due to be installed by June 2007, though will not be fully operational until later in the year. This has necessitated extensive building works for the placement of the new scanner and also arising from the need to increase and upgrade patient waiting space.

- Ultrasound

The upgrade of the MRI Department has led to the relocation and planned expansion in the Ultrasound Department. Ultrasound will now move to the front of the Radiology Department. Plans for this area include an increase in the number of ultrasound scanners, with a separate interventional room. The plans also include improved and separate waiting areas for in-patients and out-patients. In order to facilitate these planned service expansions, plans have been drawn up which will include the expansion of the Radiology Department and the building of a second floor to house offices, stores and a staff area.

## Accreditation

In May 2006 the department, while not assessed as a single unit, took an active part in the Hospital-wide accreditation process. Radiographers were actively involved and fed into all Clinical and Surgical teams, as part of the multi-disciplinary team. On non-clinical teams, representatives were involved in the Environmental team. A site visit was carried out in Radiology by the Accreditors.

## Staffing

From a staffing point of view the department commenced the year with a full complement of staff; however, due to a number of factors, by the end of the year the department experienced a deficit in the number of Radiographers. This varied from one to nine members of staff below complement. The average Radiographer vacancy rate for 2006 was 3.7 WTE. This is a chronic situation which is reflected nationally for Radiographers. The department did endeavour to maintain a full radiology service despite the staff shortages. We are indebted to the commitment of the Radiography, Nursing and Medical staff in Radiology who ensured continuity of care to the patients.

The post of Radiation Safety Officer at Clinical Specialist Radiographer level was also filled, by Kate McKenna in mid-2006. The RSO plays a vital role within the Radiology Department. The RSO has many responsibilities which include the implementation and monitoring of radiation protection procedures, supervision of individual dose assessment of persons subject to monitoring and reporting and investigating any incidents, accidents or other abnormal situations involving radiation. The RSO reports to the RSM, and works closely with the Radiation Safety Committee under the guidance of the Chair of the Committee, who is the Head of the Department and the Radiation Protection Adviser.

## Training and Development

In 2006 staff in the Radiology Department were active both professionally and academically. Members of staff attended the annual

conferences of BMUS (British Medical Ultrasound Society), RSNA (Radiological Society of North America), the International Breast Cancer meeting and a CT Symposium both held in Dublin.

Andrew Brown, Radiographer, completed a Post Graduate Diploma in MRI, while Louise McDermott, Radiographer, completed a Post Graduate Diploma in Ultrasound.

Four Radiographers commenced a Post Graduate course in Mammography, in the University of Nottingham. This course was in line with the expansion in the Mammography service and following the recommendations of the O'Higgins Report. It was funded through the Symptomatic Breast Service.

David Reidy submitted his MSc thesis in September 2006 to UCD - 'To investigate the effect of Kvp and the anti-scatter grid in Direct Radiography (DR) of the PA Chest using simulated lung nodules and ROC analysis. A phantom study'.

Kate McKenna, RSO, completed her Post Graduate diploma in Health Informatics, but deferred taking Post Graduate diploma in favour of commencing her MSc in Health Informatics.

In 2006 Aine Quinn, Senior Radiographer, was conferred with her MSc from Trinity College Dublin, having completed her thesis entitled 'User Requirements: Their Elicitation and Evaluation in the Development of an Interventional Neuro-Radiology Information System'.

Una Connellan, Superintendent Radiographer, is at present embarking on an MBA programme in Health Services Management with the RCSI/UCD, while Sean McArt, Radiographer, is currently undertaking an Msc in Law and Ethics.

Jennifer Hanrahan, Superintendent Radiographer, took part in the rewarding LIPD (Leadership in Partnership Development) programme, which was a joint venture between Beaumont Hospital, the Royal Hospital in Belfast and our Union Partners. There were ten participants from Beaumont Hospital and ten participants from the Royal Hospital in Belfast. Participants were drawn from both management and union personnel.

In 2006 the three Radiography Assistants, Sean Bruen, George Pouch and Cyril Hoey took part in two dedicated Radiography Assistant modules carried out in conjunction with the School of Diagnostic Imaging in UCD. These modules lead to a FETAC Level 5 award as part of the SKILLS (Securing Knowledge intra lifelong learning) project. This is a national initiative to establish a competency framework for support workers in the health service. Anne McMenamin, the Radiography Services Manager, was a National Subject Matter Expert Adviser to the HSE-EA on this programme.

Finally, at the beginning of 2006 Ms Una Kinsella, Clinical Specialist in CT, retired from the Radiology Department. Una came to Beaumont from the Richmond Hospital in 1987. We would like to take this opportunity to record the Department's thanks to Una for all her hard work and diligence, maintaining the extraordinary high standard that we associate with CT in Beaumont. Regardless of pressures attending advancements in technology and increased throughput, Una retained her keen patient focus throughout.

### LABORATORY MANAGER ON BEHALF OF PATHOLOGY DIVISION

*Pauric Reilly Laboratory Manager*

The Division of Laboratory Medicine comprises seven major laboratories, Histopathology, Microbiology, Immunology, NHISSOT, Haematology, Chemical Pathology and Blood Transfusion. It also includes Phlebotomy and Laboratory Administration. The workload is shared by many dedicated professional teams including medical, scientific, non-scientific, nursing, clerical and portering staff.

2006 was the busiest year on record for the Division of Laboratory Medicine.

In total 1,020,102 requests for analysis were conducted, of which 439,807 came from general practitioners. The year also saw many developments. Of particular note was the transfer of NHISSOT to a new purpose-built laboratory. Several new

services were launched in line with Hospital developments. Analysis to support the Living Related Donor Programme, molecular markers for oligodendroglioma and cardiac troponin I were among the new services developed.

For 2007, the Division of Laboratory Medicine retains its core ethos of continuing to meet or exceed the needs and requirements of its users while at the same time achieving analytical excellence.

I would like to use the opportunity to thank all of the laboratory staff for their hard work and professional standards. It is a pleasure to be ranked among them. I would also like to thank those in the background without whom, we could not continue to operate.

### IMMUNOLOGY

*Rena Willoughby, Chief Medical Scientist*

Unfortunately we had to bid farewell to one of our medical scientists, Paul McArdle, who departed to take up a position in Roscommon Hospital. However, we were lucky to recruit Sonia Skaff in his place, who joined us from Kings College London. Anita Foran, our clerical officer, also moved on to new pastures but remains within Beaumont in Nursing Administration and we welcomed Stephanie McShane as her replacement. Two of our post graduate trainee medical scientists, Aileen Conville and Fiona Gaffney, completed their training programme successfully and became eligible for membership of the Academy of Medical Laboratory Science.

We were happily allocated some new space adjacent to our department which has now been converted into a laboratory, providing much needed additional area for both staff and equipment.

We introduced new test assays in the areas of Rheumatology and Coeliac disease and repatriated a number of assays in particular for complement components and functional activity.

We were delighted to be able to upgrade our allergy screening to a fully automated analyser which is coping very well with the increased workload in this area which

we have experienced in recent years. We have also been able to transfer some other assays onto this platform, thus reducing our turnaround times.

Test sets increased by 24% continuing the upward trend in recent years. This increase is partly a natural consequence of new consultant appointments but we are also seeing increased test requests from GPs and other external institutions.

### MEDICAL PHYSICS AND CLINICAL ENGINEERING (MPCE)

*Dr. Lesley Malone, Head of Department*

#### General Electromedical/ Anaesthetic Equipment

In addition to a very busy workload, Tony Enright and Des Kelly contributed to the work of the committee dealing with upgrading for theatre electrical infrastructure. During the year they also provided information with respect to a review of facilities and equipment for the expansion of Neurosurgical services in the Hospital, expected within the next two or three years.

#### Renal Dialysis

Paul Lowe and Peter Browne continued to provide a comprehensive technical and clinical support service to the Renal unit. Additional equipment purchased this year provided the facility for high volume Renal Replacement therapies in the Critical Care areas. Further, MPCE continue to provide advice in planning the new dialysis unit to be built on the Hospital campus.

#### Vigilance Committee

Josette Galligan continued to act as Vigilance Officer. She has set up an efficient system for dealing with medical device alerts received from the Irish Medicines Board (IMB) which ensures final sign off with the relevant staff. She also dealt with a number of issues arising from device problems arising within the Hospital. An article on the Vigilance process in Beaumont Hospital was published in the IMB Newsletter.

### Non-Ionising Radiation and Endoscopy

MRI safety training was set up for staff including TSD members and Security officers.

Input was also made to the tendering process for MRI and Endoscopy ultrasound equipment. A new washer-disinfector was commissioned for Trans-oesophageal endoscopes.

### Accreditation and Audit

Members of the department contributed to a number of the clinical and non-clinical teams preparing for the Accreditation Audit and also took part in the Accreditation interviews and visits, including those for Endoscopy, Renal Unit, Radiology and Environment. The pending decontamination audit also required considerable attention.

Environment Task Group Members of the department continued to be active on this group and helped to produce a section of the Hospital Hygiene Manual which dealt with cleaning and decontamination of patient equipment.

### Radiology/Nuclear Medicine

An inspection of the Nuclear Medicine Department by the Radiological Protection Institute of Ireland had a favourable outcome. New requirements with respect to security of radioactive sources will be implemented. Over fifty patients from Beaumont and Connolly Hospitals were treated for over-active thyroids with radio-iodine. Plans were advanced for the use of a new radioactive treatment for Non-Hodgkins Lymphoma in collaboration with the Oncology and Haematology Departments. Radiation shielding calculations were completed for the proposed new developments on the roof of the Radiology Department.

### Education, Training and Research

Students from the Dublin Institute of Technology (Kevin Street) and Dublin City University joined us for work experience and to perform projects in Endoscopy /Non-ionising radiation and in the Radiology Department.

Maureen Heavey, Department Secretary, made a significant contribution to the organisation of a Radiation Safety Course for doctors and nurses and other health professionals.

Lectures on radiation protection and laser safety were also given to the Theatre Nurses' course.

Members of the department were also part of a team investigating radiation dose and protection of patients attending for Neuroradiology studies.

A final year undergraduate physics project in the measurement of therapy ultrasound output commenced in collaboration with Dr. Jacinta Browne, DIT Kevin Street.

### Representation on National Bodies

Josette Galligan is an executive member of the Association of Physical Scientists in Medicine (APSM). Lesley Malone is a Board member of the Radiological Protection Institute of Ireland and a member of the Medical Ionising Radiation Committee of the Medical Council. Marco Kuntzsch is a member of the Radiation Protection Special Interest group of the APSM. Head of Department:

### NEUROPHYSICS GROUP

*Mary Fitzsimons, Principal Physicist, Neurophysics*

The neurophysics group continues to provide technical and scientific support to the Epilepsy Programme and the Clinical Neurophysiology Department at Beaumont Hospital. Activities of the group include: in-vivo MRI-based quantitative assessment of the structure of the brain in epilepsy; the design, development, implementation and evaluation of an epilepsy electronic patient record; tele-neurophysiology – a pilot project with the HSE North West; equipment management guidance in clinical neurophysiology.

### Quantitative Brain Morphometry

Ms Patricia Breen was awarded an MSc in Physical Sciences in Medicine at Trinity College Dublin. Her research project for this postgraduate degree was a

quantitative magnetic resonance imaging based study of the entorhinal cortex of the brain. Imaging research by the group is funded by the Health Research Board (HRB) and the RCSI Research Committee. Ms Lisa Ronan, PhD student and recipient of a HRB career development fellowship, completed a study of cerebral cortical gyrification in temporal lobe epilepsy which has been published in *Epilepsia*. Ms Cathy Scanlon, PhD student, continues her study of brain structure endophenotypes in temporal lobe epilepsy. This RCSI-funded project aims to improve understanding of the underlying genetics of epilepsy. Our imaging research is conducted in collaboration with clinical neurology and neuro-radiology colleagues at Beaumont Hospital, St. James's Hospital in Dublin, Trinity College Institute of Neuroscience and Liverpool University.

### Health Informatics

A HRB Health Service R&D funded 5-year programme entitled: Revolutionising chronic disease management with information and communication technology: a socio-technical project applied to epilepsy care in Ireland is being undertaken by the group in collaboration with the IT Department and Epilepsy Programme at Beaumont Hospital Dublin, the Centres for Health Informatics and Health Policy and Management, Trinity College Dublin and Dublin Institute of Technology. An electronic patient record (EPR) is being designed, developed, implemented and evaluated by this project. During the year Mr Jarlath Varley joined the group as the evaluation researcher. Ms Louise McQuaid is the requirements engineer for the EPR project. Both Louise and Jarlath are registered for PhDs at Trinity College Dublin.

In October 2006, the group hosted a workshop entitled: Revolutionising chronic disease management : The role of the electronic patient record at the Carlton Hotel, Dublin Airport. 140 healthcare workers from a variety of disciplines and sectors of the Irish Health Service attended the day-long event. The workshop provided a forum for health

service providers and health informaticians to exchange perspectives on EPRs.

A number of expert speakers contributed to the workshop including: Dr. Norman Delanty, Prof Jane Grimson, Ms Ursula O'Sullivan, Prof Charles Normand, Mr Feargal McGroarty, Mr Damien Mc Callion, and Prof Denis Cusack.

### Telemedicine

During the year the group completed a Teleneurophysiology Pilot Project.

A teleneurophysiology (TNP) model for service delivery was established.

This model resulted in a clinical neurophysiology department being set-up at Sligo General Hospital which is a satellite of the specialist host department in Beaumont Hospital. The satellite and host are linked via the Government Virtual Private Network (GVPN).

Electroencephalography (EEG) investigations can be conducted by a technologist at SGH, digitally recorded EEG data is uploaded to a file server, and a consultant in Clinical Neuro-physiologist can access the digital data from Beaumont Hospital for interpretation, over a secure telecommunication network i.e. GVPN.

Over a twenty-week period between May and September 2006, 142 patients (over 18 years old) had EEGs recorded at SGH. The digital EEG recordings were accessed electronically from Beaumont Hospital by a Consultant in Clinical Neurophysiology for interpretation. The pilot project demonstrated:

- The practicability of a telemedicine model of Clinical Neurophysiology (CN) service delivery.
- The benefits of the TNP model and its alignment with the national goals of the health service in Ireland - better health, fair access, appropriateness and responsiveness, and high performance.
- A six-fold increase in access to EEG services for the population of the NW and an improvement in waiting times for CN appointment.
- That the Government Virtual Private Network (GVPN) provided a secure and highly reliable link between SGH and Beaumont Hospital in Dublin for electronic

transfer of, and remote access to data.

- A high satisfaction rating from CN personnel who made practical suggestions for improving the model.
- Patient satisfaction with the TNP service who were pleased not to have to travel long distances for investigation.
- Referring clinicians found TNP to be a readily accessible service with prompt, efficient and clear reporting which positively impacts on patient management.
- That the cost of EEG service delivery using the TNP model is comparable with conventional CN service delivery.

This pilot project was funded by the HSE North West and is a collaboration between clinical neurophysiology personnel at Beaumont and Tallaght Hospitals, clinicians and management in the HSE North West Region and IT personnel. The project won a Health Service Innovation Award in 2006.

### Invited Presentations 2006

Fitzsimons M 'At the coal face'- Introducing information systems that change patient care.

Health Research Board Conference - Today's health research is tomorrow's health care June 2006.

Fitzsimons M Chronic Disease Management supported by Telemedicine.

National Nursing and Midwifery Informatics Conference September 2006.

Fitzsimons M Socio-technical challenges of telemedicine: The clinical neurophysiology exemplar Telemedicine in the Irish Health Service: Current and Future Perspectives, Engineers Ireland April 2006.

### Conference Presentations 2006

Fitzsimons M, Delanty N, Breen P, Murphy K, Molloy F, Connolly S, Doherty C, Reid V, Hickey P Socio-technical challenges of telemedicine: The Clinical Neurophysiology Exemplar. Presented at Healthcare Informatics Society of Ireland (HISI) Conference November 2006.

Mc Quaid L, Breen P, Murphy K, Kenny T, Connolly S, Reid V, Doherty C, Molloy FM, Delanty N, Fitzsimons M.

Embedding the 'e' in Neurology – The socio-technical challenge. Presented at Irish Neurological Association Annual Meeting, Galway 2006.

Ronan L, Scanlon C, Breen P, Murphy K, Doherty C, Delanty N, Fitzsimons M The spectrum of structural brain endophenotypes as quantitative traits for genetic studies in epilepsy. Presented at Irish Neurological Association Annual Meeting, Galway 2006.

Mc Quaid L, White M, Doherty C, Murphy K, Kenny T, Delanty N, Fitzsimons M The Role of the Electronic Patient Record (EPR) in Epilepsy Research Presented at: American Epilepsy Society, Annual Meeting, San Diego 2006. Presented at Healthcare Informatics Society of Ireland (HISI) Conference November 2006.

Ronan L, Scanlon C, Breen P, Murphy K, Doherty C, Delanty N, Fitzsimons M.

The Potential of Quantitative Endophenotype Measures for Genetic Studies in Epilepsy: An MRI-Based, Non-Lesional Temporal Lobe Epilepsy Study.

Presented at: American Epilepsy Society, Annual Meeting, San Diego 2006.

### Publications in 2006

Ronan L, Murphy K, Delanty N, Doherty C, Maguire S, Scanlon C, Fitzsimons M. Cerebral cortical gyrification: a preliminary investigation in temporal lobe epilepsy.

Epilepsia. 2007 Feb;48(2):211-9.

Ronan L, Doherty CP, Delanty N, Thornton J, Fitzsimons M. Quantitative MRI: a reliable protocol for measurement of cerebral gyrification using stereology.

Magn Reson Imaging. 2006 Apr;24(3):265-72.

### Current Grants

Principal Investigator Grants Awarded in 2005

HRB Health Services R&D Award – value €1.25m – Revolutionising chronic disease management with information and communication technology: a socio-technical project applied to epilepsy care in Ireland.

Co-investigator Grants Awarded in 2005

Royal College of Surgeons in Ireland  
Research Committee Award – value  
€90,000 - Genotype to endophenotype-  
A new standard for association.

HRB Health Services Research  
Fellowships 2006

Awarded to Lisa Ronan to undertake a  
study entitled: Improving Epilepsy Care  
with Novel Advanced Imaging  
Techniques; An in vivo study of cerebral  
cortical morphology value €90,000

## POISONS INFORMATION CENTRE

*Dr. Joe Tracey, Director, and Ms. Patricia  
Casey, Manager, National Poisons  
Information Service*

The Poisons Information Centre provides  
a 24/7 national telephone information  
service on the toxicity, features and  
management of poisoning. Enquiries are  
answered by our own Poisons  
Information Officers between 8am and  
10pm (seven days) and night-time calls  
are automatically diverted to the National  
Poisons Information Service in the UK.

## Developments/innovations

The Poisons Information Centre  
celebrated 40 years of service in 2006.  
To mark the occasion a one-day Current  
Toxicology conference was held on  
November 3, 2006. The Minister for  
Health and Children, Ms Mary Harney  
TD, opened the conference which was  
attended by 61 staff from Emergency  
Departments and Intensive Care Units  
in Ireland.

We continue to divert our calls to the UK  
National Poisons Information Service  
(NPIS) between 10pm and 8am. Calls are  
answered by the centres in Birmingham,  
Cardiff and Newcastle on a rota.

Elaine Donohoe, Poisons Information  
Officer, joined the TOXBASE editing  
group in 2006.

Work commenced on checking that all  
pharmaceuticals listed in the Irish MIMS  
and the OTC Directory are on TOXBASE.

## Publications

### Papers

Pack-size legislation reduces severity of  
paracetamol overdoses in Ireland.

Donohoe E, Walsh N, Tracey JA.

*Ir J Med Sci.* 2006;175(3):40-2.

Renal and liver transplantation for toxin-  
induced organ failure.

Tracey JA, Casey PB, Cunningham P,  
Counihan A, Fleming J, Hickey D,  
Hegarty J. *Clinical Toxicology* 2007; 45:  
31-35.

### Abstracts

Morbidity from paediatric iron poisoning.  
Donohoe E, Tracey JA.

*Clinical Toxicology* 2006; 44 (4): 493.

Inadvertent overdose with N-  
acetylcysteine: An unusual case. Cassidy  
N, Tracey JA. *Clinical Toxicology* 2006; 44  
(4): 502.

Changing pattern of poisoning in Ireland  
over 40 years. Tracey JA. *Clinical  
Toxicology* 2006; 44 (4): 531-532.

Repeat enquiries to the National Poisons  
Information Centre of Ireland. Cassidy N,  
Tracey JA. *Clinical Toxicology* 2006; 44  
(4): 546-547.

## Presentations

Feargal O'Connor and Dr Joseph Tracey  
attended the EAPCCT Congress in  
Prague in April 2006, including the one-  
day Continuing Education in Toxicology  
symposium prior to the Congress. They  
presented four posters at the meeting.

## Staff

Edward Baston BSc took up post as  
Poisons Information Officer in November  
2006 (Maternity Leave Locum).

## Noted changes in activity

The Centre received a total of 11,905  
enquiries in 2006, a 5.9% decrease  
compared to 2004. This is a similar  
decrease to 2005 and may reflect the  
fact that most emergency Departments  
are now registered to use TOXBASE.  
TOXBASE use increased by 9.7% from  
8,224 user sessions in 2005 to 9,018  
in 2006.

While total call numbers decreased by  
5.9% in 2006 we noted a greater  
reduction in calls at night (14.3%  
decrease in calls between 10pm and  
8am vs 2.8% decrease in calls between  
8am and 10pm). We are checking  
whether this indicates problems with the  
coding of Irish calls in the UK rather than  
a true decrease in night-time calls.



*Ms Mary Harney T.D., Minister for Health and Children, at the Toxicology Conference,  
November 3rd, 2006.*

## + positive developments



### Alcohol gel usage

Beaumont Hospital:

9.6 litres per bed per annum = 87% compliance

NHS standard:

8 litres per bed per annum = 73% compliance

# Non-Clinical Services Division



Peter Connolly,  
Acting General Manager

**The new Out-patients Department [OPD] extends the hours of coverage from 8.00 a.m. to 6.00 p.m. Benefits include shorter waiting times for patients and earlier intervention in the patient treatment cycle.**

## INTRODUCTION

2006 was an extremely busy year for all of the Non-Clinical Services Department. Our bed occupancy level continued to hover at 100% utilisation and much attention was placed on balancing Emergency Department admissions with elective admissions.

A number of major projects were completed in 2006. These included the new Out-patients Department [OPD] which extends the hours of OPD coverage from 8.00 a.m. to 6.00 p.m. Benefits include shorter waiting times for patients and earlier intervention in the patient treatment cycle. Other key projects included the construction of a new waste management compound, completion of the 24 hour CCTV/Access Project, completion of the new permanent staff change and also the Telephony system upgrade.

A Hygiene Services Co-ordinator was appointed with a clearly defined role for co-ordinating all hygiene activity. Hygiene progress was demonstrated in increased education programmes, the establishment of a Hygiene Discharge Team, a physical upgrade works programme, and daily and weekly hygiene audits. The result of these initiatives was reflected in an improvement from 61% to 83% between the first and second National Hygiene Audits.

## PATIENT SERVICES DEPARTMENT

### OPD - 3 Clinics Per day:

The purpose of this project is to implement 3 clinic sessions per suite per day. An OPD Update Group was formed and a ten-week trial involving four clinics (Cardiology, Immunology, Neurology and Renal) commenced in July 2006. Progress reports were given to Union and staff representatives at the six-week stage and at end of trial. By the end of 2006 three clinics per day were successfully introduced in the four nominated clinics. Plans are now in place to repeat this initiative within the remaining out-patient clinics by the end of 2007.

### Performance Management:

A performance management system was introduced on a trial basis in early 2006. All staff and management of Patient Services Department (circa 360 people) are now fully engaged in an open, transparent and pro-active performance management system.

### Standard Operational Procedures (SOPs)

A Patient Services Working Group, consisting of both management and staff, was established in March 2006 to conduct a comprehensive review of all standard operating procedures (SOPs) within the department, which influence and determine the day-to-day working activities of all departments within Patient Services. This initiative has proven to be successful with a positive impact on the business activities of the department.

Over 50 SOPs have been reviewed/ updated/approved. Arrangements are in place to train staff and to publish these SOPs on the Hospital's document management system by the end of June 2007. The SOP Working Group continues to meet.

### Admissions Process

In August 2005 the Admissions Process Group was established. This Group was facilitated by Partnership and consisted of representation from staff who were involved in the process of admitting a patient.

### Objectives:

- + To improve efficiency in the overall administrative management of the Emergency Department and admission of patients to hospital wards.
- + To maximise internal capacity including decreasing length-of-stay and improved discharge planning
- + To optimise existing resources i.e. personnel and space, by re-assigning workloads in an effective and fair manner, to ensure all activity is consistently and accurately recorded to reflect work performance.

+ To ensure equal access of care for our patients by identifying and utilising all capacity available.

The group continues to meet.

### National Treatment Purchase Fund (NTPF)

Beaumont Hospital continues to refer patients for treatment under the National Treatment Purchase Fund (NTPF). There are a number of specific timeframes in relation to patient eligibility for referral and treatment which are dependent on the speciality.

In 2006 Beaumont Hospital referred 597 patients (In-patient and Day cases) for treatment under the NTPF. The target for referrals in 2007 is 1,200.

Beaumont Hospital participated in an Out-Patient initiative funded by NTPF. 86 patients were referred for Orthopaedic consultations and approximately 160 patients were referred to the Northwood Clinic for ultrasounds. Other out-patient initiatives are planned for 2007.

### Clinic Secretarial Work Practice Review

A revision of secretarial work practices was carried out in late 2006. This entailed comparison of the Beaumont Hospital secretarial services with those of other hospitals, exploring differing technological solutions and critically assessing other innovative ways of delivering the service. This study led to recommendations for the introduction of digital dictation to streamline the workflow of typing duties. This will also assist with the re-introduction of teleworking (specifically for typing duties only) in the future. A pilot study is currently underway for a typist-only post to ascertain the levels and flow of work which can be achieved in a teleworking capacity.

### National Hospitals Office Healthcare Records Management Programme

The National Hospitals Office (NHO) have developed standards and recommended practices for the

structure and control of the Medical Record and management of the medical records service. These standards will apply to all hospitals. Currently we are implementing Phase 1 of the NHO Healthcare Records Management Programme. These draft standards were circulated to all hospitals and key stakeholders in 2006. Feedback and comments were returned to the NHO and incorporated into the document of standards which is to be signed off by the NHO. These standards are to be issued in April 2007. A self-assessment programme will be initiated during May 2007 to ensure compliance with the relevant standards. An external audit will be carried out at a later date with results being issued in October.

### Microfilming Medical Records

During 2006 a working group was established to investigate and research the advantages of microfilming patient medical records. A microfilming programme is scheduled to commence in February 2007. At present Medical Records of deceased patients are being microfilmed and following the completion of these, microfilming of charts which have been inactive for five years will commence. All microfilmed Medical Records will be available 24/7/365 which will greatly enhance the retrieval rate of charts in a timely manner.

### GENERAL SERVICES DEPARTMENT

The General Services Department had a number of staff changes in 2006; Derek Darbey, General Services Manager moved to the position of A/Patient Services Manager and Fiona Edwards returned to General Services.

We welcomed Dorothy Costello to the post of Liaison Manager and Helen Cox transferred to the role of Household Services Manager. The staff showed huge commitment to transforming our hygiene scores and involving themselves in various projects throughout the organisation.

### Permanent Staff Change Facility / New Accommodation/Relatives Area for Richmond ITU.

The work on the new permanent staff change facility was completed in December 2006. This new facility has the capacity for over 1,100 lockers for staff, along with lounge/rest rooms, new toilets/shower facilities, and breast-feeding room. The Health Promotion Department has a designated room for massage facilities in this new building. In addition the work on the new accommodation / relatives areas for RITU was completed in December 2006.

### New Taxi Rank / Set-down Area

Discussions/proposals on the development of a new designated taxi rank at the side of Car Park 1 beside the multi-storey car park commenced, to include drawings, costings etc, in consultation with the key stakeholders who use the set-down area/front entrance, i.e. Dublin Bus and the Taxi Services.

### Computerised Help Desk

Following a presentation of a computerised "Help Desk" system which was introduced in the Technical Services Department, it is now intended to introduce this computerised system in the Porterage and Cleaning services. Work commenced on the screen layouts for this project with a view to phasing in the system in 2007.

### Insurance/Claims Division

In June 2006 this division within the General Services Department moved to the Integrated Safety and Quality Department.

### Hygiene / Cleaning

Following the disappointing results of 2005 Hygiene Audit; a hospital-wide approach to increasing standards was undertaken. A multidisciplinary steering group and task group were formed and an action plan developed. The commitment of all staff resulted in an 82% score in the 2006 National Hygiene Audit.

## Cleaning

Corporate Cleaning Services held the tender for the cleaning services to the Hospital in 2006. A new tender specification was written up taking into account the frequencies and standards outlined in the National Cleaning Manual issued by the HSE. The contract is due to be awarded in 2007.

An increased emphasis was placed on cleaning throughout the organisation with every grade of staff involved. New furniture and bins were purchased in order to replace non-compliant and broken furniture and bins. Chairs in all clinical areas were recovered in impermeable material and this process is still ongoing throughout the entire Hospital.

The Environment continued to be audited weekly as part of the Hygiene Audit and daily by General Services Staff.

In March 2006 the Discharge Team was introduced on a trial basis.

The Discharge Team clean the entire bed space following patient discharge during peak hours 7 days a week.

This is proving very successful and is assisting in the turnover of patients from the Emergency Department.

Contract Cleaning supervision increased from one supervisor per two floors to one per floor and also a Deputy Site Manager was introduced.

## Window Cleaning

Emerald Cleaning Services have held the contract for 2006. A new tender specification was written up taking into account the frequencies and standards outlined in the National Cleaning Manual issued by the HSE. The contract is due to be awarded in 2007.

## Laundry

Celtic Linen continued to hold the contract for 2006. Discussions were held with Celtic Linen in relation to the introduction of a Curtain Exchange Programme to commence in 2007.

## Security

At the commencement of 2006 the staffing level in security included; 1 Manager, 1 Deputy Manager, 4 Team Leaders, 22 Security Guards (2 vacancies) and 2 car park attendants.

As well as on-going training in the courses such as fire training, etc, in 2006 the Security Department launched a new training programme for their staff in conjunction with the Health and Safety Department. This programme was specifically designed for Beaumont Hospital. The training is provided by a professional expert trainer, who specialises in de-escalation techniques, defensive tactics and control and restraint. This is an on-going training programme with frequent refresher courses. Some nursing staff have also availed of this specialised training.

In addition to normal rostered duties Security Staff attended to or gave assistance to 632 documented incidents from January to December.

A new emergency response system (mobile units) has been installed in the Emergency Department. This system is linked to the Security Control room and five of these mobile hand units are also used by the security staff in the Emergency Department.

The Hospital Watch meetings involving our liaison Garda from Santry Garda Station, with multi-disciplinary personnel from various departments of the Hospital, continued throughout the year. Increased emphasis was placed on our work with local Gardai and regular meetings taking place to review incidents and advise on best practice.

Additions and improvements in our CCTV and access control systems continued. The Hospital now has 63 internal cameras, 22 external cameras, RCSI 11 and Private Clinic 2. All the car parks have intercom systems with direct connection to the security control, which also has the capability to monitor all entrances and exits of car parks and to raise barriers to allow access to vehicles. There are a total of

157 access control systems on doors throughout the campus.

## Switchboard

2006 saw a few changes for the telephony switchroom, with staffing and upgrading of the switchboards.

Two telephonists retired: Nora Dunphy who had transferred from the Richmond Hospital and was with us from the opening of Beaumont in November 1987, and Stella Higgins who joined us in 1988 as a locum and then became a full-time member of staff. Both are greatly missed for their knowledge and experience. We welcomed Marie Fitzpatrick who joined us as a full-time member of staff in March 2007 having worked with us as a locum in 2006.

The Switchroom has a new look, new switchboard and desks, all of which make for much better working conditions for the operators.

The new switchboards have directories which are updated daily. Directories are also available on the new digital phones around the Hospital. The Internal Directory has also been made available on the Hospital intranet.

Aside from the switchroom, the telephone system was replaced with Hi-path 4000, and the Hospital re-cabled. We now have a state-of-the-art system in Beaumont, which has given us the comfort of knowing that if we experience a fault in the system it should not affect all areas. This is due to the way the Hospital was cabled with the cables going to primary and secondary locations on all floors.

To add to the safety and resilience of our phone system, a DECT PHONE, (digital enhanced cordless telephone) system was also installed; this is a complete stand-alone system. There are now over 100 DECT phones in operation, and are available on all wards and in all clinical areas for emergency use.

Our intercom system was also replaced. This is also another form of communication for the Hospital which can also be used to communicate in emergency to key areas, i.e. Emergency Department / X-ray/ MRI / CT / Theatre / Physio / Endoscopy / Histo Lab.

DAKS System was also installed. This is an Alarm System and is working very well in the Emergency Department and Out-patients, making for safer working conditions for staff in these departments.

We also have a Microwave link to St. Joseph's Hospital in Raheny and can now dial from extension to extension.

We look forward to 2007 and hopefully will be working towards many more improvements for our department ensuring that we retain state-of-the-art systems in Beaumont.

### Portering

This service continued to support clinical and non-clinical services throughout the organisation with the following new developments:

- + New porters' office area
- + The porters assigned to the Waste Disposal Department are now working an extended day i.e. starting earlier and finishing later, especially at weekends
- + A porter has now been assigned to the Day Oncology Unit; this has speeded up bloods being sent to the lab, and the chemotherapy being brought from the Pharmacy. This has been achieved from within the present staffing complement. Nursing staff are very pleased with this outcome.
- + Four porters have been released to the Skill FETAC courses on an ongoing basis. This is to assist with the upskilling of the portering staff.
- + Portering staff agreed to service the Transit Lounge in the Emergency Department. This has been achieved at no extra cost at present.

+ New franking machine purchased for post-room. The staff in this area continue to make savings for the Hospital by grouping GP letters together.

### Waste Management

As a result of the 2005 Hygiene Audit, the position of Waste Manager was introduced. Martin Stephens, Deputy Portering Services Manager, was seconded to this role. Many changes were made in 2006 including:

- + Bin Replacement Programme
- + The new waste management compound is under construction
- + Recycling mixed dry recyclables, cardboard and plastics commenced
- + Training programmes took place in-house for selected wards on a pilot basis and will expand to all wards/departments in 2007.
- + Training programmes were undertaken by Waste Manager
- + Healthcare Risk Waste and Healthcare Non-Risk Waste are now collected and transported separately to waste compound.

BSFM Consultancy assisted the organisation in identifying changes to be made in Waste Management.

With the assistance of BSFM a service level agreement for tendering purposes has commenced and the Hospital will go to tender for Waste Management Services in 2007.

In relation to proper segregation and recycling, procurement for a new plant will commence in 2007 and should be on stream for June/July 2007.

### HYGIENE SERVICES

In 2006 a Hygiene Services Coordinator was appointed on a temporary basis to oversee effective coordination of hygiene activities on a site-wide basis. The Coordinator is responsible for the update and progression of the hygiene action plan. The progress of the action plan continues to be monitored on a monthly basis by the Hygiene Audit Implementation Group.

A discharge team service was introduced as a short-term solution to address unallocated tasks and deep cleaning issues identified in the original hygiene audit. Throughout 2006 the service has been identified as being successful through both feedback from users and internal audit results. Following the success of the discharge team the trial of hygiene operatives is to be undertaken with a start date planned for June 2007 as a potential long term replacement of the discharge team service.

During 2006 benchmarking exercises have been carried both nationally and internationally involving multidisciplinary visits to other Irish hospitals and to Groningen University Hospital in the Netherlands which is recognised as being an organisation with particularly low levels of infection rates. In October 2006 a decision workshop was held including representatives of all stakeholders in terms of the delivery of hygiene services. The result of the workshop was a decision to adopt a delivery model based on that observed at Groningen University Hospital in the Netherlands.

2006 saw commencement of an upgrade programme for non-compliant equipment. Bedside lockers and over-bed tables which were identified as being in a poor state of repair have been replaced. All non-compliant waste bins in the Hospital have been replaced and improved waste bin signage has been introduced to meet current requirements. Weekly multidisciplinary internal audits have been carried out since January 2006 in both clinical and non-clinical areas. The results of the audits are fed back to the relevant manager within 24 hours and are published on a quarterly basis in the form of a league table. The audit results have demonstrated consistent improvement in the results over the period.

A new contract for the supply of hand hygiene products was awarded to Pureel, incorporating a significant increase in the number and visibility of hand gel dispensers in the Hospital.

In November 2006 a ward manager survey was carried out in relation to the delivery of hygiene services, the results from which have been incorporated into the hygiene services action plan.

A quarterly hygiene newsletter has been launched with the first two editions being published in December 2006

### CATERING DEPARTMENT

During 2006, the focus of the Catering Department was on the development of hygiene management, and a Catering Officer post was assigned to this role in order to address the new aspirations of excellence now required through the ISHAB standards. Ward Pantry "Policy and Procedure" documentation was produced and implemented. Training, group and singular de-briefings were also facilitated in order to achieve higher standards. This was enhanced with regular spontaneous ward pantry audits. New improved cleaning schedules and records were applied throughout the department with a renewed thought-provoking energy adapted in conjunction with HACCP and ISO standards.

The Catering Department has been striving towards achieving the "Happy Heart at Work" award from the Irish Heart Foundation. The provisos for this award include combining the knowledge of the Catering, Dietetics and Health Promotion Departments, and the availability of healthy options throughout the "bill of fare" for patients and staff alike. This is also based on the nutritional recommendations which are issued and updated by the Department of Health and Children.

Catering staff have also participated in the SKILLs FETAC Training programmes. Staff continue to attend and complete a number of these courses and are bringing their new-found skills to the fore in their day-to-day duties.

The Croi Na Bi settled into its first full year of service. The introduction of exciting food choices from the deli bar and themed events also proved to be effective and favourably received.

### SUPPLIES DEPARTMENT

The Supplies Department continued to be involved in numerous projects during 2006. These included procurement of supplies for the Admissions Lounge, OPD Refurbishment Programme, Chest Pain and Breast Services.

Preparation work began in relation to the upgrading of Supplies Department software programme. In the future, this will facilitate a more efficient transfer of information between Supplies and the Finance Department.

The Supplies Department continued to participate and be active in a number of multi disciplinary groups i.e. Non-Pay Committee, Hygiene Audit, Accreditation Group, Environmental Task Group, Decontamination, Cardiology and Vigilance Committees.

The Supplies Department facilitated an increase in the number of tenders at both local and EU-level and assisted the Hospital Procurement Services Group (HPSG) in relation to hospital group tendering, resulting in a broader and cheaper category base spend being captured.

## + positive developments



As part of the hospital's ongoing organisational development and change programme it is clearly recognised that staff are the key resource in implementing and sustaining change.

# Functional/Support Departments



Patricia Owens,  
Human Resources Manager

**Recruitment and retention of staff in the public health service is a high priority for Beaumont Hospital.**

## HUMAN RESOURCES DEPARTMENT

*HR Director: Patricia Owens*

### Introduction

The HR function provides a key service in supporting the managers and staff throughout the organisation to provide our services to the public and has an integral role in strategic planning and development at executive level.

As part of the Hospital's on-going organisational development and change programme it is clearly recognised that staff are the key resource in implementing and sustaining change.

The HR Department is a vital link to combining HR policy and people management initiatives which create frameworks for supporting staff and managers to work together to develop excellence in patient care whilst pursuing the service and developmental objectives of the Hospital's strategy. The HR Department, therefore, through the work already underway, and by the development of a HR strategy to support the objectives of the Hospital strategy in 2007, is positioned to provide a key influencing and strategic role in the Hospital change programme.

### Recruitment

Recruitment and retention of staff in the public health service is a high priority for Beaumont Hospital. In order to provide high level speciality services to an existing and ever growing range of national and supra regional specialities it is vital that we attract and retain the highest calibre of staff. Obviously we are competing in a market often categorised by skill shortages and under supply relative to overall demands. Despite these pressures the recruitment division is succeeding in minimising vacancies particularly in the specialist allied health professions. Overseas nurse recruitment continued with two new groups of approximately 39 nurses in 2006. Development work in the Recruitment area included participation in the overall HR Team in the accreditation process, providing

training for interview board members in relation to their obligations under equality legislation and the review and refinement of recruitment policies and procedures.

### HR Administration

The HR Administration Section continued to play an integral role in the Human Resources function during 2006. More staff changes took place during the year which involved on-going training.

Absences throughout the Hospital continue to be monitored and the zero absence draw took place in November.

Changes in legislation e.g. Maternity Leave and Parental Leave involved updating policies and notifying Department Heads/ Section Heads of the relevant changes to employee entitlements.

An exercise commenced reviewing and updating all HR Admin Policies in the last quarter of 2006.

The HR Admin Team continues to work closely with Employment Control/HR Information Technology Section in supporting a more robust people in post module while continuing to develop HR systems that ensure greater levels of accuracy all times.

### Employee Relations Section

Much of Employee Relations workload throughout the year constituted providing support and advice to managers and employees on a range of individual grievances and disciplinary matters. There was also significant input from industrial relations staff in the management of complaints which resulted in mediation/investigation. In addition, industrial relations staff was involved with relevant managers in addressing claims lodged by trade unions on behalf of individual staff and groups/grades. Employee Relations staff and Line Managers can be justifiably proud of the fact that in most instances such claims were resolved locally. A small number of claims were referred for third party consideration and in such cases the employee

relations staff presented such cases before the Rights Commissioner's services, the Labour Relations Commission, the Labour Court, as well as the Equality Tribunal.

Employee Relations staff are leading on the completion of work on the production of the new staff handbook.

This is expected to be available in the autumn of 2007. This work has been done on a joint union management basis and is a good example of the positive working relationships which the section and the department have fostered with line managers and trade union representatives from across the Hospital.

Work is nearing completion on the integration of procedures for investigations within the Hospital. This work has been done in collaboration with the Quality & Safety Department. The outcome will be a clear set of procedures for the management of all incidents which may occur within the Hospital and should prove to be a useful resource to managers, staff and trade union representatives.

All Employee Relations staff continue to participate in relevant training programmes and to keep abreast of the constant changes in employment legislation while the Employee Relations Manager has also represented the Hospital on a number of management negotiation committees and working parties at national level.

### Employment Control

The National Employment Monitoring Unit (NEMU) was established in 2006 to manage the employment control framework in the HSE. Employment ceilings will be issued annually and it is imperative that all hospitals/agencies stay within the allocated ceiling. It is now a requirement that all categories of staff are reflected in the census returns e.g. secondments, student nurses, staff on recoverable salaries etc.

The Employment Control Section of the Human Resources Department in Beaumont Hospital continues to

develop more effective modules to support a more accurate complement control management system in line with the national strategy. The production of various management reports for managers in order to enhance their strategic and operational decision making capabilities continues to play a major part within this section.

The total staff employed in Beaumont Hospital as at 31 December, 2006 was 3,343 (2,906.63) wte.

### Information Technology

This area continued to concentrate on further developing the Personnel Information systems currently in operation in the Department i.e. (STORM – HR System). The Time and Attendance system is currently being upgraded in order to undertake further enhancement of the training module of the Personnel Information System. Development work is also being carried in order to allow managers to record sick leave information within their own locations thereby eliminating the requirement for manual absence returns to HR.

Staff in the department have been working in collaboration with the Finance Department on a feasibility study on the possible implementation of an integrated HR/Payroll System. It is expected that a proposal will be put forward to Hospital management by the autumn.

### Superannuation

2006 was a very busy year for the Superannuation Section as it continued to provide a comprehensive service to hospital staff as well as to retired hospital staff. In particular, this year has seen the implementation of many changes in legislation relating to pension entitlements.

It is the responsibility of this section to apply the terms of the Local Government Superannuation scheme to pensionable staff and implement any superannuation changes as directed by the Department of Environment and Local Government and/or the Department of Health and Children.

2006 was particularly busy as a result of the implementation of Department of Health and Children Circular 23/2005 regarding the superannuation of part-time staff in the health service. In addition, the introduction of a revised Purchase of Notional Service Scheme along with the Pension Incentive Tax Credit Scheme for SSIA holders brought about significant benefits to staff.

The Superannuation staff act as Secretary and Treasurer of the Beaumont Hospital Active Retirement Association. It is a particularly pleasurable part of the work of this section to be able to work with our previous employees and to assist them in maintaining contact with each other and with the organisation. In 2006 members went on several day trips, both in Dublin and around the country, as well as a short vacation in Westport and a week long holiday to Rome and Florence, Italy. The year ended with the AGM and the annual Christmas party.

In addition to the above this section looks after the administration of Recoverable Salary posts e.g. authorisations, contracts, setting up salaries etc.

### ORGANISATIONAL CHANGE AND DEVELOPMENT

In the latter part of 2006 the Senior Executive endorsed the creation of a new role i.e. Head of Organisational Change & Development. This role formed part of a restructured Executive Management structure which included the formation of an office of the Chief Executive aimed at integrating, operational and clinical management with strategic planning, transition and whole systems change. Anne McNeely, formerly HR Director, was appointed to the post of Head of Organisational Change & Development.

Beaumont Hospital is committed to improving the quality and range of services, to patients through aligning and connecting structures systems, processes and resources to an overall common purpose and objective. Moving decision-making closer to the

point of service delivery is a key principle guiding the organisational development and change strategy. In order to achieve this there is a need to create and maintain effective working partnerships between clinicians and managers and to involve multidisciplinary healthcare professionals in the planning and management of services.

The existing formal reporting relationships and management structures are, in the main, hierarchical and segregated on the basis of individual professions. However, the delivery of care and services to patients on a day-to-day basis more typically involves multidisciplinary teams of healthcare staff and clinicians. The hospital is seeking to implement management structures that encourage and support clinical professions, i.e. doctors, nurses, allied health professions and scientific staff, to work with managers and administrators in the strategic planning and operational management at all levels, i.e. the comprehensive organisation-wide level and the individual specialities service within the hospital.

This Organisational Development Programme is aimed at delivering lasting change that significantly enhances overall performance of the hospital and improves the range and quality of services for patients.

As 2006 draws to a close, efforts to scope the characteristics and approaches for implementing whole systems change were well underway, and a high-level aim of achieving excellence and transformation in Beaumont was firmly implemented throughout the various departments and echelons of the hospital.

### INTEGRATED QUALITY & SAFETY DEPARTMENT

*Head of Quality & Safety, Ms Pauline Fordyce.*

The Integrated Quality & Safety (IQS) Department was established in 2006. The IQS Department objectives are as follows:

- ▶ To assist in facilitating a culture of Continuous Quality improvement in the Hospital in partnership with patients, staff and other stakeholders, ensuring best practice and an ongoing standard of excellence.
- ▶ To improve the openness of our culture ensuring that errors and service failures can be reported and discussed within a unified framework.
- ▶ The establishment of robust mechanisms to ensure the translation of lessons learnt into positive action.
- ▶ To enable the organisation to appreciate the value of Quality and Safety systems in preventing, analysing and learning from error.

The IQS Department is comprised of

the following functions: Accreditation and Quality, Risk/Insurance, Freedom of Information, Patient Representative, Occupational Health, Health Promotion, Ethics, Staff Counselling and Health and Safety.

### Risk Management Department

*Project Manager: Deirdre Carey.*

A team of Consultants who recommended the development of Integrated Quality and Safety Department prepared a Risk Management Strategy. As a result of this strategy a Project Manager – (Risk/Insurance/Claims) was appointed.

The following are the objectives for the Risk Management Department:

- ▶ Improve the openness of our culture.
- ▶ Establish a more unified mechanism for reporting and analyzing incidents.
- ▶ Develop robust mechanisms for ensuring that, where lessons are identified, the necessary changes are put in place and all corrective actions are closed out so to prevent recurrence.



*Harry Mulhearn of Beaumont's Portering Staff won the NISO National Safety Representative Award 2006. He is congratulated here by (from left) Seamus Aylward, Chief Operations Officer, Nifast, Stephanie O'Gara, H&S Co-Ordinator, Beaumont, Paul Donnelly, Portering Department Manager and Evelyn O'Donohoe, Senior H&S specialist.*

▶ Develop a much wider appreciation of the value of the systems approach in preventing, analyzing and learning from errors.

### Accreditation and Quality.

*Acting Accreditation Manager: Susan Moloney.*

The objectives of the Accreditation and Quality Department are to:

- ▶ Assist in facilitating a culture of continuous quality improvement by providing strategic vision, leadership and direction for quality in partnership with staff and patients of Beaumont Hospital.
- ▶ To lead and facilitate the accreditation process.

The Hospital voluntarily participates in Irish Health Services Accreditation Scheme, which offers a framework for maximising quality and safety. During 2006, Beaumont participated in a peer review survey, which is part of the three-year cycle of accreditation.

### Staff Counselling

*Barbara Lynch and Pauline King*

The Staff Counselling Service provides a free and confidential counselling service to all employees. Work and personal related issues are processed in a safe and therapeutic manner. Pauline King received IAHIP accreditation this year and Barbara Lynch became an accredited supervisor with both IACP and IAHIP. This service incorporates the role of Employee Assistance Officer whose role is to provide financial advice and support.

The Counsellors facilitate the Beaumont Wellness Initiatives alongside the Health Promotion department. The main focus of the Staff Counselling service is the provision of one to one counselling, stress management strategies, care post critical incidents with educational inputs on communication and participation in Dignity and Respect at work incorporated into the brief.

### Health Promotion

*Head of Department: Michele McGettigan.*

The Health Promotion Department in Beaumont Hospital provides a health promotion service for staff, patients and links with the local community. The department continues to work in partnership to re-orientate the Hospital services to achieve a greater balance between health promotion and curative services.

Our focus is to empower people to take responsibility for their own health and work together to put supportive structures in place to make it easier to choose a healthier lifestyle.

The Health Promotion Department provides a Smoking Cessation Service for staff and in-patients. In 2006 the Hospital was awarded the Silver Level of European National Network for Smoke Free Hospitals.



Beaumont Hospital is a registered member of the All Ireland Health promoting Hospital Network.

**Freedom of Information**

*Freedom of Information Officer:  
Carmel McDonald*

This department deals with all requests related to Freedom of Information/routine access.

During 2006 the department dealt with 1,220 requests made through routine access and 132 requests through Freedom of Information.

**Beaumont Hospital Ethics (Medical Research) Committee**

*Administrator: Gillian Vale.*

On March 9, 2006, the committee celebrated its first year of recognition, under Regulation 7 of the European Communities (Clinical Trials on Medicinal Products for Human Use) Regulations 2004.

93 full applications were reviewed by the Committee in 2006, as follows:

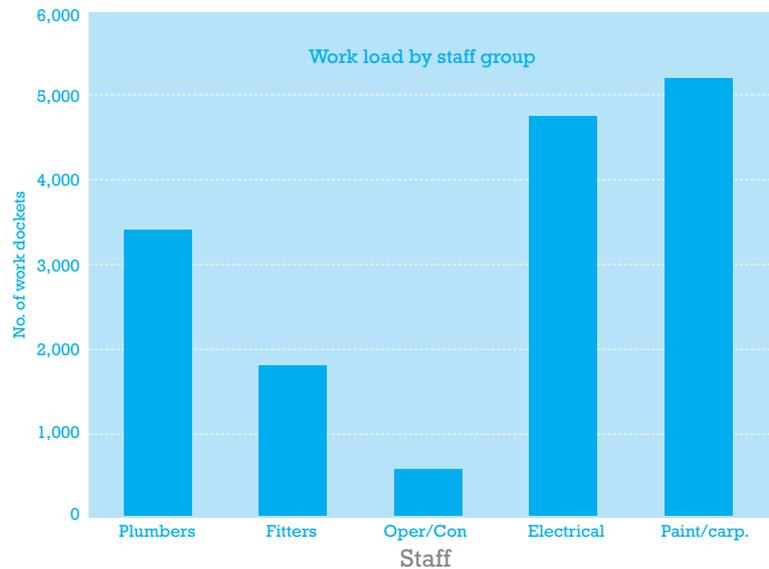
**CLINICAL TRIALS:**

Medicines	21
Medical Devices	3

**OTHER RESEARCH 69**

One of the Committee’s goals in 2006 was to provide additional training for its members. The highlight of the year was an on-site training day facilitated by the Centre for Professional Ethics at Keele University. Forty current and prospective members of the Beaumont Hospital Ethics (Medical Research) Committee, the Beaumont Hospital Clinical Ethics Forum and the Royal College of Surgeons in Ireland Research Ethics Committee availed of this training opportunity.

In addition, the committee was pleased to avail of ongoing training from the Data Protection Commissioner and a number of other guest presenters in 2006.



Shown below are the work load tables for the year and the chart of work groups

Year	2006	2006	2006	2006	2006	2006
Discipline/TSD	Plumbers	Fitters	Oper / Con	Electrical	Paint/carp.	TSD TOTAL
January	322	133	56	478	352	1,341
February	325	141	31	350	470	1,317
March	345	188	54	474	613	1,674
April	217	137	36	293	368	1,051
May	407	163	45	413	467	1,495
June	195	153	50	311	367	1,076
July	224	159	49	406	493	1,331
August	248	123	46	400	424	1,241
September	220	135	33	403	500	1,291
October	334	195	75	435	446	1,485
November	350	176	63	458	457	1,504
December	234	106	39	352	252	983
<b>Total</b>	<b>3,421</b>	<b>1,809</b>	<b>577</b>	<b>4,773</b>	<b>5,209</b>	<b>15,789</b>
Average / day	16	7	2	19	21	63
Average / mt.	285	151	48	398	434	1316
% of total.	21.67%	11.46%	3.65%	30.23%	32.99%	100.00%

### Health and Safety Department

*Health and Safety Co-ordinator:*  
*Stephanie O'Gara.*

The Health and Safety Department is a proactive and preventative department which aims to improve the safety of the patients, staff and visitors of Beaumont Hospital. Our department advises and assists the Hospital to achieve a safe place of work with safe systems, plant and equipment and competent co-workers.

The Function and Role of the Department:

- ▶ Statutory and Common Law Compliance
- ▶ Health and Safety Policies and Procedures
- ▶ Accreditation
- ▶ Workplace Risk Assessments
- ▶ Internal Emergency Planning
- ▶ Incident Investigation
- ▶ Health and Safety Training
- ▶ Occupational Hygiene
- ▶ Capital Development
- ▶ H&S Promotion and Consultation
- ▶ Dangerous Goods Safety Advisor

### Patient Representative Department

*Head of Department: Angela Connolly.*

During 2006 the Patient Representative Department continued to provide a valuable service within the Hospital offering support and assistance to patients, relatives and staff in the management and resolution of complaints. The department welcomes comments about the care and services provided by Beaumont Hospital to ensure the ongoing provision of quality care to our patients. The expanding interpreting service within the Hospital is also co-ordinated by the department.

### Occupational Health Department

*Head of department: Dr Blanaid Hayes.*

The Occupational Health Department is concerned with the two way relationship between work and health. The department is responsible for pre-employment health assessments, staff

immunisations (work related and annual influenza), moving and handling training, health surveillance, infectious disease follow up, staff education on related issues, and management of all work related health issues and incidents including occupational blood exposures. Our most recent projects include running a 'Sharps Awareness' week on an annual basis.

### CLINICAL GOVERNANCE

A Clinical Governance Committee was established in December 2006. It meets on a monthly basis. Chairs and secretaries of the clinical cogwheels are invited to attend, in addition to the Chief Executive, Head of Finance, Medical Director, HR Director, Director of Nursing and Head of Quality and Safety.

A half-time secretary has been appointed to the Governance Office and plans are underway to appoint a Governance Manager. There is a recognition that further development of peer-reviewed medical audit in the hospital will require further appointments. In addition to peer-reviewed medical audit meetings, the Governance Office has monitored the development of multidisciplinary and clinical practice meetings.

In 2006, Clinical Care Pathways have been developed by multidisciplinary groups including pathways on spinal, carotid and abdominal aortic aneurysm surgery. Risk management has been identified as an area which needs to be closely connected to clinical governance.

Finally, the hospital continues to support National Accreditation and is anxious to respond to the establishment of the Health and Information Quality Agency. The widespread recognition that audit and governance issues need to be carefully recorded, has led to a formalisation of many of the excellent structures which previously existed in Beaumont Hospital.

Attendance at conferences:

**August 3, 2006:** Colorado  
The Rocky Mountain Vascular Club  
Topic: A changing environment for medical governance.

**February 14, 2007:** Antalya Turkey  
Turkish Quality Association. Topic: Developing a clinical governance format.

**April 20, 2007:** Cork  
Surgical Travellers, Cork  
Topic: Adapting clinical practice for better governance.

### PROJECTS AND ESTATE MANAGEMENT

*Head of Department: Paul Nadin*

The development of the group, incorporating the Technical Services Department (TSD) has shown many benefits through the year. The integrated service approach has seen benefits in the implementation of projects and their natural progression through to handover and operation.

The year has seen a number of key projects developed with the completion of the main Out-patients Department and the building of a new Diabetic Day Centre. The main infrastructure of the site has been enhanced with the completion of a new high voltage electrical ring main doubling the Hospital's capacity for electricity. Further improvements have been achieved with the demolition of the old boiler house chimneys and their replacement with new stainless steel chimneys designed to meet the boiler needs for the next 20 years. The boilers themselves also had to be replaced as they had exceeded their life expectancy and have been replaced with new high efficiency boilers, again designed to meet the Hospital's needs for the next 20 years and capable of being expanded as service needs on the site grow with the increase in building stock.

The Hospital has become of an age where plant and equipment is ready for replacement, and the capital programme identified a programme of upgrades for roofs around the Hospital. The first priority for this work was carried out with the total roof replacement of the high level ward block, ensuring the in-patient areas are weather tight.

The Hospital was asked to look at options for helping the Emergency Department winter initiative, and the projects team built a new 10-bed admissions lounge as an extension to the existing Emergency Department. This project was turned around in a very short time scale and in a very cost efficient manner, therefore changing the existing situation of trolley-based patients to that of patients in beds waiting for transfer to the wards.

A new waste transfer station was built, to meet the Hospital's obligations in effective management of waste streams. Planning permission was gained for developments that are being developed, for services including a new haemodialysis unit with 44 patient areas, an interim cancer unit with 2 linear accelerators and a hepatology unit.

The department's commitment to electronic archiving has proven its worth with now approx 1 million documents and 10,000 drawings being held on a web-based system. The integrated service has led to external agencies accessing the site drawing register when planning new developments for the site.

Energy management is always a prime issue for the estates team and the Hospital overall. This has been supported through the use of specialist expertise and the Hospital has tendered and contracted its energy usage to ensure most cost efficient procurement. We still continue to be one of the few hospitals or major businesses that are committed to carbon trading, as demonstration of our commitment to the environment and emissions control.

The maintenance team continues to provide high levels of service, with the volume of daily works requests increasing from 12,424 in 2002 when we started tracking work loads to 15,789 during 2006. This shows that the workload has increased over time by 27% with the same staff levels, demonstrating increased efficiencies in the management of the service. The computerised help desk effectively manages this with accurate tracking of work loads and history files of what work has been done in each location. The need to expand the service to other sectors is planned with the roll-out of the service to cover some of the general services sectors, with the aim of giving staff a single contact number, whatever their need is. The planned maintenance works for the engineering service are being reviewed as a result of the plant room replacement programme which has taken place over the last two years.

## + positive developments



The integration of St. Joseph's Hospital in Raheny with Beaumont was completed in 2006 and provides a range of valuable additional service, including rehabilitation for the elderly.

# St. Joseph's Hospital, Raheny, Report



Helen Shortt,  
Interim Hospital Manager

The year 2006 represented a period of consolidation and achievement for St Joseph's Hospital.

The year 2006 represented a period of consolidation and achievement for St Joseph's Hospital. The major upgrade of the Hospital's heating system was completed by September. In addition replacement of the Hospital's emergency lighting system and an electrical upgrade ensured compliance with health and safety requirements. The x ray machine was replaced and included a room upgrade. A CT scanner was also purchased.

The hospital completed the transition from private to public services with the loss of some consultants and the introduction of seven new consultants and their services.

## Activity Bed Utilisation:

Bed utilisation was affected by ward closures as part of the utilities upgrade and theatre activity was affected by the changeover of consultant staff.

### In-Patient Activity (exclusive of Rehab Unit)

Specialty	Disch	Bed Days Used	ALOS
GENERAL SURGICAL	332	1412	4.25
E.N.T.	129	142	1.1
VASCULAR SURGERY	124	468	3.77
CARDIOLOGY	76	602	7.92
UROLOGY	68	135	1.99
GERIATRICS	59	1211	20.53
PLASTIC SURGERY	37	58	1.57
ORTHOPAEDICS	22	76	3.45
GASTROENTEROLOGY	20	224	11.2
RESPIRATORY MEDICINE	18	240	13.33
GENERAL MEDICAL	17	277	16.29
PAIN RELIEF	14	16	1.14
ENDOCRINOLOGY	14	140	10
RHEUMATOLOGY	13	286	22
DERMATOLOGY	11	148	13.45
ONCOLOGY MEDICAL	8	19	2.38
INFECTIOUS DISEASES	5	74	14.8
GYNAECOLOGY	4	21	5.25
HAEMATOLOGY	1	2	2
NEPHROLOGY	1	17	17
NEUROSURGERY	0	1	0
<b>TOTAL</b>	<b>973</b>	<b>5,569</b>	<b>5.72</b>

### Day Case Activity

Specialty	Disch
GENERAL SURGICAL	581
GASTROENTEROLOGY	568
VASCULAR SURGERY	294
UROLOGY	252
PAIN RELIEF	146
E.N.T.	96
DERMATOLOGY	96
GYNAECOLOGY	51
PLASTIC SURGERY	37
ORTHOPAEDICS	18
CARDIOLOGY	3
ONCOLOGY MEDICAL	2
GERIATRICS	2
<b>Totals</b>	<b>2,146</b>

### St. Josephs Rehab Unit - In-Patient Activity

Specialty Disch	Bed Days Used	ALOS
Geriatrics 84	4229	49.19

### St. Josephs Theatre Activity

Total Activity 2,707

## Reports from Wards & Departments

### Nursing

*Ms Moira Hazlett, Nurse Manager.*

2006 was a very challenging year for Nursing in St. Joseph's Hospital. The impact of staff shortages due to sick leave and other leave, as well as difficulties recruiting nurses for the Hospital, was managed through the use of overtime and agency staff. The appointment of ward managers was delayed as discussions continued regarding the appropriate use of Unit 2A. However, Nursing continued to contribute significantly to the Hospital through the accreditation process, hygiene audits and attendance at workshops and courses such as Dignity & Respect at Work, Health Promotion and Hygiene training. Professional development continued through in-house courses arranged by Ms Marie Hennegan, CPDN, and through courses provided in Beaumont Hospital. Five candidate nurses completed their adaptation period in St. Joseph's Hospital.

Ms Louise Dillon and Ms Karen Gorman ably managed staff and the nursing service to patients on Unit 2A although they had to assist staff in adjusting to high patient dependency and a longer length-of-stay. Ms Verette Stringer managed a highly efficient surgical nursing service to patients on Unit 1; theatre services were managed by Ms Nessa Murphy, who assisted in arrangements for accommodating new and additional consultant theatre sessions. Ms Liz McArdle, Clinical Nurse Manager for the Rehabilitation ward, encouraged staff and rehabilitation service development. Ms Eleanor McNamara provided out of hours nursing support along with a number of senior nursing staff. Ms Catherine McDonnell provided Bed Management services throughout a period of considerable change and upheaval.

Pharmacy activity increased with bed utilisation but continued to be provided through a private pharmacy service. A Senior Pharmacist was appointed to St. Joseph's in November in order to

prepare for the transition to the main hospital's pharmacy system.

*Bed Management- Ms Catherine McDonnell*

Liaison between Bed Management at the two hospitals increased significantly during 2005 leading to 183 patients being transferred from Beaumont Hospital. At times it was a challenge to match transferring patients dependency needs with facilities available on Unit 2A. The development of a transfer protocol led to improvements in the transfer process. There were 4,095 surgical procedures performed in St. Joseph's Hospital in 2005, 281 elective medical admissions and 104 patients were transferred and admitted to the Rehabilitation Unit.

### Rehabilitation Unit

*Ms Liz McArdle CNM 2,  
Ms Emma Bartlett,  
Senior Physiotherapist  
Ms Sinead Duddy,  
Senior Occupational Therapist.*

84 patients were treated in the Rehabilitation Unit during 2006. The average length-of-stay in the Unit was 49.19 days.

Staff in the Unit undertook a number of service developments including a Balance Re-introduction booklet and programme, and the continuation of patient goal setting. The team were also involved in a satisfaction survey of patients and their relatives.

### Presentations and conferences:

Presentations were given to hospital staff and members of the multi-disciplinary Rehabilitation team on the following:

- \* Position and manual handling of patients with stroke,
- \* Cognitive assessments and seating,

Staff attended a Stroke and Aphasia conference and an IGS conference.

*Liaison and Administrative Officer  
Ms Gillian O'Kane.*

The role of Liaison and Administrative Officer expanded during 2006 to include specific projects such as time and attendance management for non-officers,

hygiene, waste management and environmental standards setting and monitoring, and the setting up and monitoring of a target driven sub-admissions process for surgical procedures.

Work continued on projects begun in the previous year such as Accreditation including collecting, collating and presenting evidence of compliance and completion of Phase II of the DRM Offsite Storage plan for patient records.

Ms Keane developed and held local training and development including Team Based Performance Management to heads of department and she developed a programme for Interview Techniques specific to St. Joseph's administrative staff needs.

### Physiotherapy

*Ms Thelma Murphy,  
Physiotherapy Manager*

The Physiotherapy Department at St. Joseph's Hospital is an integral part of the physiotherapy service available to patients referred by their GP from within Beaumont Hospital's catchment area. However, as a consequence of the changing profile of patients admitted to St Joseph's during 2006, some rationalisation of this service took place in order to ensure that in-patients in St Joseph's Hospital received a service appropriate to their needs.

There were a total of 2,989 patient treatments in 2006, of which 2,063 were out-patient treatments and 926 were in-patient treatments.

Staff continued to engage in personal and professional development activities during the year and in improvements to the service offered to patients.

### Radiography

*Ms Noreen Maguire*

In September 2006 the general x-ray room was refurbished and new equipment installed. This made a considerable difference to patient comfort.

St. Joseph's Hospital commenced an out-patient service to rheumatology patients of Dr Paul O'Connell and Dr Grainne Kearns in October 2006.

A 6 slice CT scanner was installed and commissioned in October 2006. Staff for this service have been requested under the Winter Initiative programme.

#### Accounts and Administrative Staff

*Ms Phyllis O'Carroll*

Many initiatives have been introduced to administrative functions in St. Joseph's Hospital. These include the introduction of Standard Operating Procedures and the introduction of inter-department training, thus ensuring cover during annual and other leave. This training was achieved through team work.

The introduction of Team Based Performance Management identified training needs and goals for the department for 2006. Courses attended during 2006 include basic computer training, and ECDL courses, Customer Care, Staff Development, Presentation Skills and Interview Techniques.

A Sub-admissions Office was set up in St. Joseph's in July 2006. The aim of this service was to ensure that patients who are considered suitable for elective surgery in St. Joseph's Hospital receive their date for surgery at least six weeks in advance. The service was introduced on a limited basis during the set-up phase. It will be available for all surgical lists in 2007.

#### Human Resources and Payroll

*Ms Anne Kelly*

*Sr Francis Bean*

Staff in St. Joseph's Hospital increased their familiarity with Human Resources policies and procedures through involvement on interview boards, managing absences and understanding contracts. Managing cross-site processes continued to offer challenges, however, and opportunities for further integration.

Flexi-time was introduced for administration staff through a 'Clocking-in' project undertaken by the Liaison and Administration Officer. The project was extended to include clocking-in of other relevant staff in the Hospital.

A number of staff retired from St. Joseph's after long and happy careers.

Vacancies were filled following competitions across both sites thus improving co-operation and experience. The filling of nursing vacancies was a challenge during the year.

Staff returns continue to be managed locally with support from Salaries in Beaumont Hospital. Training in the Payroll function has been given to another staff member in St. Joseph's in order to provide cover as required.

#### Refurbishment Project

A new boiler house and electrical plant room was completed in the early part of 2006. Additionally old boilers, radiators and piping were removed and replaced in phases throughout the year. Simultaneously wiring and electrical boards was replaced, as was emergency lighting. These works concluded in October 2006. Replacement of oil tanks and oil decontamination of relevant areas was undertaken as part of the heating upgrade.

Additional office space, including a meeting room, was added to the Hospital as a portacabin building. Areas for male and female staff changing were also provided during the year. An office for the Sub-admissions service, on the second floor, was created from an old laboratory room.

Work was undertaken to re-cable for CAD 5 for computers and telephones, and the intruder alarm was upgraded.

A 'turn-key' project for refurbishment of the general X Ray room, and replacement of the x-ray was completed in

September 2006. A new 6 slice CT scanner was also installed.

A programme of replacement of flat roof covering was undertaken towards the end of 2006.

A programme of refurbishment of bathrooms on Unit 2A has begun and will continue into 2007.

While acknowledging that 2006 was a considerable challenge in a number of ways, I am very happy to say that all staff rose to the challenge. Physical improvements in infrastructure reduced patient and staff exposure to these risks, but more work needs to be done in 2007 to ensure continued improvements in facilities. St Joseph's Hospital staff have assimilated much of the systems and processes inherent in the working of Beaumont Hospital; however, they have maintained their identity and ethos of good patient care. The heads of departments and services at St. Joseph's have provided good leadership to their staff and have helped them in coming to terms with the changes of the past two-and-a-half years.

It has been my pleasure to work with St. Joseph's Hospital staff through a period of significant change. I look forward to guiding their continuing progress from Beaumont Hospital through the appointment of a hospital manager in 2007.

*Helen Shortt*

*Interim Hospital Manager*



## + positive developments



Excellence in patient care begins with patient research, which in turn leads to clinical research and in time becomes clinical practice in the treatment of patients.

# Royal College of Surgeons in Ireland, Report

## Introduction

As the main teaching hospital of the Royal College of Surgeons in Ireland (RCSI), the relationship between Beaumont Hospital and RCSI is a dynamic, evolving, collaborative partnership between a tertiary level hospital and an academic institution, with excellence in patient care being the focus for both.

Excellence in patient care begins with basic research, which in turn leads to clinical research and in time becomes clinical practice in the treatment of patients. This is what is now described as translational research and translational medicine. All of RCSI clinical academic departments at Beaumont play a major part in the provision of clinical services within the Hospital, as well as leading research programmes and the training and education of our undergraduate and postgraduate students.

RCSI is anxious to help Beaumont Hospital deliver and implement the seven key priorities as identified in the Beaumont Hospital Strategy 2006-2010. To this end, we see ourselves as strategic partners and look forward to working together in promoting Beaumont Hospital as a Centre of Excellence for research, teaching and professional development.

We are always mindful of the fact that our partnership can only truly flourish with the continuing generosity and understanding of the patients of Beaumont Hospital, and on behalf of the academic staff and students, I wish to convey our heartfelt appreciation for the role that patients play, on a daily basis, in the education and training of young doctors and surgeons.

*Michael Horgan*  
Chief Executive  
May 2007

## Department of Surgery

The Department of Surgery continued its traditional enthusiastic approach to teaching and research within the RCSI and Beaumont Hospital. There was significant change introduced in the undergraduate teaching programme for the final medical students in which there was case based teaching for two hours each morning. This is delivered by the Consultants followed by ward based teaching in the afternoons. This programme has proven to be highly successful. It was well received by the final medical students. Another significant development in the teaching programme was the increased utilization of e-learning and the virtual learning environment "Moodle". In 2006, over 200 students graduated with over 50% achieving honours standard.

In the intermediate cycle semester three teaching programme, Professor John O'Byrne introduced a very innovative programme in Cappagh National Orthopaedic Hospital for Orthopaedic Surgery. This was warmly welcomed by the students. Professor Ciaran Bolger introduced a teaching programme in Neurosurgery for the entire class which was well received in intermediate cycle semester one. A notable development was the utilization of senior clinical teachers to deliver bedside teaching. We warmly welcome the valuable contribution from Mr. James Murphy, Mr. Seamus Smith, Mr. Vincent Keavney and Mr. Paul Farrell to the clinical teaching programme.

The "Graduate Entry Programme" (GEP) began this year. The class participated in the weekly surgical grand rounds by video-conference. This was a very successful venture. In the second semester the GEP programme first year students attended Beaumont Hospital for a thirteen week programme on Wednesday afternoons. This was a very innovative introduction to clinical teaching which was led and coordinated by Dr. Deirdre Seoighe. We are also extremely grateful to Mr. Joe Duignan who facilitated a very unique teaching

programme in St. Michael's Hospital each Wednesday afternoon. It was a great pleasure to welcome back Professor David Bouchier-Hayes. He specifically undertook a leadership role in delivering clinical teaching to the GEP students. He was joined in this programme by Mr. Hy Browne to whom we are extremely grateful for his ongoing support of the teaching programme at RCSI.

In research, the department continued under the leadership of Dr. Leonie Young, to develop its focused interest in breast cancer. The programme for research in breast cancer made significant progress during the year. In fundraising, the race day for breast cancer was particularly successful in November raising over €600,000. We were very fortunate to be able to attract Dr. Anne Hopkins from the Conway Institute, UCD, to join the research team as a lecturer in surgery. The collaborative efforts of the entire 2006 research team is greatly appreciated – notably Fiona Baine, Jane O'Hara, Marie McIlroy, Aisling Redmond, Tony Stafford, Aoife Quinn, Dearbhaile Collins, Sarah Early, Sinead Cocchiglia and Paul Tibbits.

## Department of Medicine

The Department of Medicine continues its pivotal role in undergraduate and postgraduate medical education. The major undergraduate curricular changes envisioned in RCSI over the next number of years have been initiated by the department in conjunction with the other academic teaching departments. This revision exercise has been very successful and will ultimately lead to a more fulfilling, modern, modular course comparable to that of any of the major teaching institutions around the world. The department is greatly indebted to its members for their help in this endeavour.

The status of teaching hospital confers special recognition on Beaumont Hospital. This is appreciated by patients and medical staff alike and facilitates Beaumont in continuing to attract staff of the highest calibre. In recognition of this the Department has appointed three new honorary professors; Professor Frank Murray, Professor Chris Thompson and

Professor Peter Conlon from the Beaumont consultant body. In the area of postgraduate education Professor McElvaney was appointed "Censor of the Royal College of Physicians of Ireland" and Professor Costello has been appointed "Specialty Director for Higher Medical Training in Pulmonary Medicine" and continues his role as "Dean of Postgraduate Examinations" in Beaumont Hospital.

The Department of Medicine continues its work in the area of diagnosis and treatment of Alpha 1 Antitrypsin Deficiency. In 2004 the Department of Medicine in conjunction with the Alpha-1 Foundation secured funding from the Department of Health & Children for a targeted detection programme for Alpha-1 Antitrypsin Deficiency. This is the first programme of its kind in Europe and was followed by the opening of the Alpha-1 Centre by the Minister for Health & Children in the Clinical Research Centre at Beaumont Hospital in April 2004. To date, 1500 individuals have been screened for Alpha-1 Antitrypsin Deficiency through this programme. A total of 56 AAT-deficient individuals have been identified, including 30 ZZ, 24 SZ and 3 SS, while 272 AATD carriers were detected, of which 138 were MZ and 134 MS. Several other rarer phenotypes were also identified. Further analysis will reveal whether these phenotypes predispose individuals to lung disease. Ms Catherine O'Connor, Research Nurse and Dr Tomás Carroll, Post-Doctoral Scientist have been employed to work in this unit. In addition to the work at Beaumont, they have also taken their screening programme to Mullingar, Drogheda, Cavan, and St. James's and will further expand the programme in the coming year to the other Dublin teaching hospitals. A national registry of patients has also been set up and a website launched ([www.alpha1.ie](http://www.alpha1.ie)) providing a resource for doctors and patients alike. Recently, a dried blood spot (DBS) system of sample collection has been adopted, where blood is collected via a finger prick onto specially treated filter paper. Genotyping of these DBS samples by PCR and melt curve analysis identifies alpha-1 deficient

patients. The ease of DBS sample collection and storage has allowed self-testing in the home and has already helped increase the numbers screened.

The Sheppard Prize was held in February 2006. The adjudicators were Dr. Steven Smith, Dr. Seamus Sreenan, Dr. Peter Conlon, Dr. Richard Costello, Dr. Liam Grogan, Dr. Chris Thompson and Dr. Ciaran Donegan. The winner of the Sheppard Prize was Dr. James Paul O'Neill for the best MD oral presentation. Second prize went to Dr Marcus Butler. The department would like to congratulate Dr. Deirdre Kelly and Dr. Siobhan Griffin who obtained their PhD awards and Dr Alan Mulgrew and Mark Rogan who obtained their MD this year.

The Department of Medicine organised a Workshop in Cystic Fibrosis (CF) in 2006. This workshop was held at RCSI, Dublin in June 2006 and was jointly chaired by Professor McElvaney and Professor Rick Boucher (UNC Chapel Hill). This meeting was opened by the US Ambassador to Ireland - the Honorable James Kenny. The invited speakers were from Ireland, Northern Ireland and the US. These speakers represented the highest level of research in the areas of infection and inflammation in CF. The support for this meeting reflected the enthusiasm and diversity of the groups in the various jurisdictions and included the National Heart, Lung and Blood Institute (NIH, US), the National Institute of Diabetes and Digestive and Kidney Disease (NIH, US), the Research and Development Office (Northern Ireland), the Health Research Board and Science Foundation (Ireland) and Inter-Trade Ireland. The purpose of the meeting was to develop recommendations for new research directions in common areas of basic and clinical research in CF with particular focus on infection / inflammation, genetic modifiers of disease, animal models of disease, novel therapeutics and neonatal screening.

In addition in 2006 Beaumont Hospital was designated as a specialty centre for the treatment of adults with cystic fibrosis. This has resulted in an increased staffing level in the CF unit in Beaumont Hospital.

In April 2005, Prof McElvaney was asked to chair 2 sessions at the American Thoracic Society annual meeting in San Diego and continues to act as External Reviewer for the United Kingdom Cystic Fibrosis Gene Therapy Project. Prof McElvaney has also been asked to serve on the UK Cystic Fibrosis Gene Therapy Vector Assessment Committee. Prof McElvaney was an invited speaker at the European Cystic Fibrosis Meeting in Copenhagen in 2006. In October 2006 Prof McElvaney was invited speaker at the Queens Medical Research Institute Edinburgh.

Professor Richard Costello is Chairperson of the Irish Sleep Apnoea Association and has established a non-invasive ventilation sleep service that is now fully operational. In addition Professor Costello has standardised the application of non invasive ventilation throughout the Hospital. To this end the Department of Medicine has initiated a number of seminars on this topic for NCHDs and also to the nursing staff.

Professor Costello was asked to be a member of the Health Research Board Pharmacology and Physiology Grant Review Board. He was also asked to join the EU Cost B29 expert panel on Exacerbations of COPD and the American Thoracic Society's Allergy and Immunology Assembly.

### RCSI Clinical Research Centre

Research is key in the development of science and clinical research is essential to advance medicine. We are proud to be the first dedicated academic clinical research centre in Ireland. Pioneering advances in health care in the Irish context has unique challenges. In 2006 the volume of our investigator and pharmaceutical led studies increased significantly in the wake of the EU clinical trials directive. The centre made significant advances in investigator led research with patents filed in biomarker discovery and a key publication in lung cancer screening that was the subject of an editorial review.

Consistent with our growth in research projects has been an increase in clinical

research nurses and research associates. In 2006 we were part of the Wellcome-Health Research Board award for a Dublin wide consortium in clinical research. The Clinical Research Centre has undergone several audits from regulatory agencies, pharmaceutical companies and grant funding bodies. The exceptional standards of the Clinical Research Centre have been noted in all of these reviews.

The Clinical Research Centre will continue to work with several agencies in promoting the value of clinical research, but most importantly will strive to enhance the care of our patients through advancing medical science.

*Dermot Kenny, MD*  
*Director, Clinical Research Centre*

The year 2006 saw an increase in research nurse personnel in the Clinical Research Centre. Our policy of supporting research nurses in their professional development has resulted in a cohort of highly skilled research nurses, many of whom are educated to master's level. The Clinical Research Centre is at the core of developing research nurse education for research nurses throughout Ireland. This has been recognized by the recent Wellcome Trust award.

The first Clinical Research Centre nursing grant was obtained in September 2005. This study has been completed ahead of schedule and is a major step in our plans to develop nursing research as a specialty within the Clinical Research Centre. In addition, 2006 saw the continuing development of the Clinical Research Centre's expertise in conducting clinical trials in a variety of therapeutic areas. We have proven our excellence in a number of Irish Medicines Board audits.

As we continue to build on our nursing expertise in clinical research we deliver the highest standard to our investigators and, most importantly, assist in providing evidence based care to our patients.

*Ailbhe Murray, RGN*  
*Director of Nursing,*  
*Clinical Research Centre*

### Department of Clinical Microbiology

The Department of Clinical Microbiology is based at the RCSI Education and Research Centre on the Beaumont Hospital campus. This location facilitates integration and liaison between the Hospital, including the diagnostic laboratory, and the RCSI Department, which greatly strengthens teaching and research, both basic and translational.

The major research interests of the Department are in the area of healthcare-associated infection (HCAI), including that caused by methicillin-resistant *Staphylococcus aureus* (MRSA). There is increasing recognition of the need to carry out research that explains the high prevalence of antibiotic resistance in many Irish hospitals and to find the solutions to improving the situation. During 2006, a major prevalence survey of HCAI was conducted in the UK and Ireland and the Department was involved in the Steering Group that organised this throughout both countries. This revealed a prevalence rate for HCAI of 4.9% in Ireland, of which about 10% was due to MRSA.

During 2006, the Department was successful in obtaining a major award from the Health Research Board to carry out translational research on HCAI and MRSA, in collaboration with the Dublin Dental School and Hospital (TCD), the Health Protection Surveillance Centre (HPSC) and St. James's Hospital. It is hoped that this project, which is multi-disciplinary in its origin and in its implementation, will address the major issues as they pertain to the Irish Health Service, which are different to those of other health services, such as the Netherlands, where infections caused by MRSA are much lower.

The appointment of Dr. Deirdre Fitzgerald-Hughes to the post of Lecturer in Molecular Microbiology in the final quarter of 2006 greatly strengthens the Department's research and teaching remit. She has particular strengths in the application of Molecular Biology to bacterial pathogenesis.

The Department was closely involved in the review of the undergraduate medical

programme and in particular the modularisation and semesterisation of the course. The Department delivers teaching in microbiology and infection during the intermediate cycle through a combination of lectures, demonstrations and problem-based material. A review of the pharmacy course was also undertaken with the arrival of Dr. Deirdre Fitzgerald-Hughes. This course has been very successful and well received by students since the start of the Pharmacy degree. Finally, the Department organises a module for the training of infection control and prevention nurses and participates in other modules that combine to deliver a higher diploma. This course is pivotal in the national strategy to tackle the problems of HCAI and MRSA and RCSI is to the forefront in education in this area.

Members of the Department have significant profiles nationally in the sphere of HCAI and are involved in a number of national and other committees and groups. These include those under the auspices of the Department of Health and Children, the Health Services Executive (e.g. the Strategy for the control of Antimicrobial Resistance in Ireland), and international professional groups such as the Hospital Infection Society.

### Department of Academic Radiology

The Department of Radiology has responsibility for undergraduate teaching in radiology and is also involved in postgraduate radiology teaching, for the Membership in Medicine, Nursing Courses and the Faculty of Radiology Training Programme, in Radiology. Dr. Deirdre Duke has commenced as a Consultant in Breast Imaging and the Breast Imaging Department is now operational. The Department continues its research in interventional radiology techniques, chest imaging, abdominal imaging and neuroradiology.

The Department of Radiology is currently putting the teaching programme in radiology for final meds on the Web. It is aimed to complete this exercise before the final medical exam in May 2006. Modules in chest radiology, neuro-radiology, abdominal radiology and

musculoskeletal / trauma Radiology will be available.

The Department has embraced e-learning, putting much of its intermediate teaching files and lectures on Moodle for RCSI undergraduate students. Dr. Aoife Keeling is the current Lecturer in Interventional Radiology.

### Department of Psychiatry

The RCSI Academic Department of Psychiatry continues to contribute to Beaumont Hospital by providing a high quality clinical service and active undergraduate and postgraduate educational programmes.

There is close integration with the Clinical Department of Psychiatry at Beaumont Hospital with Professors Murphy, Cannon and Cotter and Dr Cosgrave all holding joint RCSI / Beaumont Hospital appointments. In addition, the Department has a number of clinical research fellows completing their MD and PhD degrees who contribute to specialised clinical services in neuropsychiatry, psycho-oncology and psycho-hepatology in Beaumont Hospital. Dr Brian Hallahan, RCSI Lecturer obtained his MD during the year and achieved first place in the National Senior Registrar Scheme interviews. Dr Anita Ambikapathy returned from the Institute of Psychiatry, King's College London to RCSI / Beaumont Hospital for the second year of her RCSI / KCL rotating Lecturer in Psychiatry post.

The Department of Psychiatry has a very active research programme and specific research themes include the genetics of neuropsychiatric disorders, behavioural phenotypes of genetic disorders, cellular cytoarchitectural and protein signature of major psychiatric disorders, the developmental epidemiology of psychosis and structural and functional neuroimaging of psychosis and autism. ([www.rcsi.ie/Academic\\_Departments/Psychiatry](http://www.rcsi.ie/Academic_Departments/Psychiatry)). The Department generated many peer reviewed publications including publications in PNAS (USA), Brain and the American Journal of Psychiatry and contributed to numerous national and international meetings.

### Department of Anaesthesia

Dr Rory Dwyer, Senior Lecturer in Anaesthesia, RCSI succeeded Dr Charles O'Hagan as Chairman of the Department of Anaesthesia. Dr Dwyer also chairs the College of Anaesthetists' Credentials Committee and he is a member of the Medical Council's Registration Committee.

The College of Anaesthetists RCSI appointed Dr Irene Leonard, former RCSI Lecturer, as the inaugural Beaumont Hospital College Tutor.

Dr David Hourihan succeeded Dr Miriam Langdon as RCSI Lecturer in Anaesthesia in July 2006. Dr Hourihan is undertaking collaborative research project, in association with Professor Brian Harvey, entitled "The effects of noradrenaline on the hypoxic proximal renal tubule cells" as part of a MD thesis. Dr Miriam Langdon, recent RCSI lecturer in Anaesthesia, is currently Locum Consultant Anaesthetist in Our Lady's Hospital Cappagh.

Professor Anthony Cunningham completed two four-year terms as Clinical Vice-Dean and Intern Co-ordinator in RCSI. He co-ordinated the Third Annual College of Anaesthetists Overseas Development programme in Malawi January 2006. He co-ordinated the Critical Events module in the inaugural MSc (Anaesthesia) degree programme with Dr Deirdre McCoy, former RCSI Lecturer and Consultant Anaesthetist in St James's Hospital.

Professor Cunningham was elected Irish representative on the Council of the European Society of Anaesthesiology in April 2006. He was elected Chairman of the Medical Council's Education and Training Committee in September 2006 and also sits on the Council's Fitness to Practice and Ethics Committees. He co-ordinated the College of Anaesthetists Workshop on Ethics and Legal Medicine November 2006 and was the keynote speaker at the Scottish Society of Anesthesiologists Congress in April 2006.

The academic department hosted a number of postgraduate training programmes using the METI full Human Physiological Simulator in the RCSI

Education and Research Centre, Smurfit Building. These programmes included Advanced Cardiac Life Support courses, Obstetric Anaesthesia Orientation programmes, Emergencies in Dental Practice, Crisis Management, SpR Evaluation and Difficult Airway Workshops.

### Pathology Department

#### Our Mission Statement

"The Pathology Department of the RCSI is committed to providing the highest quality teaching and diagnostic service in a safe and professional work environment for its staff. The department also seeks to support the educational needs of its staff and to promote an environment conducive to high quality research."

The RCSI Pathology Department has very close links with the Beaumont Histopathology department as the Consultant Pathologists have joint appointments with Beaumont Hospital. Consequently there is integration between Beaumont Hospital and RCSI in the provision of a diagnostic histopathology and cytology service, teaching at undergraduate and postgraduate level and clinical research.

The RCSI Pathology Department provides a clinically based undergraduate curriculum for medical students and physiotherapy students. The department pioneered a computer assisted learning programme which is case based and which also has interactive learning and self assessment based programmes. The teaching programme includes lectures, clinicopathological case scenarios and discussion, tutorials, specimen assisted teaching, wet tissue (operative specimens) teaching and autopsy teaching and learning. Students are challenged throughout the course to continuously ask the question "why".

An undergraduate pathology programme is also taught to physiotherapy students. The Pathology Department is deeply indebted to all the teachers / lecturers from Beaumont Hospital and Connolly Hospital who contribute to our teaching. The department has not had to cancel a single lecture or teaching session in

2006. The latter is due to the dedication and commitment of the teaching staff and to the organisational skills of Ms. Dorothy Benson.

Pathology staff examine in the surgical pathology component of the Membership Examination in Surgery (MRCS) in Dublin, Bahrain, Penang and Jordan.

In addition to teaching undergraduate students the department has a very active postgraduate training programme for histopathology trainees.

In recognition of the crucial role of diagnostic histopathology in patient diagnosis, prognosis and treatment the Pathology Department will invite students in 2007 to experience the role of a clinical pathologist in clinical care by spending designated time in the laboratory as part of a clinical elective.

The RCSI Cytology Laboratory is the only accredited cytology laboratory under the new CPA guidelines. Its future was in doubt in 2006 until a commitment was received by the HSE that it would take over the laboratory.

The research within the Pathology Department is translational focussed and investigates telomere up-regulation, modulators of invasion in bladder carcinoma, molecular biology of soft tissue sarcomas, and molecular mechanisms of invasion in colorectal carcinoma. Skin cancer is also being extensively studied. A number of staff of the department are carrying out theses for MDs, PhDs and MScs. The department generated many peer reviewed publications and contributed to numerous national and international scientific meetings in the last years.

The department has collaborative research links with external institutions including the Conway Institute, Queens University Belfast, Trinity College and the National Cancer Institute in Washington. The RCSI research laboratory is accredited by CPA UK.

Professor Mary Leader is a member of the Faculty of Pathologists RCPI, Beaumont Foundation, the Board of the British Division of the International Academy of Pathology, the Board of

Medical Education, Research and Training and is a member of a number of editorial boards of international journals. She is an external examiner for Trinity College, University College Dublin, University College Cork. She has published in excess of 200 publications.

Professor Elaine Kay is a member of the following Committees / Boards: The Histopathology Committee of the Faculty of Pathology, The public liaison committee of the Faculty of Pathology, The Council of the Irish Association of Cancer Research, The All Ireland NCI Scientific Advisory Board, ICORG, Translational Research Sub-group, The Postgraduate Medical and Dental Board, The Board of Cancer Research Ireland, The Molecular Subcommittee of the HRB. She is external examiner for Cambridge University, for the Biomedical Science, Medical and Dental examination in Queen's University Belfast and for the UK based MRCPATH examination.

Dr. Tony Dorman is chairman of the division of Laboratory Medicine in Beaumont hospital and secretary of the Irish Branch of the Association of Clinical Pathologists. He is the sole Consultant Renal Pathologist in Beaumont hospital and provides an on call service for renal pathology.

Dr. Antoinette Grace is the lead histopathologist in audit and in cytology.

### Charitable Infirmary Trust Molecular Medicine Laboratories

The Director of Molecular Medicine, Professor Brian Harvey was awarded a knighthood by the President of France for his 25 years service to Ireland-France scientific collaborations. The laboratories have close collaborative links with INSERM, Montpellier Hospital, France and work from this collaboration on novel actions of glucocorticoids in human lung was recognised by the award of the Laureat Prix Servier to Prof Harvey last year. The laboratories are currently sponsoring a collaborative research programme in pituitary gland dysfunction following traumatic brain injury between Prof. Christopher Thompson, Beaumont Hospital and Dr. Patrice Mollard, CNRS

Institute of Functional Genomics at Montpellier University.

Presentation of the Chevalier de l'Ordre National du Merite by the French Ambassador to Ireland, M. Federic Grasset to Prof Harvey in December 2006. L-R Mr. Michael Horgan Chief Executive RCSI, Prof Harvey, HE Ambassador Grasset.

The Associate Director of Molecular Medicine, Dr Stephen Keely was awarded the New Investigator Award from the American Physiology Society in 2005 and obtained a Principle Investigator Award from the SFI in 2006. Dr Keely's research focus is the study of molecular mechanisms of epithelial transport. His team is made up of 5 researchers and have an active collaboration with Prof. Frank Murray in Beaumont Hospital.

The laboratory's main focus of research continues to be in the molecular biology and physiology of rapid responses to steroid hormones (RRSH). The Department of Molecular Medicine will host the 5th International RRS meeting in September 2007.

The international research team includes 17 scientists and students from Italy, Scotland, China, UK, France, Chile and Ireland coming from a variety of disciplines. Molecular Medicine staff represented the RCSI and Beaumont Hospital with distinction at both national and international level. Fiona O'Mahony was awarded best oral presentation at the Annual DMMC Science Day in October 2006 and Darina Hynes won runner-up for the DMMC best poster presentation. Rodrigo Alzamora and Fiona O'Mahony were joint winners for best poster at the FASEB Summer Research Conference in Tucson, USA, July 2006 while Fergal Donnellan won the Sheppard prize at the Beaumont Hospital Annual Research day. It was also our honour to have Dr. Kim Barrett, Professor of Medicine, University of California at San Diego give the Prize CICT Lecture in Molecular Medicine at the Annual RCSI Research day.

The department would like to congratulate Dr Ruth Mucchekehu on obtaining her PhD award this year. Ruth has joined the cystic fibrosis research team of Dr. Paul Quinton at the University of San Diego Hospital.

The Molecular Medicine laboratories have continued their support for translational medical research between clinicians and scientists with a new research programme into acute renal injury in collaboration with Prof Anthony Cunningham and an HRB sponsored PhD programme in cancer cell biology with Profs Arnold Hill (Dept of Surgery) and Elaine Kay (Dept of Pathology).

The laboratories have developed a strategic plan to support translational research through promoting targeted senior appointments and closer collaboration between clinicians and scientists at Beaumont Hospital and the Education and Research Centre and the RCSI research institute in York Street. The Department of Molecular Medicine has been instrumental in the appointment of three new Chairs in Translational Medicine, Cancer genetics and Neurodegeneration.

New clinician-scientist collaborations in Translational Research have been fostered over the past years. A collaboration between endocrinology researchers has resulted in the establishment of the RCSI-Beaumont Hospital Endocrine Alliance which held its first meeting on 26th October, 2006. The aim of the Endocrine Alliance is to foster collaboration and knowledge transfer between clinicians and scientists in the field of endocrinology. In addition, the laboratories organised a Research Interaction Workshop in the Guinness Hopstore to promote awareness of research and collaborative opportunities for clinicians. The laboratories also ran a hands-on training workshop into siRNA and gene silencing techniques and applications. Given the huge interest in this workshop from clinical and scientist researchers, further workshops in this area and in advanced molecular imaging techniques will be run over the coming year.

The Department of Molecular Medicine sees its major role in the ERC to promote clinician-scientist interaction and offers its facilities to RCSI and Beaumont staff on a collaborative basis to further translational research.

For more information and contact points in Molecular Medicine visit our website [www.rcsi.ie/molmed](http://www.rcsi.ie/molmed)

### DEPARTMENT OF OTOLARYNGOLOGY HEAD & NECK SURGERY

The RCSI, Department of Otolaryngology, Head & Neck Surgery continues to run under the Chairmanship of Professor Michael A. Walsh.

The primary mission of the department is to provide teaching in the specialty of Otolaryngology, Head & Neck Surgery at undergraduate and postgraduate level, promote research in the field and provide educational services for theoretical and practical training courses run under the auspices of the College. A team of academic and clinical staff are dedicated to delivering this mission.

### Clinical Update

The academic unit at Beaumont Hospital is the largest regional Ear Nose and Throat (ENT) specialty unit in the Republic of Ireland. It has acquired national responsibility for the provision of cochlear implantation, and has a tertiary referral base for head and neck surgical oncology, skull base surgery and neuro-otology.

Patients referred for hearing assessment are now fast tracked directly to the Department of Audiology. This initiative has greatly reduced the waiting time for patients. An additional initiative is being introduced this year. Patients referred for tonsillectomy are now sent a questionnaire and information sheet on the procedure. If they satisfy specific criteria they are booked directly for a tonsillectomy. This will cut the waiting time for this procedure by approximately six months. The case mix for complex operative procedures is increasing each year. Last year over 100 major complex operations were performed.

### Academic Activities

There have been significant academic achievements throughout the course of the year, all of which merit acknowledgement.

### European Academy of Facial Plastic Surgery

Professor Walsh hosted the annual meeting of the European Academy of Facial Plastic Surgery (EAFPS) in September 2006 at the RCSI. Professor Walsh is the Vice President of the Academy. This was the first time the meeting had taken place in Ireland. This meeting was attended by leading Irish and world renowned facial plastic surgeons, including a member of the French team that successfully performed the worlds first human face transplant – Dr. Benoit Lengelé.

### Courses

The department continues to run a series of practical and theoretical skills courses in association with the Irish Higher Surgical Training Committee in Otolaryngology Head & Neck Surgery:

Temporal Bone Course –  
Directed by Mr. Rory McConn Walsh

General Practice Study Day –  
Directed by Professor M Walsh

Structured Teaching Week –  
Directed by Mr. Rory McConn Walsh

### Prizes

The Sheppard Prize for Scientific Research:

'Tamoxifen induces tumour cell apoptosis and blocks metastasis invasion in Anaplastic Thyroid Cancer'  
Dr. James P O'Neill - Feb 2006

RAMI prize for best research paper:  
Dr Tara Mackle, April 2006

Royal Academy of Medicine in Ireland, Otorhinolaryngology section.

IOS 2006:  
Dr. Emer Lang

Temporal Bone Course Medal and First Prize awarded jointly:  
Mr. Latif Kadhim, Mr. Munish Shandilya.

Head and Neck Course Medal awarded jointly:

Ms. Mona Thornton, Dr. Orla Young.

MCO for Structured Teaching Course, First Prize: Dr. Michael Harney.

Otolaryngology Section of Academy of Medicine Prize:

Dr. Orla Young, Mr. Patrick Sheahan.

Registrars Prize:

Ms. Mona Thornton.

### Clinical Governance in the Department of Otolaryngology Head & Neck Surgery:

Professor M. Walsh is a member of the following bodies:

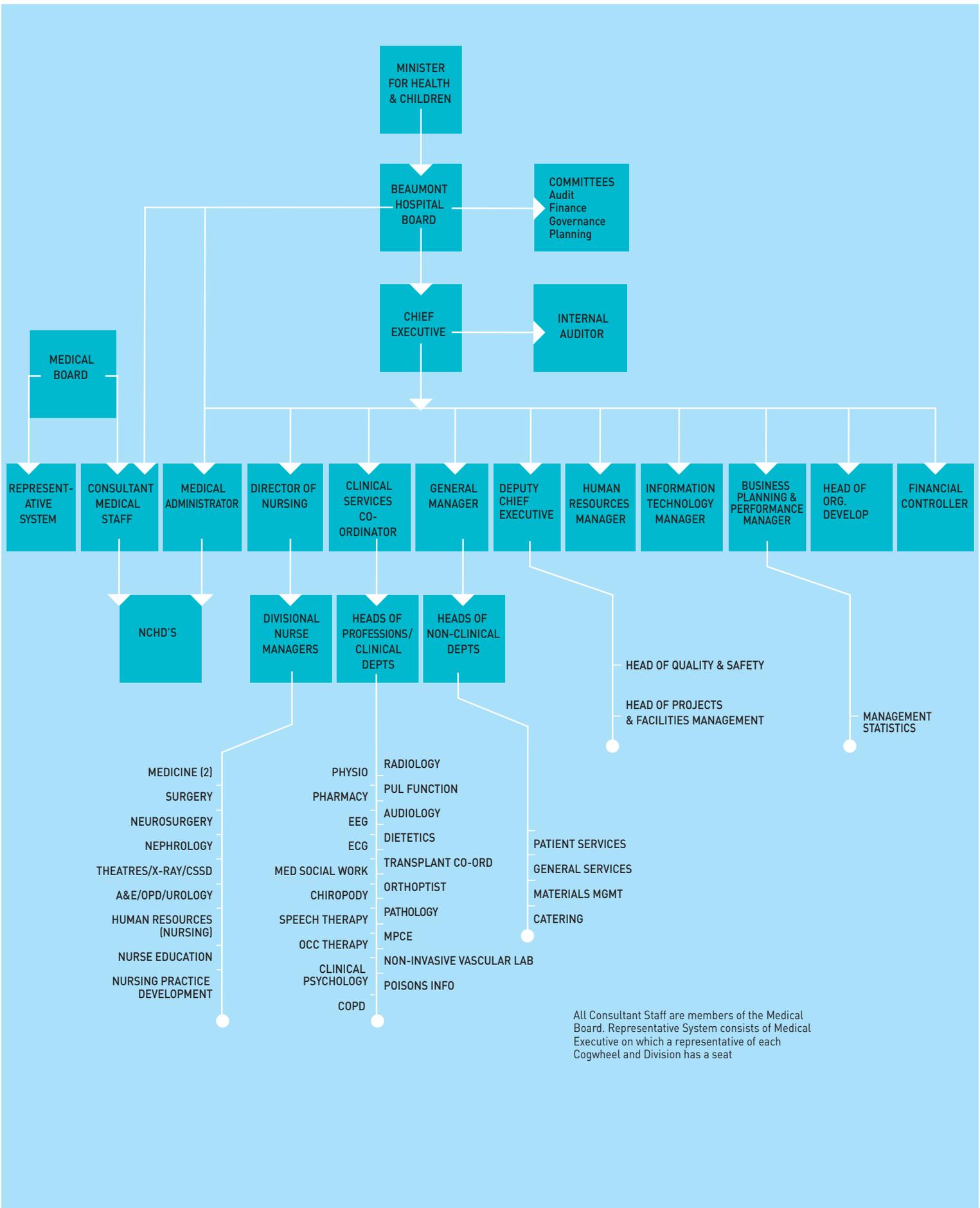
- President Irish Society of Otolaryngology.
- Secretary Irish Institute of Otolaryngology.
- Vice President of European Academy of Facial Plastic Surgery.
- Speciality Representative UEMS.
- Member of British Academy in Otolaryngology Scientific Committee.

Mr. R. McConn Walsh is a member of the following bodies:

- Secretary, Royal Academy of Medicine in Ireland, Section of Otolaryngology /Head & Neck Surgery.
- Course organiser, annual Postgraduate Teaching Course in Otolaryngology for Specialist Registrars in Otolaryngology.
- Regional (national) Research Advisor to the Specialist Advisory Committee (SAC) in Otolaryngology.
- Member of the National CJD Advisory Committee.
- Tutor on the Manchester Temporal Bone Dissection Course for Specialist Registrars.

Mr Peter Lacy was recently appointed to the Department of Otolaryngology. Peter has specific expertise in Rhinology and Anterior Skull Base Surgery. His appointment has greatly enhanced the academic profile of the Department.

# Beaumont Hospital Organisation Chart



All Consultant Staff are members of the Medical Board. Representative System consists of Medical Executive on which a representative of each Cogwheel and Division has a seat

## Publications

### COLORECTAL SURGERY

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*Int J Colorectal Dis.* 2006 Dec;21(8):802-6. Epub 2006 Mar 17.

Hanly AM, Redmond M, Winter DC, Brophy S, Deasy J, Bouchier Hayes DJ, Kay EW. Thrombomodulin expression in colorectal carcinoma is protective and correlates with survival.  
*Br J Cancer.* 2006 May 8;94(9):1320-5.

### DERMATOLOGY

#### Research Presented and Published 2006

##### Dr GM Murphy: International Invited Lectures

Invited Speaker American Academy of Dermatology March 2006  
San Francisco:

AAD Photobiology Course

##### Acute effects of ultraviolet radiation on the skin

AAD Forum on sunscreens

##### What's New in Sunscreens

AAD Symposium on Photodermatology  
The practical use of sunscreens

ITSCC Annual Meeting at AAD

##### Malignant melanoma in transplant patients

The Brendan Society, Carmel, March 2006.

Ultraviolet radiation and Itch

European Academy of Dermatovenereology symposium Rhodes October 2006

##### Photoprotection

##### Skin cancer in transplant patients

The European Society of Photodermatology Dusseldorf Nov 2006

##### Ultraviolet radiation and immunosuppression

The Consultants Course London  
October 2006

##### Skin complications in Transplant recipients

The Copenhagen Psoriasis working group Copenhagen June 2006

##### Psoriasis in sensitive sites including photosensitive psoriasis

Photobiology Course for SpRs London  
October 2006

##### Sunscreen use in dermatology

Festschrift for Professor JLM Hawk  
London October 2006

##### Research in Photobiology

##### Publications for 2006

Moloney FJ, Comber H, O'lorcain P, O'Kelly P, Conlon PJ, Murphy GM. A population-based study of skin cancer incidence and prevalence in renal transplant recipients. *Br J Dermatol.* 2006 Mar;154(3):498-504.

Otley CC, Berg D, Ulrich C, Stasko T, Murphy GM, Salasche SJ, Christenson LJ, Sengelmann R, Loss GE Jr, Garces J; REDUCTION OF IMMUNOSUPPRESSION TASK FORCE OF THE INTERNATIONAL TRANSPLANT SKIN CANCER COLLABORATIVE and THE SKIN CARE IN ORGAN TRANSPLANT PATIENTS EUROPE. Reduction of immunosuppression for transplant-associated skin cancer: expert consensus survey. *Br J Dermatol.* 2006 Mar;154(3):395-400.

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Laing ME, Moloney FJ, Comber H, Conlon P, Murphy GM. Malignant melanoma in renal transplant recipients. *Br J Dermatol.* 2006 Oct;155(4):857.

Laing ME, Barry J, Buckley AM, Murphy GM. Immediate and delayed hypersensitivity reactions to food and latex in a chef.

*Contact Dermatitis.* 2006 Sep;55(3):193-4. No abstract available. PMID: 16918621 [PubMed - indexed for MEDLINE]

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Van de Kerkhof PC, Kragballe K, Austad J, Berth-Jones J, Cambazard F, de la Brassinne M, Ljungberg A, Murphy G, Papp K, Wozel G.

Psoriasis: severity assessment in clinical practice. Conclusions from workshop discussions and a prospective multi-centre survey of psoriasis severity. *Eur J Dermatol.* 2006 Mar-Apr;16(2):167-71.

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Ring J, Barker J, Behrendt H, Braathen L, Darsow U, Dubertret L, Giannetti A, Hawk J, Honigsmann H, Kemeny L, Luger T, Meurer M, Murphy G, Peserico A, Ranki A, Reunala T, Saurat J, Sterry W, van de Kerkhof P.

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### Textbooks

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### Book Chapters

Hardiman O. Multidisciplinary Care In ALS

In The Motor Neurone Disease Handbook. M.Kiernan (ed) *MJA books* 2007

### Patents

1.UK 0425625.1 Treatment of Disease (use of angiogenin in neurodegenerative and axonal disease) (Dr.Hardiman & Dr.Greenway)

2. Preliminary application: Angiogenin as a treatment of neurovascular Injury (Prof.Prehn, Dr.Kieran, Dr.Hardiman, Dr.Greenway)

### Higher Degrees Awarded

**Dr. Sarah Hosbeck**  
IGF regulation in chronic neurologic disease (UL) (With Dr.Phil Jakeman UL))  
Awarded Jan 2006

**Dr. Maria Doyle** (With Dr.Kay Nolan UCD)  
IGF regulation in muscle  
Awarded Nov 2006

**Dr.Lorna Doherty** (With Dr.Anne

Hickey RCSI)  
Quality of life in chronic neurologic disease (Funded by RCSI)  
Awarded Jan 2006

**Dr.Stephen McNally** (With Dr.Richard Costello, RCSI)  
Respiratory Decline in ALS  
Awarded Nov 2006

## OCCUPATIONAL HEALTH

### Publications:

**Determinants of Influenza Vaccination Uptake Among Hospital Healthcare Workers**, R Quigley & B Hayes – Irish Medical Journal June 2006, Volume 99, No.6.

**Benefits of a Sharps Awareness Education Programme in a Dublin Teaching Hospital** (poster) presented at National Conference for Health Promoting Hospitals, November 2006 and International Conference for Health Promoting Hospitals, May 2006. Authors: M. Cagney, M. Donnelly, C. McGowan, B. Hayes

**Educational Intervention Promoting Awareness of Pregnancy at Work** (poster)– National Conference for Health Promoting Hospitals, November 2006 and International Conference for Health Promoting Hospitals, May 2006. Authors: E. Burke, M. Cagney, M Donnelly, B. Hayes

**'Prevention of Transmission of Blood Borne Diseases in the Healthcare Setting'** Faculty of Occupational Medicine (RCPI) Newsletter, Summer 2006 (Dr B Hayes).

## OTOLARYNGOLOGY

### Publications

Lucey DJ, Walsh MA, Costello R  
Impostor cell lines  
*LARYNGOSCOPE* 116 (1): 161-162  
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Spontaneous CSF otorrhea from a defect in the medial wall of the middle ear.  
*Otolaryngol Head Neck Surg.* 2006 Jan;134(1):166-7.  
Sheahan P, McConn-Walsh R, Walsh MA, Costello RW

*European Archives of Oto-Rhino-Laryngology (in press, accepted July 19, 2006)*

Sheahan P, Walsh RM, Walsh MA, et al. Induction of nasal hyper-responsiveness by allergen challenge in allergic rhinitis: the role of afferent and efferent nerves *CLINICAL AND EXPERIMENTAL ALLERGY* 35 (1): 45-51 JAN 2005

T Mackle, J Hughes, J Fenton, R McConnWalsh. Sheahan P, Walsh RM, Walsh MA, et al.

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"Subjects with non-allergic non-infectious perennial rhinitis do not show nasal hyperresponsiveness to bradykinin" Thornton MA, Walshe P, Costello RW, et McConnwalsh R, Walsh MA.

Rafferty M, McConn Walsh R, Walsh MA. A comparison of temporal bone fracture classification systems. *Clinical Otolaryngology* 2006;31:287-291.

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Hafidh M, Keogh I, McConn Walsh R, Walsh M, Rawluk D. Otogenic intracranial complications. A 7-year retrospective review. *American Journal of Otolaryngology* 2007;27:390-395.

Thornton M, Sheahan P, Smyth C, Costello R, McConn-Walsh R, Walsh M. Eosinophil recruitment to nasal nerves and induced nasal reflex responses after antigen challenge in allergic rhinitis. *American Journal of Respiratory and Critical Care Medicine (in press)*.

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*European Archives of Oto-Rhino-Laryngology (in press)*.

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*Journal of Laryngology and Otology* 2006;120:310-313.

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## PATHOLOGY

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Ryan JG, Dorman AM, O'Connell PG. AA amyloidosis in psoriatic arthritis. *Ir J Med Sci. 2006;175(2):81-2.*

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Little MA, Dupont P, Campbell E, Dorman A, Walshe JJ. Severity of primary MPGN, rather than MPGN type, determines renal survival and post-transplantation recurrence risk. *Kidney Int. 2006;69(3):504-11.*

## PSYCHIATRY

### Professor Kieran Murphy

Page LA, Daly E, Schmitz N, Simmons A, Toal F, Deeley Q, Ambery F, McAlonan GM, Murphy KC, Murphy DG.

In vivo 1H-magnetic resonance spectroscopy study of amygdale-hippocampal and parietal regions in autism.

*Am J Psychiatry. 2006 Dec; 163(12):2189-92*

Van Amelsvoort T, Schmitz N, Daly E, Deeley Q, Critchley H, Henry J,

Robertson D, Owen M, Murphy KC, Murphy DG.

Processing facial emotions in adults with velo-cardio-facial syndrome: functional magnetic resonance imaging. *Br J Psychiatry. 2006 Dec; 189:560-1.*

Glaser B, Moskvina V, Kirov G, Murphy KC, Williams H, Williams N, Owen MJ, O'Donovan MC.

Analysis of ProDH, COMT and ZDHHC8 risk variants does not support individual or interactive effects on schizophrenia susceptibility. *Schizophr Res. 2006 Oct;87 (1-3):21-7*

Paylor R, Glaser B, Mupo A, Ataliotis P, Spencer C, Sobotka A, Sparks C, Choi CH, Oghalai J, Curran S, Murphy KC, Monks S, Williams N, O'Donovan MC, Owen MJ, Scambler PJ, Lindsay E. Tbx1 haploinsufficiency is linked to behavioural disorders in mice and humans: implications for 22q11 deletion syndrome. *Proc Natl Acad Sci USA. 2006 May 16; 103(20):7729-34*

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Murtagh A, Murphy KC. Trial of risperidone in India – concerns. *Br J Psychiatry 2006 May; 188:489.*

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Brian and behaviour in children with 22q11.2 deletion syndrome: a volumetric and voxel-based morphometry MRI study. *Brain. 2006 May;129(Pt 5): 1218-28*

### Professor David Cotter

Dowsey AW, English J, Pennington K, Cotter D, Stuehler K, Marcus K, Meyer HE, Dunn MJ, Yang GZ.

Examination of 2-DE in the Human Proteome Organisation Brain Proteome Project pilot students with the new

RAIN gel matching technique. *Proteomics. 2006 Aug 23.*

Focking M, Boersema PJ, O'Donoghue N, Lubec G, Pennington SR, Cotter DR, Dunn MJ.

2-D EIGE as a quantitative tool for investigating the HUPO Brain Proteome Project mouse series. *Proteomics. 2006 Aug 23;*

Gaughran F, Payne J, Sedgwick PM, Cotter D, Berry M. Hippocampal FGF-2 and FGFR1 mRNA expression in major depression, schizophrenia and bipolar disorder. *Brain Res Bu.. 2006 Jul; 70(3):221-7*

Beasley CL, Pennington K, Behan A, Wait R, Dunn MJ, Cotter D. Proteomic analysis of the anterior cingulate cortex in the major psychiatric disorders: Evidence for disease-associated changes *Proteomics 2006 June; 6(11):3414-25*

Behan AT, Cotter DR. Neuropathology of Mood Disorders *Psychiatry 2006; 5:5 180-182*

### Professor Mary Cannon

Cannon M, Moffitt TE, Caspi A, Murray RM, Harrington HL, Poulton R. Neuropsychological performance at age 13 and later schizophreniform disorder. *British Journal of Psychiatry (2006) 189:463-464*

Clarke MC, Harley M, Cannon M. The role of obstetric events in schizophrenia. *Schizophrenia Bulletin (2006) 32:3-8*

Cannon M, Harley M, Clarke MC, Arseneault L, Caspi A.

Genes, cannabis and psychosis. Beyond Nature and Nurture: Genes, environment and their interaction in Psychiatry. Chapter 16 (Eds: McCabe J, O'Daly O, McGuffin P, Murray R, Wright P). *Informa Healthcare, UK, 2006: 141-156*

## Invited Presentations

### Professor David Cotter

HUPO Brain Proteome Project Schizophrenia – A valid target of Proteomic Analysis February 2006.

The Finnish Psychiatric Association  
Spring Meeting Plenary Lecture, March  
2006: What Proteomic Analysis tells us  
of Psychiatric Disorder. Helsinki, Finland  
. March 2006.

**Professor Mary Cannon**

Western European Regional CINP  
Conference, Queen's University Belfast.  
April 2006

Cannabis & Psychosis? – What is the  
link?

SWAHB Child Psychiatry Services  
Academic Meeting, Cherry Orchard  
Hospital. April 2006  
Early risk factors for adult  
schizophrenia.

Academic Meeting, St. Ita's Hospital,  
Dublin

Guest Speaker: 'Cannabis and  
Psychosis – what is the link?'"  
November 2006

Northern Ireland Schizophrenia Forum.  
Malone House, Belfast  
'Cannabis and Psychosis – what is the  
link?'" November 2006

**Professor Kieran Murphy**

'Mind Matters' RTE Radio Science  
Series  
Autism. March 2006

12th Annual International Scientific  
Meeting of the VCFS Educational  
Foundation.

FISHing for the neurobiology of  
behaviour. Strasbourg July 2006.

5th International 22q11.2 Deletion  
Syndrome Conference. FISHing for the  
neurobiology of behaviour.  
Marseilles, France July 2006

National Conference on Child and  
Adolescent Psychiatry. The Syndrome  
of Psychosis. Dublin June 2006

**RENAL**

**Published Papers**

Kamel MH, Mohan P, Conlon PJ, Little  
DM, O'Kelly P, Hickey, DP Rabbit  
Antithymocyte globulin related  
decrease in platelet count reduced risk  
of paediatric renal transplant graft  
thrombosis.

*Pediatr Transplant.* 2006 Nov;*10(7):816-21*

Johnston O, O'Kelly P, Spencer S,  
Donohoe J, Walshe JJ, Little DM,  
Hickey D, Conlon PJ.

Reduced graft function (with or without  
dialysis) vs immediate graft function--a  
comparison of long-term renal allograft  
survival.

*Nephrol Dial Transplant.* 2006  
Aug;*21(8):2270-4.*

Moloney FJ, Dicker P, Conlon PJ,  
Shields DC, Murphy GM  
The frequency and significance of thiop-  
urine S-methyltransferase gene  
polymorphisms in azathioprine-treated  
renal transplant recipients.

*Br J Dermatol.* 2006 Jun;*154(6):1199-200*

Johnston O, O'Kelly P, Spencer S,  
Cunningham P, Dorman A, Donohoe J,  
Walshe JJ, Hickey D, Little DM, Conlon  
PJ. The impact of donor spontaneous  
intracranial haemorrhage vs. other  
donors on long-term renal graft and  
patient survival.

*Clin Transplant.* 2006 Jan-Feb;*20(1):91-5.*

Moloney FJ, Comber H, Conlon PJ,  
Murphy GM

The role of immunosuppression in the  
pathogenesis of basal cell carcinoma.  
*Br J Dermatol.* 2006 Apr;*154(4):790-1.*

Moloney FJ, Comber H, O'Lorcain P,  
O'Kelly P, Conlon PJ, Murphy GM  
A population-based study of skin cancer  
incidence and prevalence in renal  
transplant recipients.

*Br J Dermatol.* 2006 Mar;*154(3):498-504.*

Johnston O, O'Kelly P, Spencer S,  
Donohoe J, Walshe JJ, Little DM,  
Hickey D, Conlon PJ.

Reduced graft function (with or without  
dialysis) vs immediate graft function--a  
comparison of long-term renal allograft  
survival.

*Nephrol Dial Transplant.* 2006  
Aug;*21(8):2270-4. Epub 2006 May 23.*

Johnston O, O'Kelly P, Spencer S,  
Cunningham P, Dorman A, Donohoe J,  
Walshe JJ, Hickey D, Little DM,

Conlon PJ.

The impact of donor spontaneous  
intracranial haemorrhage vs. other  
donors on long-term renal graft and  
patient survival.

*Clin Transplant.* 2006 Jan-Feb;*20(1):91-5.*

Little MA, Dupont P, Campbell E,  
Dorman A, Walshe JJ.

Severity of primary MPGN, rather than  
MPGN type, determines renal survival  
and post-transplantation recurrence  
risk.

*Kidney Int.* 2006 Feb;*69(3):504-11.*

Giblin L, Hollander M, Little D, Hickey  
D, Donohoe J, Walshe JJ, Dorman A,  
O'Kelly P, Conlon PJ.

Renal transplantation in the elderly--the  
Irish experience.

*Ir J Med Sci.* 2005 Apr-Jun;*174(2):9-13.*

Johnston O, O'Kelly P, Donohoe J,  
Walshe JJ, Little DM, Hickey D,  
Conlon PJ.

Favorable graft survival in renal trans-  
plant recipients with polycystic kidney  
disease.

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**Papers Presented at  
International/National Meetings**

Congress of American Society of  
Nephrology

November 14th -19th, 2006 –  
San Diego, CA, USA.

Plamapheresis as a Rescue Therapy in  
Acute Humoral Rejection (AHR) – A  
Long Term Follow-Up Study. Catherine  
Brown, Gearoid McMahon, John

Donohue, Peter Conlon, J. J. Walshe.  
*Dept of Nephrology and Transplantation, Beaumont Hospital, Dublin, Ireland*

Co-Trimoxazole Induced Acute Interstitial Nephritis in the Early Post-Transplant Period. J. P. Garvey,<sup>1</sup> H. Chotirmall,<sup>1</sup> T. Dorman,<sup>2</sup> P. Conlon,<sup>1</sup> J. Donohoe,<sup>1</sup> J. Walshe.<sup>1</sup>

<sup>1</sup>*Dept of Nephrology & Transplantation, Beaumont Hospital, Dublin, Ireland;*

<sup>2</sup>*Dept of Renal Pathology, Beaumont Hospital, Dublin, Ireland.*

Urine Catecholamine Excretion during Pregnancy in Normotensive and Hypertensive Primigravidae. Gearoid McMahon,<sup>1</sup> Roly Fitzgerald,<sup>1</sup> K. A. Abraham,<sup>1</sup> William Tormey,<sup>1</sup> Mairead Kennelly,<sup>2</sup> J. J. Walshe.<sup>1</sup>

<sup>1</sup>*Dept of Nephrology, Beaumont Hospital, Dublin, Ireland, <sup>2</sup>National Maternity Hospital, Dublin, Ireland.*

Haemodialysis and Peritoneal Dialysis – A Comparison of Outcomes after Renal Transplantation. Gearoid McMahon, Susan Spencer, Catherine Brown, Patrick O’Kelly, Peter Conlon, John Donohoe, J. J. Walshe.  
*Dept of Nephrology, Beaumont Hospital, Dublin, Ireland.*

NDT – Nephrology Dialysis Transplantation

XLIII Congress of the European Renal Association, European dialysis and Transplant Association (ERA-EDTA) July 15th -18th, 2006  
Glasgow, United Kingdom

Sirolimus in chronic Allograft Nephropathy. J.P. Garvey, Sanjay Haresh Chotirmall, Simon Curran, Peter Conlon, John Donohoe, Joseph Walshe.  
*Nephrology & Transplantation, Beaumont Hospital, Dublin, Ireland.*

A Longitudinal Study of Catecholamine Production in Pregnancy. G. McMahon<sup>1</sup>, K. Abraham<sup>1</sup>, M. Little<sup>1</sup>, R. Fitzgerald<sup>1</sup>, M. Kennelly<sup>2</sup>, J.J. Walshe<sup>1,2</sup>.

<sup>1</sup>*Dept of Nephrology, Beaumont Hospital, Dublin, Ireland; <sup>2</sup>Rotunda Maternity Hospital, Dublin, Ireland.*

Co-Trimoxazole Induced Acute Interstitial Nephritis in Renal Allografts: Clinical Course and Outcome. J.P. Garvey,

Sanjay Haresh Chotirmall, Anthony Dorman, Joseph Walshe.  
*Nephrology & Transplantation, Beaumont Hospital, Dublin, Ireland.*

BK Virus Nephropathy – A Single-Centre Experience. G. McMahon<sup>1</sup>, S.P. Daniel<sup>1</sup>, S. Spencer<sup>2</sup>, T. Dorman<sup>2</sup>, P. Conlon<sup>1</sup>, J. Donohoe<sup>1</sup>, J.J. Walshe<sup>1</sup>.

<sup>1</sup>*Dept of Nephrology, Beaumont Hospital, Dublin, Ireland; <sup>2</sup>Rotunda Maternity Hospital, Dublin, Ireland.*

### Irish Nephrology Society

Scientific Meeting/Annual General Meeting, O’Reilly Hall, U.C.D., Belfield Friday 5th May 2006

Haemodialysis and Peritoneal Dialysis – A Comparison of Outcomes after Renal Transplantation. G McMahon, S Spencer, C Browne, P O’Kelly, P Conlon, J Donohoe and JJ Walshe.  
*Dept of Nephrology & Transplantation, Beaumont Hospital, Dublin, Ireland.*

Plasmapheresis as Rescue Therapy in Accelerated Acute Humoral Rejection – a follow up of long term graft survival. C Brown, G McMahon, L Donohoe, P Conlon, and JJ Walshe.  
*National Kidney Centre, Beaumont Hospital, Dublin 9.*

Outcomes in Anti-GBM Disease; a single centre experience. DG Cheriyan, MA Azeez, P Lavin, D Gopinathan, T Dorman, M Keoghan, E Cambell, P O’Kelly, J Walshe, Jd Donohoe, Pj Conlon.  
*Dept of Nephrology & Transplantation, Beaumont Hospital, Dublin, Ireland.*

Survival of Patients on Dialysis in Beaumont Hospital – 16 Year Experience. D Gopinathan, P Lavin, Patrick O’Kelly, JJ Walshe, J Donohoe, P Conlon.  
*Dept of Nephrology & Transplantation, Beaumont Hospital, Dublin, Ireland.*

BK Virus Nephropathy – A Single-Centre Experience. G McMahon, SP Daniel, S Spencer, T Dorman, P Conlon, J Donohoe and JJ Walshe.  
*Dept of Nephrology and Transplantation, Beaumont Hospital, Dublin, Ireland.*

A Longitudinal Study of Catecholamine Excretion in Pregnancy. G McMahon, K Abraham, M Little, R Fitzgerald, W Tormey and JJ Walshe.

*Dept of Nephrology, Beaumont Hospital, Dublin, Ireland.*

Localised Argyria – An Unusual Complication of Prolonged Topical Silver Nitrate Use Around the Exit Site during Ambulatory Peritoneal Dialysis. Osman G, Sultan N, McGrath M, Phelan E, Kelly FJ, Leavey S, Walshe JJ, Walker JR.  
*Renal Units – Waterford Regional Hospital and Beaumont Hospital, Dublin.*

Switching Phosphate Binder to Lanthanum Carbonate in Haemodialysis Patients with Persistent Hyperphosphataemia. P Phelan, J Donohoe, J Walshe, P Conlon.  
*Dept of Nephrology, Beaumont Hospital, Dublin, Ireland.*

Use of Cinacalcet HCl in Beaumont Haemodialysis Patients. P Phelan, C Brummell, J Donohoe, J Walshe, P Conlon.  
*Dept of Nephrology, Beaumont Hospital, Dublin, Ireland.*