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Corporate Reports
Chairman’s Statement
It is evident to everyone in Ireland, I believe, that we are now embarked on what is likely to be a prolonged period of financial retrenchment. The challenges that this will present will be immense. Yet even in such difficult times it is important to keep things in perspective.

For us in Beaumont Hospital it is vitally important that we recognise the achievements which we have already made and that we seek to maintain both the quality and volume of services we provide. More than this, we must also remain firmly committed to continuing to achieve improvements in these services, despite the many challenges that we face in common with everyone else in the healthcare sector and the wider community.

This can only be achieved through innovation, finding better ways of doing what we do now and achieving efficiencies throughout the organisation. As Chairman of Beaumont I am proud to report that this positive approach is becoming an embedded part of the culture of the hospital. Reconfiguration of our management structures into business units, or Clinical Directorates as we refer to them, represents a major change in the way we administer and manage our resources.

Although we are still in the relatively early stages of this major transition in the way we manage our business, the value of this approach is already being seen.

Paradoxically, perhaps, the quality of management at Beaumont has in some ways masked the extent to which resources have been curtailed, not just in the year under review but over a number of years, in fact.

Last year we suffered a 10% cut in resources in real terms. This has been followed by a corresponding reduction of 14% in the current year. I regret that it has simply not been possible to respond to this pressure without some impact on staff numbers and on our overall ability to deliver timely services in the manner we would wish and that our patients expect.

It should be borne in mind that reconfiguration of health services in the North East Region has also played a role in this. Changes in the types of services provided in some hospitals within the region, including restrictions on their surgical activity and centralisation of cancer services into eight centres nationally, have put pressure on larger tertiary hospitals in the region, most particularly on Beaumont.

There has been some discussion in recent times of ways in which the funding model for hospitals might be developed to increase the linkage between State funding and the needs of individual patients. Such a development might at least have the benefit of ensuring that funding for hospital transfers, including funds for expensive drugs for example, would accompany the patient. This is not the case at present.

The ongoing transformation programme for Irish health services is wide ranging and frequently complex. On the one hand the intention is clearly to develop greater linkages between primary and tertiary healthcare, on the other to centralise the increasingly specialised expertise needed to address a range of specific diseases and conditions.

For an acute hospital such as Beaumont this presents both challenges and opportunities. Beaumont provides a comprehensive range of diverse acute hospital services to the local community it serves of some 250,000 people, specialised services at a regional level and highly specialised national services.

Reorganisation at a regional level will see the development of a better integrated network of service providers, including primary care teams and hospitals, working closely together to ensure that patients have timely access to the services they need. More hospital outreach services and co-ordinated delivery of services at multiple locations will ensure that the specialist clinical expertise residing within an acute setting becomes accessible outside that setting. One of the important objectives will be the removal of unnecessary duplication of effort by different service providers.

Meanwhile, at a national level new directorates are being established to develop critical mass in selected centres of expertise. The model for this is in the delivery of cancer care. Beaumont is one of eight hospitals selected to provide specialist services to cancer patients under the National Cancer Control Programme. Work is progressing on the construction on the Beaumont site of the new radiotherapy unit and Beaumont has a high quality breast care service up and running, operating well within the targets set. Working with the National Cancer Control Programme, Beaumont will play a significant role in the delivery of a range of oncology services in the future.

Beaumont’s commitment to the development of an Academic Health Centre is set to make a major contribution to this evolution in the delivery of Irish health services. Working with existing partners, initially the Royal College of Surgeons in Ireland and Connolly Hospital in Blanchardstown, the new AHC will provide the axis for the development of an integrated approach to the delivery of acute healthcare in the North East.

Starting with the merging of Beaumont and Connolly hospitals, it is envisaged that the AHC will quickly embrace new partners, providing a model for patient-centred care, the training and teaching of staff and for clinical and healthcare related research.
Ambitious targets will be an essential element in ensuring that the AHC realises its potential. For example, we believe that in the specialist area of neurosciences the new AHC should become recognised as one of the best places to train in Europe – if not the best place.

With the involvement of additional academic partners, including Dublin City University, there will be a strong move away from what could be regarded as an “opportunistic” approach to the development of core specialties, education and research into far more structured one. With the support of the Minister and Department of Health, as well as the HSE, we are currently working closely with the HSE to ensure a good fit with the Executive’s own transformation programme.

It should be noted that the management and control of the flow of data of all kinds, especially clinical information on patients, has become an increasingly important component in the effective and efficient delivery of healthcare. The rapid provision of information contributes at two levels: most importantly to the quality of patient outcomes but also to optimise the use of expensive resources. Beaumont is currently engaged in an ambitious programme to upgrade its IT services with additional support for this coming from the HSE.

Taken together, these events represent radical changes in our organisation, with the underlying aim being the development of an organisation well able to adapt to changing circumstances and opportunities in order to deliver high quality services to patients.

In so doing we reflect the new national agenda being driven by the Health Information and Quality Authority. This Authority is establishing new standards for healthcare providers of all types from acute hospitals to nursing homes – and Beaumont has been pleased to work with HIQA and its executives in the development of new standards and protocols in a range of areas. In the area of neurosurgery and hospital transfers, for example, HIQA has helped Beaumont to clarify and develop useful new protocols for inter-hospital transfers.

HIQA has also been involved in monitoring of such important aspects of healthcare as hygiene. In the past this has been an area of significant concern, particularly amongst the public, and it does have an important part to play in the continuing fight against the spread of infections acquired in healthcare settings. This is an issue in which the hospital board has taken a close interest and I am pleased to report that weekly internal audits are consistently confirming that Beaumont’s hard work in this area is continuing to deliver excellent results.

Clinical governance and risk management is another aspect of our work in which the hospital board has shown considerable interest and leadership. As the first hospital in Ireland to establish a specific board subcommittee and internal structures to address this issue, Beaumont is gratified by the progress being made. Here, too, we have worked closely with HIQA where appropriate. This is crucially about how we can ensure patient safety through the adoption of best practice in all aspects of our services. It is a hospital-wide issue and I am pleased that all staff recognise that they have a role to play in achieving our objectives in this area.

In concluding this report I would like to thank the members of the board for their commitment and generosity. These are unpaid positions and we indeed are fortunate that our high-calibre board members feel a huge sense of loyalty to the hospital. They have done sterling work both as main board members and on the Services and Governance Committee, Finance Committee, Strategy and Planning Committee, and Audit Committee.

On behalf of the Board, I also wish to thank the management and staff of Beaumont Hospital for their loyalty and commitment. Regardless of the present difficult economic situation, they continue to show a genuine concern for the care and treatment of our patients.

Donal O Shea
Chairman

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services &amp; Governance</td>
<td>Ms Catherine Duffy (Chair)</td>
</tr>
<tr>
<td></td>
<td>Ms Raphaela Kane</td>
</tr>
<tr>
<td></td>
<td>Prof Gerry McElvaney</td>
</tr>
<tr>
<td></td>
<td>Dr Ursula O’Brien Counihan</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>Mr Patrick Mercer (Chair)</td>
</tr>
<tr>
<td></td>
<td>Mr Alan Eustace</td>
</tr>
<tr>
<td></td>
<td>Ms Mary Horgan</td>
</tr>
<tr>
<td></td>
<td>Mr Sean O’Brien</td>
</tr>
<tr>
<td>Audit Committee</td>
<td>Ms Jennifer Cullinane (Chair)</td>
</tr>
<tr>
<td></td>
<td>Mr Maurice Ahern</td>
</tr>
<tr>
<td></td>
<td>Ms Patricia McCann</td>
</tr>
<tr>
<td>Planning Committee</td>
<td>Mr Donal O Shea (Chair)</td>
</tr>
<tr>
<td></td>
<td>Mr Gerard Barry</td>
</tr>
<tr>
<td></td>
<td>Prof Arnold Hill</td>
</tr>
</tbody>
</table>
Beaumont Hospital Board Members 2009 – 2012

<table>
<thead>
<tr>
<th>Name</th>
<th>Nominated by</th>
<th>Term of office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Donal O Shea</td>
<td>Minister for Health and Children</td>
<td>01.01.09 – 31.12.11</td>
</tr>
<tr>
<td>Mr Maurice Ahern</td>
<td>Minister for Health and Children</td>
<td>15.06.09 – 14.06.12</td>
</tr>
<tr>
<td>Mr Gerard Barry</td>
<td>Nominee of Chairman</td>
<td>15.06.09 – 14.06.12</td>
</tr>
<tr>
<td>Ms Jennifer Cullinane</td>
<td>Nominee of Royal College of Surgeons in Ireland</td>
<td>15.06.09 – 14.06.12</td>
</tr>
<tr>
<td>Ms Catherine Duffy</td>
<td>Nominee of Minister for Health and Children</td>
<td>15.06.09 – 14.06.12</td>
</tr>
<tr>
<td>Mr Alan Eustace</td>
<td>Elected by Hospital staff</td>
<td>15.06.09 – 14.06.12</td>
</tr>
<tr>
<td>Prof Arnold Hill</td>
<td>Vice Chairman, Medical Board, Beaumont Hospital (ex officio)</td>
<td>01.01.10 – 31.12.11</td>
</tr>
<tr>
<td>Ms Mary Horgan</td>
<td>Nominee of Chairman</td>
<td>15.06.09 – 14.06.12</td>
</tr>
<tr>
<td>Ms Patricia McCann</td>
<td>Nominee of Dublin City University</td>
<td>15.06.09 – 14.06.12</td>
</tr>
<tr>
<td>Mr Patrick Mercer</td>
<td>Nominee of Minister for Health and Children</td>
<td>15.06.09 – 14.06.12</td>
</tr>
<tr>
<td>Mr Sean O’Brien</td>
<td>Elected by Hospital staff</td>
<td>15.06.09 – 14.06.12</td>
</tr>
<tr>
<td>Dr Ursula O’Brien Counihan</td>
<td>Nominee of Corrigan Faculty of the Royal College of General Practitioners</td>
<td>15.06.09 – 14.06.12</td>
</tr>
<tr>
<td>Prof Gerry McElvaney</td>
<td>Chairman of Medical Board, Beaumont Hospital (ex officio)</td>
<td>01.01.10 – 31.12.11</td>
</tr>
<tr>
<td>To be appointed</td>
<td>Nominee of Minister for Health and Children</td>
<td></td>
</tr>
<tr>
<td>To be appointed</td>
<td>Councillor (Dublin City Council or Fingal)</td>
<td></td>
</tr>
</tbody>
</table>
Chief Executive’s Review
Chief Executive’s Review

ACTIVITY (SEE TABLES BELOW)

Patient activity in 2009 remained comparable to 2008 levels but exceeded those levels in day cases (increase of 10%), new out-patients (increase of 18%); radiology examinations (increase of 10%). These are encouraging figures as it is day cases and out-patients that we are targeting to improve the throughput of patients in a more efficient manner. It is also welcoming to note the reduction in the in-patient waiting list achieved at the end of the year – a reduction of 34% over 2008. However, we still have much work to do to reduce the length of time patients are awaiting admission and this is a key target.

Considerable progress was made during 2009 in reducing the number of delayed discharges in the hospital. This was chiefly through the introduction of the new Fair Deal scheme and by the end of 2009 our number of long-stay patients had reduced to 110. The new 100-bed community nursing unit at St Joseph’s Hospital Raheny will provide Beaumont with much-needed step-down facilities and we look forward to this facility opening in 2010. We also look forward to the opening of the new 50-bed unit at Clontarf Orthopaedic Hospital which we hope will be a major asset for accepting our patients requiring rehabilitation services.

FINANCE

Given the difficult economic conditions that affected the country in 2009 and particularly the cutbacks in the public services, we were very pleased to record a breakeven result in our financial reporting at the end of the year: an outturn of €276.952m against a budget of €278.541m, the surplus of €1.5m being committed to the cancer programme for projects already approved. Achieving this result presented management and staff with difficult challenges throughout the year, and I would like to acknowledge the sterling efforts made by staff across all divisions of the hospital. 2010 will be as difficult and staff will again be asked to be co-operative in managing in what will be a greatly reduced allocation and to exploit all opportunities for delivering services in a more cost-efficient manner.

ACADEMIC HEALTH CENTRE

Beaumont Hospital plays a major role in delivering services to its local catchment population but also to a wider population throughout the country for national services such as neurosurgery, kidney/pancreas transplantation and cochlear implantation. We also provide regional services in specialties such as gastroenterology, vascular surgery and ENT. To lay the foundations for the hospital’s future, we have joined with Connolly Hospital and the Royal College of Surgeons to form an academic health centre, which will also forge alliances with existing partners such as Dublin City University and with the aim of drawing in the hospitals in the Louth/Meath group, and community services in time. The mission statement for the AHC is:

Our mission is to develop Ireland’s leading Academic Health Centre, which prioritises patient care across the hospital and the community within a research-intensive learning environment, guaranteeing improved patient outcomes and meeting the needs of our catchment population.

Considerable progress was made during 2009 in moving forward with the AHC concept, with a partnership agreement being signed by the parties and the establishment of a number of working groups to deliver the project.

The hospital has a key role to play in the reconfiguration of services planned by the HSE and to this end we are working closely with the executive regarding the AHC and how it will integrate with the HSE’s plans for Integrated Service Areas in the region.

SERVICE DEVELOPMENTS

Significant developments were reported in cancer services during the year. Beaumont Hospital has been designated as one of the four sites in Ireland for the provision of radiotherapy services under the National Programme for Radiation Oncology (NPRO). Construction of the new radiotherapy centre on the campus commenced towards the end of 2009, with completion expected at the end of 2010/early 2011. Phase 1 facilities consist of four linear accelerators, and phase 2 will involve the expansion of the facilities. Twelve beds will be provided to support the radiotherapy centre within the existing Beaumont Hospital complement, with a further twelve beds to be provided in the second phase of the programme for which separate funding will be provided. The radiation oncology facility will serve patients based on regional catchment. Therefore, in addition to Beaumont Hospital, the facility will serve a number of key stakeholders, including other major acute hospitals, in the Dublin North East region. It is also expected to serve as the national centre for some specialised services in radiation oncology.

Beaumont Hospital was designated as a centre for the diagnosis of lung cancer, with surgical services being based at St James’s Hospital. In addition, Beaumont is designated as a centre for the diagnosis of prostate cancer, while a decision on the location of surgical services has yet to be made.

In relation to neurological cancers, curative treatment of primary brain and other central nervous system cancers will be provided.
by a two-hospital model delivering a national service. Beaumont Hospital and Cork University Hospital are to function as one national unit in this regard.

Breast cancer services are up and running in Beaumont and in 2009 a review was undertaken of the hospital’s performance against the standards set for breast cancer by HIQA. The report was issued in early 2010 and was generally a very satisfactory outcome, with the authors concluding:

**OVERALL CONCLUSION**

Based on the evidence of this Quality Review, the Authority concluded that while there remain opportunities for improvement and where indicated the Authority has made recommendations, Beaumont Hospital’s symptomatic breast disease service was meeting the core quality and safety requirements set out in the Standards.

Overall the service at Beaumont Hospital had, at the time of the Quality Review, the systems, processes and controls to deliver and maintain the added value and standards expected in a national specialist centre and to ensure sustainability going forward.

Beaumont Hospital should develop, publish and implement an action plan against the recommendations.

Tribute must be paid to Professor Arnold Hill who leads the breast cancer programme and his multidisciplinary team for their achievements in developing the services to such a high-quality.

Beaumont hopes to play a significant role in colorectal and upper GI cancer surgery.

Neurosurgery is one of the hospital’s foremost specialties in that it serves the whole country, with the exception of the Cork area. The service struggled for many years with a complement of six neurosurgeons providing services to both adults and children. In recent years, we were very pleased to gain funding and approval to increase the team of surgeons to nine, which includes four neurosurgeons who provide paediatric services. Services for children under six years of age were transferred to The Children’s University Hospital, Temple Street, in recent years. During 2009 we worked closely with HIQA to develop protocols for referrals to Beaumont from hospitals throughout the country. In 2010, these protocols are being finalised and a national study day will be organised to disseminate the information to all referring hospitals.

**ORGANISATION DEVELOPMENT**

Progress made in 2009 included the establishment of a further three clinical directorates. By the end of 2009/early 2010, the following directorates were in place:

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Clinical Director</th>
<th>Period of Office – 2 years from</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Professor Shane O’Neill</td>
<td>January 1, 2009</td>
</tr>
<tr>
<td>Surgical</td>
<td>Mr Patrick Broe</td>
<td>December 1, 2009</td>
</tr>
<tr>
<td>Neurocent</td>
<td>Mr David O’Brien (replaced</td>
<td>July 14, 2010</td>
</tr>
<tr>
<td></td>
<td>Mr Christopher Ridgeon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(July 2010)</td>
<td></td>
</tr>
<tr>
<td>Nephrology/Urology/Transplantation</td>
<td>Mr David Hickey</td>
<td>May 1, 2009</td>
</tr>
<tr>
<td>Anaesthetics/Critical Care</td>
<td>Dr Aidan Synott</td>
<td>November 1, 2009</td>
</tr>
<tr>
<td>Laboratory</td>
<td>Dr Tony Dorman</td>
<td>January 1, 2010</td>
</tr>
<tr>
<td>Radiology</td>
<td>Professor Michael Lee</td>
<td>January 1, 2010</td>
</tr>
</tbody>
</table>

Each of the directorates is supported by a Business Manager and a Directorate Nurse Manager. Major benefits have accrued from the directorate model and the involvement of the clinical directors in the management of the hospital. We now have a structure for analysing and changing how resources are utilised, how patients are processed through the hospital, admission policies, etc. all aimed at improving the quality of services we provide to our patients.

Clinical governance continues to form a high priority item on the hospital board’s agenda. The Services and Governance Committee of the Board reviews progress on a monthly basis. The Integrated Quality and Safety Department and the Chair of Clinical Governance (Mr Paddy Broe) continue to work closely to develop systems of clinical audit within an overall framework of quality and safety that can demonstrate effective audits which lead to meaningful changes in practice.

**HYGIENE AND INFECTION CONTROL**

In addition to a serious outbreak of norovirus in January 2009, the hospital continued to manage the hypervirulent C. difficile 027 ribotype outbreak that occurred in the period July 2008 to March 2009. Additional measures now in place in the hospital, which will help prevent and better manage future outbreaks, include seven-day C. difficile testing; an enhanced antibiotic stewardship programme and an awareness of the importance of timely communication to patients and their families.

During the year, it was anticipated that HIQA would undertake a further audit of our compliance with hygiene standards but this did not happen. However, we did perform an internal assessment by our Hygiene Services Task Group and I am glad to say that all core criteria received an ‘A’ rating and all service delivery standards achieved an ‘A’ rating. 50 of the 56 standards received an ‘A’ rating and the remaining 6 achieved a ‘B’ rating.

A widespread vaccination campaign was instituted to vaccinate staff against the H1N1 virus and the ‘flu. There was a very high take-up by staff across all sectors of the hospital and this helped to ensure that the hospital was not adversely affected by staff absences during the winter period.
STAFFING

In HR terms the year was characterised by the moratorium on public service recruitment. This placed considerable pressures on staff across all sectors of the hospital and I pay tribute to staff for their resilience and dedication in the face of the cutbacks. However, the challenges around staffing give us an opportunity to review what work we do and how we do it. There are opportunities to reduce the amount of processes within the organisation and to eliminate bureaucracy in making decisions. In addition, we have also to look at the number and types of hospitals providing services in the region. This is an opportunity to merge services, both clinical and back-office, and we need to be radical in the way we approach the opportunities and deliver reduced costs while providing safe standards of care to patients.

The incentivised scheme for early retirement, while announced in 2009, only became effective in the health services in 2010. It is expected that this will have a detrimental impact on our services with the loss of a significant number of highly experienced staff over a short space of time, who cannot be replaced.

In 2008 we introduced an award scheme for staff achievements. This was continued in 2009 and attracted a high volume of entries. The quality and standard of the entries was very encouraging and is evidence of the excellent work and innovative approach by staff to service delivery. The following were the winners of the 2009 awards:

<table>
<thead>
<tr>
<th>Category</th>
<th>Individual Award</th>
<th>Team Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding innovation – the difference that creates excellence in service quality</td>
<td>Sharon Dwyer, Directorate Nurse Manager</td>
<td>Tracheostomy Team</td>
</tr>
<tr>
<td>Excellence in patient and customer care – the difference that creates the extraordinary in the ordinary</td>
<td>Marguerite Kilduff, A/CNMI, Rockfield Unit</td>
<td>Symptomatic Breast Care Team</td>
</tr>
<tr>
<td>Demonstrating foresight – the difference that responds creatively to constant change</td>
<td>Clare Gilsenan, Physiotherapy Department</td>
<td>Physiotherapy and Rheumatology Team</td>
</tr>
<tr>
<td>Constant colleagueship – the difference that respects and connects</td>
<td>Carol Kilbride, Healthcare Assistant, Corrigan Ward</td>
<td>Catering and Christmas Lunch Committee</td>
</tr>
<tr>
<td>Leadership and Development – the difference that creates a resilient organisation</td>
<td>Fiona Edwards, Head of Hygiene and General Services</td>
<td>Leadership and Development Team</td>
</tr>
</tbody>
</table>

A major development in 2009 was the launch of a Learning and Development Strategy 2009-2014. The objective of the strategy is to empower and develop our staff to provide the highest standards of excellence in the provision of patient care. The strategy provides innovative and development approaches which enhances the accessibility and value of learning experiences. I would like to acknowledge the work of all members of the team who were involved in the development of this strategy.

NEW FACILITIES

On April 30, 2009, we were delighted to welcome Ms Aine Brady, TD Minister for Older Persons and Health Promotion, to open the new three-storey ward extension and the hepatology unit. The former houses a new high-dependency unit and two ward units of fourteen beds each, while the latter is a dedicated out-patient facility for hepatology patients.

Work on the new dedicated unit for cystic fibrosis patients commenced in 2009 with the decanting of the HR and Finance departments to a new building to make way for the CF building. This unit is on target to open in the last quarter of 2010.

ICT

We were delighted to announce in 2009 that Beaumont Hospital was successful being included in the first phase of four hospitals to implement a PACS (Picture Archiving and Communications System)/RIS (Radiology Information System). This system is due to go live in 2011 and will result in major changes to how our radiology services are organised and delivered.

In concluding my report, I would like to pay tribute to the staff of the hospital for their continued commitment and dedication to the provision of high-quality services to our patients. I would also like to thank the Chairman, the members of the hospital board, my management team for their support and assistance to me during the year. Finally, I would also like to acknowledge the work of the staff in my own office, Tracey Whittaker and Claire Tyrrell, who ensure that the office of the Chief Executive works efficiently. In addition, the annual report is compiled and produced by Claire to an exceptionally high standard.

Liam Duffy

Chief Executive
Table 1: Admissions

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<tbody>
<tr>
<td>Cardiology</td>
<td>1,122</td>
<td>870</td>
<td>838</td>
<td>802</td>
</tr>
<tr>
<td>ENT</td>
<td>1,406</td>
<td>1,394</td>
<td>1,310</td>
<td>1,198</td>
</tr>
<tr>
<td>Medical</td>
<td>7,705</td>
<td>8,378</td>
<td>8,352</td>
<td>8,447</td>
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<tr>
<td>Nephrology</td>
<td>1,573</td>
<td>1,548</td>
<td>1,414</td>
<td>1,334</td>
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<tr>
<td>Neurology</td>
<td>838</td>
<td>949</td>
<td>1,023</td>
<td>971</td>
</tr>
<tr>
<td>Neurosurgical</td>
<td>1,838</td>
<td>2,090</td>
<td>2,279</td>
<td>2,173</td>
</tr>
<tr>
<td>Surgical</td>
<td>5,316</td>
<td>5,642</td>
<td>5,407</td>
<td>5,965</td>
</tr>
<tr>
<td>Urology</td>
<td>1,173</td>
<td>1,276</td>
<td>1,210</td>
<td>1,269</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20,971</strong></td>
<td><strong>22,147</strong></td>
<td><strong>21,833</strong></td>
<td><strong>21,789</strong></td>
</tr>
</tbody>
</table>

Please note St. Joseph's Hospital activity is included in above information w.e.f 2005.

Table 2: Admissions by Hospital Catchment and Non-Catchment Areas

<table>
<thead>
<tr>
<th>2009</th>
<th>Medical</th>
<th>Surgical</th>
<th>ENT</th>
<th>N/S</th>
<th>Neph &amp; Urology</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catchment Area</td>
<td>8,519</td>
<td>4,357</td>
<td>615</td>
<td>363</td>
<td>1,101</td>
<td>14,955</td>
</tr>
<tr>
<td>Non-Catchment Area</td>
<td>1,701</td>
<td>1,238</td>
<td>583</td>
<td>1,810</td>
<td>1,502</td>
<td>6,834</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>10,220</strong></td>
<td><strong>5,595</strong></td>
<td><strong>1,198</strong></td>
<td><strong>2,173</strong></td>
<td><strong>2,603</strong></td>
<td><strong>21,789</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical</td>
<td>46,415</td>
<td>50,751</td>
<td>48,893</td>
<td>43,724</td>
</tr>
<tr>
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<td>25,794</td>
<td>25,919</td>
<td>26,288</td>
<td>26,264</td>
</tr>
<tr>
<td>Urology</td>
<td>7,547</td>
<td>7,216</td>
<td>7,341</td>
<td>8,226</td>
</tr>
<tr>
<td>ENT</td>
<td>6,158</td>
<td>6,251</td>
<td>5,845</td>
<td>6,059</td>
</tr>
<tr>
<td>Medical</td>
<td>99,209</td>
<td>101,755</td>
<td>104,210</td>
<td>117,665</td>
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<tr>
<td>Nephrology</td>
<td>16,201</td>
<td>14,450</td>
<td>15,188</td>
<td>12,903</td>
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<td>Cardiology</td>
<td>14,271</td>
<td>12,346</td>
<td>14,150</td>
<td>13,446</td>
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<td>11,488</td>
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<td>Unallocated</td>
<td>4,797</td>
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<td><strong>Total</strong></td>
<td><strong>231,099</strong></td>
<td><strong>235,663</strong></td>
<td><strong>238,989</strong></td>
<td><strong>240,611</strong></td>
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Please note St. Joseph's Hospital activity is included in above information from 2005.
### Table 4: Day Case Procedures

<table>
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<tr>
<th>Specialty</th>
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<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARDIOLOGY</td>
<td>998</td>
<td>1,075</td>
<td>1,113</td>
<td>989</td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td>1,516</td>
<td>1,442</td>
<td>1,718</td>
<td>1,416</td>
</tr>
<tr>
<td>ENT</td>
<td>1,831</td>
<td>2,011</td>
<td>1,723</td>
<td>2,424</td>
</tr>
<tr>
<td>GYNAECOLOGY</td>
<td>378</td>
<td>308</td>
<td>468</td>
<td>367</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>20,895</td>
<td>21,635</td>
<td>24,145</td>
<td>27,764</td>
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<tr>
<td>MEDICAL</td>
<td>277</td>
<td>280</td>
<td>296</td>
<td>273</td>
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<td>MEDICAL</td>
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<td>421</td>
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<td>MEDICAL</td>
<td>359</td>
<td>335</td>
<td>372</td>
<td>604</td>
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<tr>
<td>ORTHOPAEDICS</td>
<td>655</td>
<td>685</td>
<td>551</td>
<td>541</td>
</tr>
<tr>
<td>PAIN RELIEF</td>
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<td>766</td>
<td>730</td>
<td>708</td>
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<tr>
<td>SURGICAL</td>
<td>5,452</td>
<td>5,538</td>
<td>5,706</td>
<td>6,007</td>
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<tr>
<td>UROLOGY</td>
<td>2,888</td>
<td>3,637</td>
<td>3,606</td>
<td>3,631</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td>36,243</td>
<td>38,219</td>
<td>40,776</td>
<td>45,145</td>
</tr>
</tbody>
</table>

### Haemodialysis

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<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTALS</strong></td>
<td>34,665</td>
<td>31,248</td>
<td>31,182</td>
<td>31,002</td>
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</tbody>
</table>

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

Note: Neurophysiology is included w.e.f. 2008.

### Table 5: Out-Patient Activity

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>25,754</td>
<td>26,575</td>
<td>30,794</td>
<td>36,420</td>
</tr>
<tr>
<td>Return</td>
<td>100,193</td>
<td>108,775</td>
<td>112,958</td>
<td>117,080</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>125,947</td>
<td>135,350</td>
<td>143,752</td>
<td>153,500</td>
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</table>

### Table 6: A&E - Attendances

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>44,925</td>
<td>44,406</td>
<td>44,655</td>
<td>42,883</td>
</tr>
<tr>
<td>Return</td>
<td>2,359</td>
<td>1,946</td>
<td>1,304</td>
<td>3,009</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>47,284</td>
<td>46,352</td>
<td>45,959</td>
<td>45,892</td>
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</tbody>
</table>
### Table 7: Radiology Activity

<table>
<thead>
<tr>
<th>Speciality</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Examinations</strong></td>
<td>98,827</td>
<td>105,276</td>
<td>104,171</td>
<td>114,451</td>
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<tr>
<td>Ultrasound</td>
<td>7,844</td>
<td>10,248</td>
<td>13,095</td>
<td>16,830</td>
</tr>
<tr>
<td>CT Brain Scan</td>
<td>6,290</td>
<td>6,982</td>
<td>7,122</td>
<td>7,252</td>
</tr>
<tr>
<td>CT Body Scan</td>
<td>12,859</td>
<td>18,287</td>
<td>20,508</td>
<td>18,496</td>
</tr>
<tr>
<td>CT St. Joseph’s</td>
<td></td>
<td></td>
<td>2,438</td>
<td></td>
</tr>
<tr>
<td>Isotope Scans</td>
<td>2,487</td>
<td>2,559</td>
<td>2,413</td>
<td>2,587</td>
</tr>
<tr>
<td>Neurovascular</td>
<td>1,047</td>
<td>1,152</td>
<td>1,358</td>
<td>1,292</td>
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<tr>
<td>Neuroangio</td>
<td>2,891</td>
<td>3,581</td>
<td>4,492</td>
<td>4,899</td>
</tr>
<tr>
<td>MRI</td>
<td>7,953</td>
<td>8,627</td>
<td>7,931</td>
<td>8,551</td>
</tr>
<tr>
<td><strong>Total Examinations</strong></td>
<td>140,198</td>
<td>156,712</td>
<td>161,090</td>
<td>176,796</td>
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<tr>
<td><strong>Total Patients</strong></td>
<td>112,428</td>
<td>108,209</td>
<td>111,839</td>
<td>115,450</td>
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</table>

Above activity represents weighted radiology statistics from 2007 onwards

Note: St. Joseph’s ultrasound is included in the total ultrasound figure above w.e.f. 2008

### Table 8: Total Lab Activity Requests

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Requests</strong></td>
<td>1,726,478</td>
<td>1,818,346</td>
<td>1,942,754</td>
<td>1,897,685</td>
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<tr>
<td>G.P. Referrals</td>
<td>451,475</td>
<td>525,556</td>
<td>570,737</td>
<td>577,185</td>
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</tbody>
</table>

### TABLE 9: Beaumont Hospital Theatre Activity

<table>
<thead>
<tr>
<th>Speciality</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>3884</td>
<td>3892</td>
<td>3,531</td>
<td>3,566</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>1595</td>
<td>1615</td>
<td>1,529</td>
<td>1,580</td>
</tr>
<tr>
<td>Urology</td>
<td>1560</td>
<td>1508</td>
<td>1,579</td>
<td>1,869</td>
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<tr>
<td>ENT</td>
<td>1146</td>
<td>1267</td>
<td>1,184</td>
<td>1,118</td>
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<tr>
<td>Neurosurgery</td>
<td>1582</td>
<td>1859</td>
<td>2,018</td>
<td>1,966</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>370</td>
<td>368</td>
<td>378</td>
<td>319</td>
</tr>
<tr>
<td>Medical Spec</td>
<td>319</td>
<td>235</td>
<td>324</td>
<td>276</td>
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<tr>
<td><strong>Total</strong></td>
<td>10,456</td>
<td>10,744</td>
<td>10,543</td>
<td>10,694</td>
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### St. Joseph’s Theatre Activity

<table>
<thead>
<tr>
<th>Speciality</th>
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<tbody>
<tr>
<td>ENDOSCOPY</td>
<td>1,320</td>
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<tr>
<td>GENERAL</td>
<td>435</td>
</tr>
<tr>
<td>UROLOGY</td>
<td>435</td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td>117</td>
</tr>
<tr>
<td>PLASTIC SURGERY</td>
<td>161</td>
</tr>
<tr>
<td>PAIN RELIEF</td>
<td>203</td>
</tr>
<tr>
<td>ENT</td>
<td>357</td>
</tr>
<tr>
<td>LOCALS</td>
<td>765</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>3,793</td>
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</table>
Table 10: Waiting Lists - In-Patients Waiting >3 Months December

<table>
<thead>
<tr>
<th>Speciality</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgery:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>356</td>
<td>232</td>
<td>157</td>
<td>110</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>43</td>
<td>31</td>
<td>26</td>
<td>12</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>400</td>
<td>260</td>
<td>239</td>
<td>225</td>
</tr>
<tr>
<td>Urology</td>
<td>82</td>
<td>44</td>
<td>25</td>
<td>38</td>
</tr>
<tr>
<td>ENT</td>
<td>120</td>
<td>136</td>
<td>73</td>
<td>33</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>11</td>
<td>23</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Pain</td>
<td>30</td>
<td>13</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td><strong>Medicine:</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>205</td>
<td>131</td>
<td>141</td>
<td>68</td>
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<tr>
<td>Nephrology</td>
<td>4</td>
<td>11</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Neurology</td>
<td>105</td>
<td>177</td>
<td>150</td>
<td>116</td>
</tr>
<tr>
<td>Cardiology</td>
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<td>26</td>
<td>23</td>
<td>13</td>
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<tr>
<td>Haematology</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>1,406</td>
<td>1,086</td>
<td>862</td>
<td>640</td>
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</table>

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

Table 11: Length of Stay - Days

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<thead>
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<th>Year</th>
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<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ave LOS</td>
<td>9.7</td>
<td>9.1</td>
<td>10.1</td>
<td>10.2</td>
<td>10.3</td>
<td>11.1</td>
<td>11.3</td>
<td>11</td>
<td>10.6</td>
<td>11</td>
<td>11</td>
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</table>

Table 12: Cardiac Intervention Suite

<table>
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<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>AICD</td>
<td>73</td>
<td>87</td>
<td>106</td>
<td>90</td>
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<tr>
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<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>ANGIOGRAM TOTAL</td>
<td>1,757</td>
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<td>1,461</td>
<td>1,447</td>
</tr>
<tr>
<td>E.P. STUDIES</td>
<td>17</td>
<td>10</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>E.P. STUDY WITH RADIO FREQUENCY ABLATION</td>
<td>15</td>
<td>8</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>IVUS TOTAL</td>
<td>31</td>
<td>33</td>
<td>22</td>
<td>25</td>
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<tr>
<td>LOOP RECORDER</td>
<td>57</td>
<td>67</td>
<td>58</td>
<td>35</td>
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<td>MISCELLANEOUS</td>
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<td>24</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>NON CORONARY STENTING (RENAI STENTS)</td>
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<td>8</td>
<td>2</td>
<td>1</td>
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<tr>
<td>PACEMAKER TOTAL</td>
<td>241</td>
<td>155</td>
<td>188</td>
<td>204</td>
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<td>PFO/ASD Closures</td>
<td>21</td>
<td>14</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>PLAATO</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESSURE WIRE/FFR</td>
<td>32</td>
<td>33</td>
<td>31</td>
<td>43</td>
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<td>PTCA TOTAL</td>
<td>539</td>
<td>417</td>
<td>447</td>
<td>511</td>
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<td>RENAL ANGIOGRAMS</td>
<td>64</td>
<td>29</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>RIGHT &amp; LEFT HEART</td>
<td>106</td>
<td>111</td>
<td>117</td>
<td>169</td>
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<tr>
<td>STENTS USED PER MONTH</td>
<td>1,206</td>
<td>1,062</td>
<td>1,023</td>
<td>1,039</td>
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<td>VALVUOLPLASTY</td>
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</table>
**Table 1: Admissions**

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<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>20971</td>
<td>22147</td>
<td>21833</td>
<td>21789</td>
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</table>

**Table 2: Admissions by Hospital Catchment and Non-Catchment Areas**

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical</th>
<th>Surgical</th>
<th>ENT</th>
<th>N/S</th>
<th>Neph &amp; Urology</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>231,099</td>
<td>235,663</td>
<td>238,989</td>
<td>45,145</td>
<td>4,514</td>
<td>52,287</td>
</tr>
<tr>
<td>2007</td>
<td>238,989</td>
<td>240,611</td>
<td>45,145</td>
<td>4,514</td>
<td>52,287</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>40,776</td>
<td>45,145</td>
<td>52,287</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>45,145</td>
<td>52,287</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 3: Bed Days Used**

<table>
<thead>
<tr>
<th>Year</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>231,099</td>
<td>235,663</td>
<td>238,989</td>
<td>240,611</td>
</tr>
</tbody>
</table>

**Table 4: DAY CASE PROCEDURES**

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical</th>
<th>Surgical</th>
<th>ENT</th>
<th>N/S</th>
<th>Neph &amp; Urology</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>36,243</td>
<td>38,219</td>
<td>40,776</td>
<td>45,145</td>
<td>4,514</td>
<td>52,287</td>
</tr>
<tr>
<td>2007</td>
<td>38,219</td>
<td>40,776</td>
<td>45,145</td>
<td>52,287</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>40,776</td>
<td>45,145</td>
<td>52,287</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>45,145</td>
<td>52,287</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Table 5: Out-Patient Activity**

<table>
<thead>
<tr>
<th>Year</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>125,947</td>
<td>135,350</td>
<td>143,752</td>
<td>153,500</td>
</tr>
</tbody>
</table>

**Table 6: A&E - Attendances**

<table>
<thead>
<tr>
<th>Year</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>125,947</td>
<td>135,350</td>
<td>143,752</td>
<td>153,500</td>
</tr>
</tbody>
</table>
Director of Nursing Report
The nursing service at Beaumont Hospital continued during 2009 to demonstrate its commitment to the delivery of quality and safe patient care which is evidence based and in line with best practice. Nursing staff have been involved in and led various projects and initiatives in service improvements, policy development, practice development, audits, education and training.

NURSING STRATEGY
Work commenced and is ongoing on preparing a strategy for nursing.

CLINICAL DIRECTORATES.
Three clinical directorates were established in July 2009. These were Medical, Renal/Urology/Transplantation and Neurosciences/ENT and Cochlear Implantation. Work is ongoing to devolve authority and responsibility to the directorates.

TURNOVER OF NURSING STAFF
Nursing turnover decreased to 7.4% in 2009. This compares with a nursing turnover of 7.8% in 2008 and 12.5% in 2007.

NURSING STAFF COMPLEMENT
Every effort was made to attain the WTE complement of 1014.5 RGNs during 2009.

<table>
<thead>
<tr>
<th>Wholetime equivalent complement</th>
<th>1014.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments</td>
<td>26.5</td>
</tr>
<tr>
<td>Resignations</td>
<td>76.04</td>
</tr>
</tbody>
</table>

26.5 nurses were appointed. 76.04 RGNs resigned, of which 24.5 were non-EU nationals. (Non-European nurses comprise 32% of the total nursing complement).

The rostered students filled some of the vacancies; however, the number of vacant posts on the wards has decreased. Staff are also required to fill maternity locums. These were usually filled from nursing bank, agency and overtime.

NURSE MEDICINAL PRODUCT PRESCRIBING
The introduction of nurse medicinal product prescribing has been a significant development in the delivery of patient care that is safe and effective. Since this was introduced in Beaumont Hospital 14 nursing personnel have participated in the Nurse Prescribing Programme. There are four registered nurse prescribers, one working in each of the following specialties: epilepsy, migraine, diabetes and minor injuries. Four candidate nurse prescribers have successfully completed the programme and await registration. Another six candidate nurse prescribers commenced the October 2009 programme.

As part of its regulatory function, An Bord Altranais carried out a site visit to Beaumont Hospital to assess nurse medicinal product prescribing in accordance with its requirements and standards. Feedback from An Bord Altranais was extremely positive with some minor recommendations. We also welcomed nursing colleagues from Japan and Canada who were keen to learn about the nurse medicinal product prescribing process and the experiences of some of the registered nurse prescribers in Ireland.

NURSE PRESCRIBING (IONISING RADIATION)
A national committee was set up to review systems and protocols within which nurses would order x-rays within his/her scope of practice. Three candidate advanced nurse practitioners in the Emergency Department successfully completed the course.

DAFFODIL CENTRE
A committee was formed with staff from the Irish Cancer Society and Beaumont Hospital to set up an information centre for cancer patients. This will be a support for all cancer patients and their relatives attending the hospital. The centre will be managed by a trained cancer nurse, employed by the Irish Cancer Society with support from trained volunteers. The role of the volunteer will be to make visitors to the centre welcome and show them the range of information available. They will also bring patients/visitors to their hospital appointments or services. A Memorandum of Agreement has been signed with the Irish Cancer Society.

NURSING RETIREMENTS:
- Pauline McDonnell Staff Nurse
- Mary White Student Allocations Officer
- Geraldine Duncan CNM2
- Evelyn Rooney CNM2
- Josephine McManus CNM2
- Fainsia Mee CNM2
- Helen Cleary CNM2
- Mary Cooper Staff Nurse
- Liz O’Hara CNM2
- Mary Marley O’Farrell Staff Nurse

The Department of Nursing acknowledges the dedication of the above staff and the many years of service they gave to patient care.
care in the hospital. We wish them many happy and healthy years in retirement.

PROFESSIONAL DEVELOPMENT FOR CLINICAL NURSE MANAGERS

In order to maintain a high quality service there has been an active participation by nursing staff in many of the specialist practice programmes and post graduate diploma programmes held in conjunction with RCSI. Nursing staff also attended in-service education, professional development and conferences and workshops.

Management and development programmes, facilitated by Beaumont Hospital for all multidisciplinary staff, were attended by divisional nurse managers, out-of-hours nurse managers and clinical nurse managers.

There are now 26 clinical nurse specialists in the hospital.

NURSING BANK

The nursing bank is a very valuable nursing and healthcare assistant resource. The numbers in the bank increased considerably in 2009. This was due to the economic climate and the greater availability of staff. By the year end there were 52 WTE nursing posts and 16 healthcare assistant WTE posts in the bank.

Strengths of the nursing bank are:

• Same entitlements as hospital employees.
• Staff familiar with policies/procedures of the hospital.
• Competent workforce.
• Contributed to the nursing budget saving for 2009.

ST. JOSEPH’S, RAHENY

The Department of Nursing continued to embrace the management of nursing services in St. Joseph’s Hospital Raheny. The unit is a great support to Beaumont with its extension of services and assistance with the great demands on the bed management service.

NURSING RECOGNITION

• 64 Nurses graduated and received their nursing hospital badge
• 26 received Higher Diplomas Certificates
• 49 received Special Practice Certificates

PRIZE WINNING NURSING RESEARCH PROJECTS AWARDS:

(1) The Sheppard Trust – “Ineffective Airways Clearance in Patients with Tracheostomy”
(3) The Josephine Bartley Award. (Student Award).
(4) Ann Mulligan Bursary for the Post Graduate Diploma in Oncology Nursing.
(5) Patricia Roche Bursary – “Weaning from Ventilation”.

ROCKFIELD UNIT

The dedicated staff of Rockfield continued to provide excellent care for the 33 residents, providing many extra curricular activities like parties, exercise classes, newspaper reading, etc. The nursing staff have extended their role to ensure the residents do not have to return to Beaumont Hospital for IV cannulation, antibiotics and blood transfusion.

COMMUNICATION PATHWAY

The communication pathway of regular meetings with divisional nurse managers and out-of-hours assistant directors of nursing continued. To supplement this, staff nurse focus group meetings were held monthly for staff randomly selected by birth date to meet informally with the Director of Nursing to share thoughts about what is happening within Beaumont Hospital, to raise any questions or concerns, or make suggestions for improvements for patients or staff.

HOSPITAL FRIENDLY HOSPITALS PROGRAMME

The aim of this programme is to mainstream hospice principles into hospital practice, and to make hospitals more ‘friendly’ towards dying, death and bereavement.

During phase 1 of the programme, the first ever national audit of end-of-life care in hospitals in Ireland was undertaken – Beaumont Hospital was part of this audit.

The newly-developed quality standards for end-of-life care in hospitals, which are supported by HIQA, have to be implemented. An opportunity now exists for the hospital to both learn from the audit, be guided by the standards, and give leadership on ways to improve end-of-life care. The focus of phase 2 will be on ensuring sustainability by making end-of-life care central to the work of the hospitals. A key aspect of sustainability will be the introduction of development plans to guide implementation of the quality standards.

HEALTHCARE ASSISTANTS

There are 101 healthcare assistants currently working in Beaumont Hospital (89 whole-time equivalents). To date, 56 healthcare assistants have completed the FETAC course.

Plans are progressing to facilitate the ‘activities of daily living’ module in 2010.

Ongoing education is a key priority for the development of healthcare assistants. A programme is in place to ensure this. With the establishment of the directorates, management of the healthcare assistants is being devolved to the relevant directorates.

CONCLUSION

I would like to thank my colleagues in the Department of Nursing – divisional nurse managers, out-of-hours nursing staff, clinical nursing and healthcare assistant staff and the administration staff for their co-operation and support during the past year. I wish to
acknowledge their commitment and dedication to patient care in the hospital.

CORPORATE NURSING SERVICES

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, audit and action.

There are five nursing staff working in this department. The team 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.

Infection Control Committee (ICC). The Infection Control Committee is a multi-disciplinary committee that includes senior management representation and meets four times a year. The committee advises and supports the IPC team and reports to the Chief Executive and to the Medical Board.

Infection Prevention and Control week was held from October 19-23, 2009.

PROFESSIONAL

One staff member successfully completed the specialist post graduate diploma programme. The team attended various educational events both nationally and internationally.

PRESENTATIONS

The team attended and presented posters and oral presentations at various national and international conferences such as: Don’t Panic Conference in Sheffield: Infection Prevention Society Annual Conference, Harrogate: Annual International Nursing and Midwifery Conference, RCSI: Annual Republic of Ireland Branch IPS Conference, Athlone.

ACHIEVEMENTS

2009 was an eventful year for the team. Together with others throughout Beaumont and St Joseph’s Hospitals, we maximised our efforts to prevent and control infection.

a. Hygiene

A programme of placement of clinical hand hygiene facilities continued. Nonetheless, further improvement is required to maximise this intervention to prevent and control healthcare-associated infection (HCAI).

Other improvements were made in improving the facility to isolate patients colonised/infected with alert organisms with the creation of designated cohort units.

The hospital continued efforts to improve and sustain hygiene standards and although the Health Information and Quality Authority (HIQA) did not visit the site, internal auditing continued with a number of multidisciplinary staff involved in the process.

Disappointingly, hand hygiene observational audit scores for 2009 decreased to 59% from 69% in 2008.

b. Surveillance / MRSA

Surveillance programmes on alert organisms including, tuberculosis, MRSA, Vancomycin-resistant enterococci (VRE), Clostridium difficile and bloodstream infections (BSI), continued through the year. The year saw a number of outbreaks of Norovirus.

The prevention and control of MRSA continues to remain challenging. The hospital MRSA bloodstream infection rates decreased significantly in 2009 with rates lower than the national average for the first time in many years. End-of-month point prevalence data on MRSA cases has showed a decrease in the overall numbers of MRSA colonised patients during 2009.

A care bundle for the management peripheral intravenous lines was piloted successfully in late 2009 on three wards. This bundle will be rolled out to all areas in early 2010.

In May 2009, the WHO declared a pandemic of influenza H1N1. Beaumont Hospital along with other hospitals in Ireland commenced surveillance of H1N1. From the August 1 until December 31, 2009 there were 370 cases of influenza-like illness (ILI) presenting to the hospital of which 271 presented to the Emergency Department (ED). Twelve of these patients required admission, 37 were laboratory confirmed as H1N1, and three patients died. The provision of on-site laboratory diagnostic facilities assisted in the prompt clinical management of patients and in their isolation/cohorting.

c. Audit

The following audits were done by the IPCT:

- Glucometry point of care testing audit
- Sluice room hygiene
- Hand hygiene
- MRSA patient-awareness and documentation audit
- Decontamination – endoscope, patient equipment: traceability

The team also participated in weekly multidisciplinary hospital hygiene audits.

d. Policy / guidelines

The following guidelines were formulated with input from other disciplines in the hospital in 2009:

- Guidelines for the prevention of healthcare-associated invasive aspergillosis during demolition/construction/ renovation activities
- Policy on placement and management of patients colonised or infected with MRSA in designated cohort isolation units
- Guideline on prevention of intravascular catheter infection
- Policy on control of an outbreak of transmissible infection
The IPCT also gave advice to many other services in the hospital on particular aspects of their policy development involving infection prevention and control.

**e. Education and Training**

Educational sessions were provided by the team to a wide range of hospital staff. Infection prevention and control education is also delivered to undergraduate students both medical and nursing. The team co-ordinates and monitors training carried out by external companies who are on a supply contract with the hospital. Representatives provide evidence of ongoing training on products they supply.

In 2009 a large number of staff received training (Table 1) on issues relating to the prevention and control of infection. Corporate induction is now mandatory for all new staff. Training on standard precautions is now part of the corporate induction programme.

![Table 1](image)

<table>
<thead>
<tr>
<th>Education programme</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand hygiene</td>
<td>1327 (69 sessions)</td>
</tr>
<tr>
<td>Corporate induction (standard precautions)</td>
<td>995</td>
</tr>
<tr>
<td>Standard precautions training</td>
<td>184</td>
</tr>
<tr>
<td>Personal protective equipment, isolation</td>
<td>214</td>
</tr>
<tr>
<td>MRSA</td>
<td>45</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>41</td>
</tr>
<tr>
<td>Aseptic non-touch technique</td>
<td>30 trainers + 105 ward staff</td>
</tr>
<tr>
<td>Chlorprep application (by supplier)</td>
<td>40</td>
</tr>
<tr>
<td>IV study</td>
<td>89</td>
</tr>
<tr>
<td>Influenza H1N1</td>
<td>1958 (1758 + 200 medical staff) Includes St Joseph’s &amp; Rockfield, 108 sessions</td>
</tr>
<tr>
<td>Venepuncture &amp; cannulation (Interns)</td>
<td>48</td>
</tr>
<tr>
<td>Postgraduate nursing diploma programs</td>
<td>28</td>
</tr>
<tr>
<td>Specialist nursing practice program 2</td>
<td>13</td>
</tr>
<tr>
<td>Sharps (training by contractor)</td>
<td>138</td>
</tr>
</tbody>
</table>

**CENTRE OF NURSE EDUCATION 2009**

**Bernie Kerin - Senior Education Coordinator**

Eight post-registration programmes leading to the award of postgraduate diploma in nursing took place in partnership between Beaumont Hospital and the Faculty of Nursing and Midwifery, RCSI.

Six of the above programmes were reviewed in accordance with the NQAI framework. The curricula have been developed to encourage the integration of theories and concepts from a number of disciplines in order to engender a deep understanding of nursing practice and its role within an interdisciplinary workforce. All were once again accredited and validated by the National University of Ireland (NUI) and approved by An Bord Altranais (ABA). This process had been undertaken for the other two programmes in 2008. All programmes are offered within a modular framework with the application of ECTS. Blended learning was commenced to deliver some components of all modules allowing students greater flexibility.

Six specialist practice programmes took place in 2009. These were in haemodialysis, medical and surgical nursing and have been approved by An Bord Altranais.

Two return-to-nursing practice courses took place in conjunction with the HSE, Northern Region.

A number of nursing updates related to clinical practice took place each month throughout the year. These covered a range of topics to meet service needs and enhance patient care. All have been approved by An Bord Altranais.

**NURSING PRACTICE DEVELOPMENT UNIT**

**Nursing Practice Development Co-ordinator: Susan Hawkshaw**

**Nursing Practice Developments:**

All members of the nursing practice development team, the clinical practice support nurses and many clinical nursing staff took an active part in developing nursing practice in 2009.

The evaluation phase of the nursing documentation project was implemented, with quarterly audits completed. The standards of documentation increase by an average of 15% this year.

The expansion of nurses’ roles continued in line with service needs: nurse prescribing, venepuncture and cannulation, nurse-led discharge pilot, re-insertion of gastrostomy tubes are some examples of areas where nurses expanded their roles.

A number of new clinical practice guidelines and policies were introduced or updated covering Guidelines on Documenting Nursing Care (2009), Adult Venepuncture by Registered Nurse (2009), Medication Management Policy (2009).

**Undergraduate Student Nurse Education**

The nursing practice development team continues to work in collaboration with Dublin City University in the provision of the BSc General Nursing Programme.

The nursing team facilitated the clinical learning experience of 344 undergraduate student nurses. A total of 64 students have successfully completed their programme and are ready for registration with An Bord Altranais.

This year the clinical placement co-ordinators (CPC’s) and student allocation officer facilitated and supported another transition in the BSc Nursing Curriculum whereby fourth years students completed a 36 week internship for the first time. Seven external students from St. Angela’s College, Sligo, completed their internship in Beaumont Hospital, bringing the total number of intern students to 73.

To enhance the students learning opportunities, two further clinical placement areas were developed; these included the endoscopy suite and theatre in St Joseph’s Hospital.
TISSUE VIABILITY CLINICAL NURSE SPECIALIST SERVICE

The tissue viability clinical nurse specialists (TVN) reviewed 2,044 patients in 2009. They provided expert advice on tissue damage, complex wounds, ulcers and diabetic foot ulcers. The TVN service continues to participate in this monthly multidisciplinary clinic for patients with diabetes and foot ulcers.

A new tissue viability intranet site has been launched this year. All staff in the hospital can access information regarding wound care including the new national wound care guidelines and all relevant documentation is available here.

The service conducted a wound audit to examine appropriate dressing usage. This has led to changes to the dressing selection flow chart and the removal of old dressings will be replaced with new, current dressings. An estimated €33,000 will be saved in 2010.

Three pressure ulcer prevalence audits were carried out, with a mean prevalence for 2009 of = 4.9% which is a reduction from 7.4% in 2008.

Beaumont Hospital Foundation allocated money for two projects in tissue viability:
- A Versajet Hydrotherapy system (a hydro surgery system) to debride wounds. This system affords the hospital an opportunity to dramatically reduce expenditure and time spent surgically debriding both chronic and acute wounds.
- 20 new pressure redistributing mattresses (Atmosair) were obtained for the Emergency Department.

The service provided education for over 390 interdisciplinary staff member and communities partners in all aspects of tissue viability.

The TVN service continues to promote wound link nurses throughout Beaumont Hospital with over 20 Staff nurses and CNM’s are involved.

CONTINUING EDUCATION

A number of continuing education programmes were coordinated and/or run for nursing/interdisciplinary staff and in total 720 nurses attended these programmes.

The table below gives an outline of the courses and attendance.

<table>
<thead>
<tr>
<th>Courses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation for New Nurses</td>
<td>44</td>
</tr>
<tr>
<td>Blood Transfusion</td>
<td>110</td>
</tr>
<tr>
<td>IV Study Day</td>
<td>91</td>
</tr>
<tr>
<td>Venepuncture</td>
<td>70</td>
</tr>
<tr>
<td>Cannulation</td>
<td>55</td>
</tr>
<tr>
<td>Preceptorship Course</td>
<td>67</td>
</tr>
<tr>
<td>Tracheostomy Study Day</td>
<td>32</td>
</tr>
<tr>
<td>Surgical Study Day</td>
<td>60</td>
</tr>
<tr>
<td>ECG Interpretation</td>
<td>31</td>
</tr>
</tbody>
</table>

CONFERENCE PRESENTATIONS

Suji Kumaran
- Presented a poster on research titled “Standing on their own feet” The experience of role transition from student to newly qualified nurse- An Irish Perspective. RCSI Nursing Research Conference.

Emma Cullen Gill

Julie Jordan O’Brien
- Poster presentation at WMACL “Prevalence and Incidence of Pressure Ulcers in the acute care setting” Annual Conference, Athlone October 2009
- Oral presentation and workshop at the EPUAP conference, “Repositioning in pressure ulcers Evidence in clinical practice” Amsterdam, September 2009
- Oral presentation at the RCS master class, “The Audit Cycle a Clinical Experience” Dublin, June 2009
- Oral presentation at the EWMA conference, “Documentation of pressure ulcers in an orthopaedic and care of the older adult setting” Helsinki, Finland, May 2009
- Oral presentation at the 28th International Nursing and Midwifery Research Conference, RCSI “Documentation of pressure ulcers in an orthopaedic and care of the older adult setting, February 2009

AUDITS FROM THE NPDU:
- Standard of nursing documentation - quarterly
- Prevalence of pressure ulcers X 3.
- SWOT evaluation of the rostered year for BSc students
- Audit of CPC Role
- Audit of nasogastric feeding practices.
Finance Report
INTRODUCTION

In terms of finance, 2009 was a particularly challenging year with an opening funding gap of €11.8 million. A major increase in retirements, substantial growth in long-stay patient numbers, and increased spending on clinical costs added to the pressures as the year progressed. However, a robust cost containment programme, helped by a general easing of inflation, enabled the hospital to emerge with a small surplus, while protecting and expanding its services to patients.

FINANCIAL OUTCOME

The financial outcome for the year showed a cumulative surplus of €1.786m, compared to a surplus of €3.597m at the end of 2008. Of the closing surplus, €1.530m (86%) arose from cancer programme funding, which was committed but not spent by year-end.

Gross expenditure in the year grew by €9.756m (2.9%). This level of increase is very low by historical standards and is particularly satisfactory when account is taken of a number of significant cost pressures, principally:

- Carry over costs from the 2008 wage rounds €4.500m
- The consultants’ new contract €4.200m
- Additional pension lump sums €1.856m
- Additional clinical costs €3.000m

The combination of low growth in gross expenditure, buoyant income and receipts from the pension levy caused net expenditure to fall by €6.218m (2.2%). Excluding the effect of pension levy receipts (€10.343m), net expenditure showed a rise of €4.125m (1.5%).

FUNDING

The hospital receives separate allocations from HSE in respect of revenue and capital expenditure.

The hospital’s revenue allocation for 2009 was €274,944m, down by €13.256m (4.6%) from the 2008 total. The capital allocation for the year was €9,515m, down by €9.107m (48.9%) from the 2008 figure.

REVENUE FUNDING

The 2009 revenue allocation was reduced by a number of deductions:

- Claw back of pension levy €10.624m
- General allocation cut €10.142m
- Increases in public hospital charges €4.101m
- Once-off allowances discontinued €1.700m

The main additions were:

- Pay increases under national pay agreements and increments €5.065m
- Costs of consultants’ new contract €3.921m
- Cancer programme funding €2.489m
- Service developments €1.473m
- Non-pay inflation €0.606m

CAPITAL FUNDING

The reduction in capital funding in 2009 reflects the life-cycle stage of major projects on which expenditure peaked in 2008.

The most significant capital projects in 2009 were:

- Medical Admissions Unit/HDU €4.245m
- Mammography Unit €1.001m
- Cystic Fibrosis Day Unit €0.787m
- Hepatitis C Day Centre €0.726m
- Infection Control €0.719m

DEVELOPMENTS

A number of important clinical developments were progressed or completed in 2009, including:

- Symptomatic Breast Services
- Living-Related Donor Transplant
- Cystic Fibrosis Out Patient
- Expansion of Neurosurgery

INCOME AND EXPENDITURE ACCOUNT

PAY COSTS

Pay costs (including superannuation) increased by €8.824m (3.8%) for the following main reasons:

- Carryover costs from the 2008 pay increase.
- Costs of the consultants’ new contract
- Increments
- Continued investment in clinical developments including neurosurgery/ neurophysiology, living-related donor transplants and the National Cancer Control Programme.
An increase of 24.8% in pensions, caused by a sharp increase in retirements arising from concerns about potential changes to tax treatment and calculation of pensions. These factors would have given rise to an increase in pay costs in excess of €15.0m (6.6%). However, this increase was mitigated by a very strict programme of cost control covering headcount, overtime, agency costs and every aspect of pay.

NON-PAY EXPENDITURE
Non-Pay expenditure grew by €0.932m (0.08%). This modest increase was a product of low inflation and rigorous cost control. Reflecting the hospital's cost control programme, 55% of all non-pay categories were below the previous year levels.

Direct patient care costs grew by €2.922m (5.0%) for two main reasons:

- Continued growth in usage of high-cost antibiotics (12%) and oncology drugs (13%) increased the overall cost of medicines by 2.9%.
- Medical equipment costs rose by €1.192m as the hospital spent some of its savings on the most urgent replacements of medical equipment.

Direct patient care as a proportion of non-pay spending, rose from 51.3% to 53.4%.

Support services costs fell by €1.120m (3.4%) due mainly to:

- A fall in laboratory costs of €0.483m (6.2%) reflecting a number of successful cost-saving initiatives in this area.
- A fall in catering costs of €0.340m due to a general fall in food prices.
- Falling energy prices which brought costs down by €0.612m (20%).

Building costs rose by €0.321m as the hospital devoted part of its savings to high priority upgrades to wards and buildings.

Financial and administrative costs fell by €0.770m (3.8%) due mainly to:

- A fall of €0.395m in the transfer to the car park sinking fund. This is matched by a scheduled reduction in sinking fund income and had no overall effect on the Income and Expenditure account.
- A fall in professional services of €0.672m (50%) due to rigorous controls on the use of external consultants.
- A fall in shop and restaurant purchases €0.321m (10.8%)
- A fall of €0.178m in office expenses due to reduced telecommunications costs.

The standard formula for bad debt provisioning was extended to include insurance debtors, which led to a once-off increase of €0.842m in the bad debts charge for the year.

TAXATION
The taxation provision of €792,000 in the Balance Sheet arises from income of the Multi-Storey Car Park Car Park which was received 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 have raised an assessment of €969,634 for all periods up to December 31, 2002. The Appeals Commissioners have indicated that a hearing will be held shortly and the hospital has lodged its submission.

LIQUIDITY
The hospital had a net cash inflow of €2.383m. The main components were:

Inflows
- Capital grants from HSE: €16.322m.
- Sinking fund payments by the car park operator: €0.764m
- Interest and other movements: €0.138m.

Outflows
- A fall in the operating surplus: €1.811m.
- Capital expenditure payments: €9.265m.
- Working capital increase: €3.765m.

A major cause of the increase in working capital was a fall in creditors of €3.065m which following a sharp rise in the previous year. In addition, amounts due from HSE and non-HSE debtors rose by €0.774m and €0.580m respectively.

During 2009 the hospital decreased its dependence on overdraft funding by €3.949m to €15.491m. This level represented 72% 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 2009 was €135.685m (2008: €130.125m). This comprised fixed assets (at net book value) €133.541m, current assets, €71.224m, current liabilities, €59.398m and long-term liabilities, €9.791m.

Of the cash balances shown in the Balance Sheet, €7.345m (99%) represents the balance on the Multi-Storey Car Park sinking fund account. Under the Multi-Storey Car Park Agreement, these funds are not available for use by the hospital until 2013 and then may be used only to exercise the hospital’s option to acquire title to the Multi-Storey Car Park.

SIGNIFICANT ISSUES
Funding for equipment replacement and building maintenance continues to be a major problem. Due to lack of a realistic equipment programme replacement cycles are unrealistically long and ultimately unsustainable.

FINANCE DEVELOPMENTS
The most important development priorities for the Finance function are:

- Operation of effective cost, revenue and cash management controls: In the context of continually reducing allocations this is the overriding priority and will remain so for the foreseeable future.
- Support for Clinical Directorates: The Finance function has supported the roll-out of the directorate structure and will continue to refine and expand its services particularly in the areas of cross-charging and devolved budgetary control.
- Costing: The Finance function delivered patient level costing in 2009 (for the year 2008) and is currently preparing 2009 patient level costs. The data sources continue to be improved and the hospital is at a point where delivering business value as distinct from delivering the system will grow as a priority.

Separately Beaumont participated in the national pilot of the Patient Costing System in 2010.

- Debtors and Debt Collection: The final phase of the finance upgrade comprising Patient Billing, Debtors and Cash Management is well advanced and will be complete in 2010, giving major advantages over the existing legacy systems. In conjunction with this, a major priority is to significantly reduce the timescales for sign-off and collection of insurance debtors.
- The Upgrade of the Payroll system: This is continuing and will finish in 2010 and will deliver significantly improved payroll procedures and controls. It will provide a platform for the implementation of an integrated HR and Salaries system.
# Revenue Income & Expenditure Account

**Year Ended 31st December 2009**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2009 €’000</th>
<th>2008 €’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff Costs</strong></td>
<td></td>
<td></td>
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<tr>
<td>Salaries</td>
<td>1</td>
<td>224,905</td>
</tr>
<tr>
<td>Superannuation</td>
<td>1</td>
<td>12,631</td>
</tr>
<tr>
<td><strong>Non-Pay Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Patient Care</td>
<td>2</td>
<td>59,082</td>
</tr>
<tr>
<td>Support Services</td>
<td>2</td>
<td>32,026</td>
</tr>
<tr>
<td>Financial and Administrative Costs</td>
<td>2</td>
<td>19,570</td>
</tr>
<tr>
<td>Expenditure for the year</td>
<td></td>
<td>348,214</td>
</tr>
<tr>
<td>Income for year</td>
<td>3</td>
<td>71,459</td>
</tr>
<tr>
<td>Net expenditure for the year</td>
<td></td>
<td>276,755</td>
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<tr>
<td><strong>Taxation</strong></td>
<td></td>
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</tr>
<tr>
<td>Allocation for the year</td>
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<td>274,944</td>
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<tr>
<td><strong>Deficit / (Surplus) for the Year</strong></td>
<td></td>
<td>1,811</td>
</tr>
<tr>
<td>Cumulative Revenue Deficit / (Surplus) from previous year</td>
<td></td>
<td>(3,597)</td>
</tr>
<tr>
<td><strong>Cumulative Revenue Deficit / (Surplus) at End of Year</strong></td>
<td></td>
<td>(1,786)</td>
</tr>
<tr>
<td>Notes</td>
<td>2009</td>
<td>2008</td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>€’000</td>
<td>€’000</td>
<td>€’000</td>
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<tr>
<td><strong>FIXED ASSETS</strong></td>
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<td></td>
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<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>133,541</td>
<td>126,882</td>
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<td><strong>CURRENT ASSETS</strong></td>
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<td>Debtors</td>
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<td>Bank/Cash Balance</td>
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<td>71,224</td>
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<td><strong>CURRENT LIABILITIES</strong></td>
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<td>Creditors</td>
<td>43,115</td>
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<td>Bank Overdraft / Loan</td>
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<td>19,440</td>
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<td>Finance Leases</td>
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<td></td>
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<td>792</td>
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<td><strong>NET CURRENT ASSETS / LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11,826</td>
<td>13,034</td>
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<td><strong>LONG TERM LIABILITIES</strong></td>
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<td></td>
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<td>9,417</td>
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<td><strong>NET ASSETS</strong></td>
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<tr>
<td></td>
<td>135,576</td>
<td>130,125</td>
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<td><strong>FINANCED BY:</strong></td>
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<td></td>
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<tr>
<td>Non-Capital Income &amp; Expenditure Account (Deficit) / Surplus</td>
<td>1,786</td>
<td>3,641</td>
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<tr>
<td>Capital Income &amp; Expenditure Account (Deficit) / Surplus</td>
<td>358</td>
<td>(354)</td>
</tr>
<tr>
<td>Capitalisation Account</td>
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<td>126,882</td>
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<tr>
<td></td>
<td>135,685</td>
<td>130,169</td>
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### 2009 EXPENDITURE

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>€'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management / Administration Pay</td>
<td>9%</td>
<td>29,325</td>
</tr>
<tr>
<td>Medical / Dental Pay</td>
<td>18%</td>
<td>64,298</td>
</tr>
<tr>
<td>Nursing Pay</td>
<td>25%</td>
<td>80,793</td>
</tr>
<tr>
<td>Paramedical Pay</td>
<td>9%</td>
<td>29,640</td>
</tr>
<tr>
<td>Support Services Pay</td>
<td>5%</td>
<td>16,799</td>
</tr>
<tr>
<td>Maintenance / Technical Pay</td>
<td>1%</td>
<td>4,050</td>
</tr>
<tr>
<td>Superannuation</td>
<td>3%</td>
<td>12,631</td>
</tr>
<tr>
<td>Direct Patient Care</td>
<td>17%</td>
<td>59,082</td>
</tr>
<tr>
<td>Support Services</td>
<td>9%</td>
<td>32,026</td>
</tr>
<tr>
<td>Financial and Administration Pay</td>
<td>4%</td>
<td>19,570</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>100%</td>
<td>348,214</td>
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### 2009 INCOME

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>€'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private/semi-private charges</td>
<td>27%</td>
<td>18,948</td>
</tr>
<tr>
<td>Statutory In-Patient Charges</td>
<td>4%</td>
<td>2,787</td>
</tr>
<tr>
<td>Out-patient Charges ( including A&amp;E and MRI)</td>
<td>1%</td>
<td>924</td>
</tr>
<tr>
<td>RTA receipts</td>
<td>1%</td>
<td>928</td>
</tr>
<tr>
<td>Sundry In-patient charges</td>
<td>0%</td>
<td>239</td>
</tr>
<tr>
<td>Recoverable costs</td>
<td>20%</td>
<td>14,127</td>
</tr>
<tr>
<td>Superannuation</td>
<td>13%</td>
<td>9,345</td>
</tr>
<tr>
<td>Pension Levy</td>
<td>14%</td>
<td>10,343</td>
</tr>
<tr>
<td>Other Payroll deductions</td>
<td>2%</td>
<td>1,760</td>
</tr>
<tr>
<td>Retail / Car Park receipts</td>
<td>8%</td>
<td>5,977</td>
</tr>
<tr>
<td>Canteen receipts</td>
<td>2%</td>
<td>1,184</td>
</tr>
<tr>
<td>Income from Research Funds</td>
<td>5%</td>
<td>3,537</td>
</tr>
<tr>
<td>Other Income</td>
<td>2%</td>
<td>1,360</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>100%</td>
<td>71,459</td>
</tr>
</tbody>
</table>
### Notes to the Financial Statements

**FOR THE YEAR ENDED 31ST DECEMBER 2009**

#### 1 STAFF COSTS

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Administration</td>
<td>29,325</td>
<td>28,915</td>
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<tr>
<td>Medical / dental</td>
<td>64,298</td>
<td>59,289</td>
</tr>
<tr>
<td>Nursing</td>
<td>80,793</td>
<td>80,259</td>
</tr>
<tr>
<td>Paramedical</td>
<td>29,640</td>
<td>29,006</td>
</tr>
<tr>
<td>Support Services</td>
<td>16,799</td>
<td>16,713</td>
</tr>
<tr>
<td>Maintenance / Technical</td>
<td>4,050</td>
<td>4,367</td>
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<tr>
<td><strong>Total</strong></td>
<td>224,905</td>
<td>218,549</td>
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<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superannuation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pensions and refunds</td>
<td>8,866</td>
<td>8,210</td>
</tr>
<tr>
<td>Gratuities and lump sums</td>
<td>3,765</td>
<td>1,909</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12,631</td>
<td>10,119</td>
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</table>

**Total** 237,536 228,668

#### 2 NON-PAY EXPENDITURE

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Patient Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs and medicine</td>
<td>22,381</td>
<td>21,745</td>
</tr>
<tr>
<td>Blood and blood products</td>
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<td>4,508</td>
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<tr>
<td>Medical and surgical supplies</td>
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<td>26,109</td>
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<tr>
<td>Medical equipment</td>
<td>5,090</td>
<td>3,898</td>
</tr>
<tr>
<td>Supplies &amp; contract med. equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>59,082</td>
<td>56,260</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray/imaging</td>
<td>4,760</td>
<td>4,773</td>
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<tr>
<td>Laboratory</td>
<td>7,284</td>
<td>7,767</td>
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<tr>
<td>Catering</td>
<td>2,775</td>
<td>3,115</td>
</tr>
<tr>
<td>Heat, power, light</td>
<td>2,465</td>
<td>3,062</td>
</tr>
<tr>
<td>Cleaning and washing</td>
<td>6,576</td>
<td>6,511</td>
</tr>
<tr>
<td>Furniture, crockery, hardware</td>
<td>595</td>
<td>640</td>
</tr>
<tr>
<td>Bedding and clothing</td>
<td>522</td>
<td>396</td>
</tr>
<tr>
<td>Maintenance - Buildings</td>
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<td>5,286</td>
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<td>Patient Transport</td>
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<td>1,387</td>
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<tr>
<td>Travel and Subsistence</td>
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<td>209</td>
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<td><strong>Total</strong></td>
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<td>33,146</td>
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<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
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<td>Financial and Administrative</td>
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</tr>
<tr>
<td>Bank loan Repayment</td>
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<td>Bank interest and charges</td>
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<td>177</td>
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<td>Insurance &amp; claims</td>
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<td>1,001</td>
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<td>Audit</td>
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<td>57</td>
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<td>Legal</td>
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<td>Office expenses (rent/rates/postage/tel.)</td>
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<td>3,778</td>
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<td>Office Equipment</td>
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<td>433</td>
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<td>Computer</td>
<td>3,142</td>
<td>3,183</td>
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<td>Professional services</td>
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<td>1,342</td>
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<td>Bad Debts</td>
<td>1,195</td>
<td>352</td>
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<tr>
<td>Shop/Restaurant Purchases</td>
<td>2,643</td>
<td>2,964</td>
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<td>Miscellaneous</td>
<td>2,047</td>
<td>2,221</td>
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<td>Expenditure from Research Funds</td>
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<td>3,433</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td>109,746</td>
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</table>

**Total** 0
### 3 INCOME

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<th>2008 €'000</th>
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</thead>
<tbody>
<tr>
<td>Private/semi-private charges</td>
<td>18,948</td>
<td>15,721</td>
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<tr>
<td>Statutory In-Patient Charges</td>
<td>2,787</td>
<td>2,609</td>
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<tr>
<td>Out-patient Charges (including A&amp;E and MRI)</td>
<td>924</td>
<td>1,190</td>
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<tr>
<td>RTA receipts</td>
<td>928</td>
<td>817</td>
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<tr>
<td>Sundry In-patient charges</td>
<td>239</td>
<td>255</td>
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<tr>
<td>Recoverable costs</td>
<td>14,127</td>
<td>11,582</td>
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<tr>
<td>Superannuation</td>
<td>9,345</td>
<td>8,809</td>
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<tr>
<td>Pension Levy</td>
<td>10,343</td>
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<tr>
<td>Other Payroll deductions</td>
<td>1,760</td>
<td>1,490</td>
</tr>
<tr>
<td>Retail / Car Park receipts</td>
<td>5,977</td>
<td>6,825</td>
</tr>
<tr>
<td>Canteen receipts</td>
<td>1,184</td>
<td>1,254</td>
</tr>
<tr>
<td>Income from Research Funds</td>
<td>3,537</td>
<td>3,433</td>
</tr>
<tr>
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<td><strong>Total</strong></td>
<td>215,459</td>
<td>55,485</td>
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</table>

### 4 FIXED ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Land €'000</th>
<th>Buildings €’000</th>
<th>Work - in - Progress €’000</th>
<th>Equipment €’000</th>
<th>Vehicles €’000</th>
<th>Total €’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
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<td></td>
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<td>Balance at 1 January 2009</td>
<td>215</td>
<td>131,430</td>
<td>18,708</td>
<td>52,105</td>
<td>67</td>
<td>202,525</td>
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<td>Transfers from Work in Progress</td>
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<tr>
<td>Additions</td>
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<td>772</td>
<td>2,176</td>
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<td>Revaluations</td>
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<td>Disposals</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 31 December 2009</td>
<td>215</td>
<td>159,075</td>
<td>1,084</td>
<td>54,281</td>
<td>67</td>
<td>214,722</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Accumulated depreciation at 1 January 2009</td>
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<td>42,223</td>
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<td>75,643</td>
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<td>3,116</td>
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<td>5,538</td>
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<td></td>
</tr>
<tr>
<td>Depreciation on Disposals</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated depreciation at 31 December 2009</td>
<td>0</td>
<td>35,808</td>
<td>0</td>
<td>45,339</td>
<td>34</td>
<td>81,181</td>
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<tr>
<td>Net book amount at 31st December 2009</td>
<td>215</td>
<td>123,267</td>
<td>1,084</td>
<td>8,942</td>
<td>33</td>
<td>133,541</td>
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<td>215</td>
<td>98,044</td>
<td>18,708</td>
<td>9,882</td>
<td>33</td>
<td>126,882</td>
</tr>
</tbody>
</table>

**Notes**

1. 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.

3. Additions were funded from the following sources:

<table>
<thead>
<tr>
<th></th>
<th>Buildings €’000</th>
<th>Work - in - Progress €’000</th>
<th>Equipment €’000</th>
<th>Vehicles €’000</th>
<th>Total 2009 €’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Grants</td>
<td>8,295</td>
<td>772</td>
<td>500</td>
<td></td>
<td>9,567</td>
</tr>
<tr>
<td>Revenue Grants</td>
<td>954</td>
<td>1,676</td>
<td></td>
<td></td>
<td>2,630</td>
</tr>
<tr>
<td></td>
<td>9,249</td>
<td>772</td>
<td>2,176</td>
<td></td>
<td>12,197</td>
</tr>
</tbody>
</table>
Organisation Development
It is a truism to state that society in general and organisations in particular are currently experiencing profound and wide-reaching change. The only certainty is uncertainty itself and with quantum changes and discontinuities in all aspects of life, the world of tomorrow will be different to both the past and present.

In 2009 it became clear that we are in the midst of significant and sharp transformation where worldwide economies and values, political and social structures, cultures and institutions are altering in ways that are difficult to predict.

The challenge for organisations and for Beaumont Hospital and our staff is, therefore, in moving beyond the environmental turbulence by learning and actively managing change.

The work of the Organisational Development Department thus focussed on implementing the revised structures i.e. clinical directorates, further enhancing learning, development and education, culminating in launching a new five-year strategy and proactively planning for the future in order to help position the hospital and its staff to embrace new challenges effectively.

IMPLEMENTING CLINICAL DIRECTORATES

Following consultation with the consultant body and multi-disciplinary staff, Beaumont Hospital agreed a clinical directorate model. Simultaneously, the HSE revised its original position of advising the hospital to design a “best-fit model” and began developing a national plan for the implementation of “service rather than site” orientated directorates with the potential to span more than one hospital. The first phase of the HSE plan involved creating one lead clinical director for each acute hospital. At this point the main focus of these lead clinical directors involves participating in the design and development of a clinical directorate structures. A new National Clinical Director, Dr Barry White, has also been appointed to lead out this process. Professor Shane O’Neill has been nominated as the lead clinical director for Beaumont Hospital. On July 1, 2009 we created three clinical directorates: Medicine; Neurosurgery, Head and Neck Surgery and ENT (NeuroCent); Nephrology/Urology/Transplantation.

Next Phase

Our intention is to create the next two clinical directorates, i.e. Surgery and Critical Care/Anaesthetics in late October/early November. Our final implementation phase will create the diagnostic directorates i.e. Radiology Services and Laboratory Medicine at the end of the first quarter of 2010.

Although the HSE design plans are not yet complete, they have scoped out a high-level framework i.e.

“In larger hospitals with more than 60/70 whole time consultant posts there will ultimately be two to four ‘core’ clinical directorates, for example:

- **Medical:** Medicine, Medical Specialities, Medical Assessment Units and Paediatrics.
- **Peri-operative:** Surgery, Anaesthesia, Emergency Medicine, Critical Care and Obstetrics/Gynaecology.
- **Diagnostic:** Radiology, Pathology & Laboratory services.
- **Mental Health Services**

It is acknowledged that each of these areas requires more detailed analysis and consultation as will the requirements for hospitals with large tertiary responsibilities”.

Whilst our first three directors are not totally aligned to this, there is a very strong congruence with the high-level HSE plan, i.e. our Medicine Directorate includes all the general medical and medical specialities. We have included the Emergency Department (ED) in this directorate because of the large throughput of medical patients and the inter-dependencies in relation to access to inpatient beds, discharge planning etc. (The main thrust of the HSE plan was to ensure that the ED was not created as a separate clinical directorate). Our other two directorates are the national/regional specialities which are signalled to warrant a separate focus.

We are continuing to review our proposals in order to attempt to come up with arrangements/model that is more closely aligned to the national framework whilst also addressing the hospital priorities. Having reviewed the structures in other hospitals and NHS Trusts, it is clear that there is a variety of arrangements in place. The practice of combined surgery and critical care directorates is well established in hospitals such as Altnagelvin Hospital, Derry, and St. Bartholomew’s Hospital, London, whilst others, e.g. the Medway NHS Trust and St. James’s Hospital Dublin, have retained separate directorates.

See implementation time line below;
“Making the difference wherever you can”

As a large teaching hospital with a leading role in healthcare provision and research, teaching, training, education development and learning happens at many levels and in a variety of different ways in Beaumont Hospital.

There is a growing recognition that in a dynamic healthcare organisation leadership comes from all levels, from clinicians, front-line staff, patients, carers, the voluntary sector and the primary care communities.

There is no doubt that the 3,500 staff drawn from diverse cultural backgrounds and disciplines are the most valuable asset the hospital has in continuing its crucial role in the provision and leadership of healthcare services and developments. Engaging and empowering as many staff as possible, and creating the conditions for tapping-in to this potential requires an ambitious strategy which prioritises and sustains commitment to learning and development over the coming years.

It’s probably not the best time to utilise John P Kotter’s quotation and then again perhaps it needs stating now more than ever “knowledge and experience have become more important for organisations than financial results, market position, technology or any other asset. When it comes down to it, human knowledge is the main resource used in the performance of work. Knowledge is necessary to update products and services, change systems and structures and communicate solutions, to problems and all sorts of situations”.

The training-needs analysis revealed very mixed practices in relation to learning and development throughout the hospital. There were strong trends of high density learning and development activity in the professions and relatively lower uptake at corporate training programmes. There was also significant evidence of lack of integration and inter-disciplinary learning and quite a hierarchical attitude to access to learning opportunities and low value on the development of management skills and competency for new and long serving managers.

Given the background of exclusivity rather than inclusiveness there was a strong imperative to employ a highly consultative approach for the strategy development methodology. Therefore, utilising existing knowledge within the system, having a very multi-disciplinary working focus and investing in the development of key personnel were all key features of the strategy development approach.

Executive sponsorship was provided by Anne McNeely, Head of Organisational Development; Kate Costello, Head of Corporate Learning and Development, acted as Project Manager. The strategy development process was much strengthened by the decision of four senior managers who are completing an MSc
in Creative Leadership, to select staff development as their main focus for their course thesis. The project management methodology was utilised and a high-level steering group and multi-disciplinary working groups were formed.

STRAATEGY LAUNCH

The strategy was launched in July 2009 during a highly interactive and educative event attend by a large number of hospital staff, board members and external guests.

The diagram below illustrates the learning and development framework graphically portraying the five key work streams.

![Diagram showing five key work streams]

The five-year strategy enables better planning and implementation of resource requirements which in turn supports more timely budgeting and prioritisation. There is no doubt that the future environment will be one of competing demands for services and resources and it important that Beaumont Hospital is favourably positioned to attract, retain and maintain a skilled workforce needed to deliver services both now and in the future.

CORPORATE IDENTITY AND COMMUNICATIONS

The Communications Office supports the Hospital’s goals, monitors and satisfies patients’ and staff information needs, and harnesses the power of communications during times of accelerated external and internal change.

Shortly after the office was formed in 2008, the communications strategy was created to describe the hospital’s communications objectives and strategic activities. 2009 saw strong advancements against each of the strategy’s five strategic objectives:

- Promote effective dialogue between management and staff.
- Advance the Hospital’s external reputation and position as a leader in healthcare.
- Build a strong Beaumont identity to support transformation.
- Encourage patient-centred communications.
- Promote conditions for communications excellence.

Promote effective dialogue between management and staff

Timely and respectful dialogue increases staff satisfaction and builds understanding and support for organisational activities. To that point, a team-briefing policy was piloted, approved and enacted in 2009. The policy requires managers to hold monthly full-staff briefings to communicate news and key messages and to gain staff feedback.

The briefings are designed to ensure that all hospital employees are informed in a timely fashion of matters that affect them in the course of their duties and to ensure that they are provided with an opportunity to give their views and have them passed to the appropriate level of management for consideration.

On the first working day of each month, the CEO’s office issues to the Senior Executive key news and messages regarding organisational issues. Within approximately five working days, each senior executive member holds a team briefing with his or her direct reports. The direct reports, who are managers, in turn hold team briefings with their own direct reports within five working days. News and feedback forms support the process.

After each briefing, the manager copies the news and feedback form to his or her manager and senior executive member. This increases transparency, surfaces staff issues, and gives managers a better idea of what news to include in the next briefing. The Communications Office examines all forms to get the “big picture” of staff information needs; the Communications Office uses this “evidence” to advise leadership on future briefing content.

Another method of gaining feedback, the CEO Roundtable, took strong root in 2009. Roundtables are informal, hour-long, monthly meetings between the Chief Executive and 15-20 staff members. The meetings give those staff the opportunity to share thoughts freely and give the Chief Executive the opportunity to listen objectively, better understand staff concerns, help dispel rumours, and enhance his visibility.

Invites are drawn randomly from across the hospital. To encourage free expression, we ensure that invitees to the same session do not share reporting relationships. Individual opinions are kept in complete confidence; however, issues and ideas raised are anonymised, shared with the Senior Executive, and addressed as appropriate.

Advance the Hospital’s external reputation and position as a leader in healthcare

We want to make it easy for people outside the hospital to discover, or rediscover, our positive aspects. In line with this, a key objective of the communications strategy was to produce a new, patient-centred hospital website site to enhance the Hospital’s reputation as a conscientious patient service provider and a research leader.

The Communications Office led the consultative approach to the website’s design and implementation. Internal and external stakeholders were interviewed to understand what they needed from the new website. Then, a multidisciplinary Web Advisory Group was invited to work on the design and develop the content. Each area that provided content identified a Content Steward to ensure that the content remained relevant and current post-launch. An executive Website Steering Committee was created to guide the website’s development and evolution, and the project was sponsored by the Deputy CEO. The website was launched in September 2009 to the public at www.beaumont.ie. Through year-end 2009, there were more than 40,000 visits totalling more than 225,000 page views.
2009 also saw the completion of a draft, media policy, which at year-end was under review by the Medical Executive. The purpose of the policy is to ensure that accurate information about the hospital is provided in the proper context and thereby help us to manage our reputation as a leader in healthcare. The policy includes the procedures and protocols for fielding enquiries about Beaumont Hospital or communicating externally on behalf of Beaumont.

We anticipate that the policy will be implemented in 2010, a year that should also see the development of a comprehensive PR strategy to help improve patient outcomes and advance the hospital’s reputation as a leader in healthcare.

Build a strong Beaumont identity to support transformation

We want staff to “see” and identify with the values that drive our organisational improvements. Coupled with our external reputation-building efforts, a clear identity gives a better chance of success to changes that require strong staff support.

To enhance our internal reputation and advance our critical initiatives, a bi-monthly strategic staff magazine Connections was launched soon after the Communications Office was formed. The idea was to publish stories that connote that our

- Leadership does what it says and is supportive of change
- Services meet or exceed standards
- Organisation areas have clear points of integration
- Staff are dedicated and innovative

In 2009, each issue of Connections highlighted good work coming out of the move to directorates and covered notable staff innovations, developments in our national and international services, key research advancements, and hospital capital developments.

2009 also saw the introduction of quarterly CEO “town hall meetings”, in which the Chief Executive reviews “where we are” and “where we are going” and answers staff questions about a wide variety of hospital matters. Meetings are designed to enhance leadership visibility, provide clarity on our goals and pathways, and shed light on the concerns of those who help embed and are impacted by our organisational changes. The townhall is similar to a roundtable in that it encourages feedback; however, it is designed more specifically to confirm organisational priorities and reaffirm that patient-centred values drive corporate decision-making.

Encourage patient-centred communications

To support the Hospital’s mission to provide the best patient care and to enhance our reputation as a patient-centred organisation, we need to ensure that our communications meet the needs of and are understandable to all our patients.

2009 saw the initiation of two efforts to improve patient communications. A project commenced to introduce clear language standards to help patients use our services appropriately and prevent misunderstandings, confusion, and complaints. Deliverables include guidelines and a clearance process for patient leaflets and individual patient correspondences. Much of this work is being taken up by a senior level management group that coordinates service user satisfaction issues.

Work also began on the establishment of a patient information centre in the hospital near the front concourse. 2010 should see the design of the centre finalised.

Providing quality patient information is a “must have.” It supports our efforts to deliver the highest quality patient care and ensures, through our compliance with HIQA standards, that we can continue to provide that care as an accredited health care institution.

Promote conditions for communications excellence

The fifth objective of the communications strategy is to put in place key enablers for communications success. One such enabler, the Beaumont Communications Network was formed, in 2009. This 25 member multidisciplinary organization of Beaumont staff helps to ensure that critical communications and
communication practices in all hospital areas are coordinated, consistent, and meet the business unit needs. The Senior Executive nominated the members who, in addition to their primary roles, give unbiased feedback on communications initiatives and major deliverables, keep an ear to the ground for newsworthy items and for what communications have worked well and what can be improved, and assist with communications surveys/audits. Though early in its existence, the network already has provided valuable advice about the content of key directorate communications to staff.

Communications Summary

Beaumont communications activities have a clear tie out to the hospital’s business. They support staff inclusion and have the highest possible degree of support from the Chief Executive and Senior Executive. These ingredients were integral to communications success as a support function in 2009 and will be essential for continued success in 2010, as directorates will take deeper root, staff members will be challenged to work within tighter budgets, and the hospital will continue to position itself in what is emerging to be a wide-ranging reconfiguration of national health care services.

SUMMARY

In 2009, work also continued in relation to culture change and operational excellence. There is no doubt that the changes to the formal organisation structure are impacting on the “softer” or social aspects of the organisation culture which is determining new behaviours, relationships and values, which are necessary for the achievement of operational excellence. This culture change is specifically being managed in respect of leadership/managerial behaviour, patient/staff engagement values and continuous improvement. Many process improvements/operational excellence initiatives were pursued within departments and across the hospital (reports from the Directorate/functional departments will have captured these in more detail).

As the impact of change in the wider healthcare environment intensifies, the imperative for all our activities to be more integrated, purposeful and effective grows.

Beaumont Hospital’s commitment to being the lead hospital in the HSE North East Region is a major objective for senior clinicians and hospital management and the ODD work is expanding to include influencing emerging Academic Health Centre alliances as well as Integrated Community Acute Care Models and Inter-Organisational Partnerships.

The focus in 2010 will be on implementing the remaining directorates and supporting the embedding of these structures whilst working with the Chief Executive to position the hospital optimally within the region.
Human Resources
INTRODUCTION

The HR Department provides a key service in supporting managers and staff throughout the organisation to provide quality health 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 change programme and the implementation of the hospital strategy 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 has a staff of 23.78 providing the full range of HR services including recruitment, administration of staff pay and other terms and conditions, employee relations services and pension services. In addition the department works closely with Organisational Development on the hospital’s change initiatives and on the learning agenda for managers and staff.

THE DEVELOPMENT OF THE HR STRATEGY

During 2009 the department focused specific attention on finalising the hospital’s first HR Strategy. The development of the strategy represents an acknowledgement that the hospital and the service we provide is dependent on the quality, contribution and commitment of the people who work here. As the largest employer in North Dublin with approximately 3,400 employees, it is clear that our workforce is our most valuable resource. Recognising this inextricable link between our workforce and the quality of the services we provide, the HR Strategy will set out Beaumont Hospital’s plans to ensure the recruitment, development and retention of the best quality staff in all staff groups in order to meet the hospital’s strategic aims and objectives.

The content for the strategy has been shaped taking into account the following:

- Beaumont Hospital’s Mission Statement
- The Hospital Strategy 2006 – 2010
- The emerging corporate plans and strategic objectives
- Hospital-wide internal restructuring
- The organisation change agenda

- The emerging reconfiguration of the wider health services
- Best practice in human resources
- Irish & EU employment legislation

It was also clear to us during the development process that the delivery of the HR Strategy would require commitment from various stakeholders both internal and external to the hospital. In this context the HR Department established a project management structure designed to engage these stakeholders in the development of the strategy. In addition it was recognised that there was a need to consult widely beyond the participants in that formal structure. In this context the HR Department invited managers at senior and middle management levels, a selection of staff, trade union representatives, and other external bodies to a number of workshops to discuss our thinking and to consult on the potential themes for the strategy.

Staff in the HR Department researched the latest thinking in HR best practice and benchmarked our practices against other organisations in Ireland and abroad, looking within and outside the health service for new models and approaches.

From our research and our consultation a number of themes emerged which will be addressed in the aims and objectives of the final strategy document. The strategy will also contain a detailed action plan with timelines and measurable outcomes. It is expected that the strategy will be launched in early 2010 and we look forward to presenting it to the hospital.

OUR WORKFORCE

It is essential that we have the right number of people, with the right skills, in the right place, and at the right time in order to deliver quality services to patients. As a complex organisation, to achieve this, particular attention must be paid to attracting and retaining high-calibre staff, managing staff turnover and absence, focusing on staff training, and working with staff and their representatives to introduce change in a manner which maintains good morale within the workforce and protects our services from industrial disputes.

On March 27, 2009 the Government declared a moratorium on recruitment and promotion in the public services on all grades of staff with the exception of medical staff and a number of social care professionals. In addition recruitment to cancer services was also exempted.

As part of the HSE Employment Control Framework for 2009 the hospital was required to reduce its overall numbers in employment and to reduce the management and administration grades in the hospital by a further 3% i.e. 16.56 wte posts.
In the above context, managing and monitoring our human resources in 2009 involved focusing on:

- Mechanisms to achieve our overall approved ceiling by year-end, including achieving the reduction required in management and administration grades
- Deployment of our human resources in order to ensure that services could be maintained in this context
- Recruitment of the skills required to the exempted grades and to meet our service development needs
- The establishment of the Nursing Bank in early 2009, employing 56 nurses and 32 healthcare assistants by year-end. This initiative has contributed significantly to the reductions in nursing agency costs.
- Analysis of data and development of specific initiatives to achieve the HSE KPI of < 3.5% absenteeism
- Collaborative working with the Integrated Quality & Safety team on initiatives to support staff wellbeing
- Collaborative working with Learning & Development in the design and delivery of training programmes for managers and staff.

### Table 1: Beaumont Hospital Personnel Census December 2008 v December 2009

<table>
<thead>
<tr>
<th>Category</th>
<th>Wte December 2008</th>
<th>% of Total</th>
<th>Wte December 2009</th>
<th>% of Total</th>
<th>% change 2008-2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>415.27</td>
<td>13.60</td>
<td>416.39</td>
<td>13.81</td>
<td>.27</td>
</tr>
<tr>
<td>Nursing</td>
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<td>36.24</td>
<td>1084.15</td>
<td>35.95</td>
<td>-2.02</td>
</tr>
<tr>
<td>Health and Social Care Professionals</td>
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<td>13.53</td>
<td>403.61</td>
<td>13.38</td>
<td>-2.33</td>
</tr>
<tr>
<td>Management/ Administration</td>
<td>555.10</td>
<td>18.18</td>
<td>543.25</td>
<td>18.01</td>
<td>-2.13</td>
</tr>
<tr>
<td>General Support Staff</td>
<td>454.09</td>
<td>14.87</td>
<td>451.64</td>
<td>14.98</td>
<td>-.54</td>
</tr>
<tr>
<td>Other Patient and Client Care</td>
<td>109.2</td>
<td>3.58</td>
<td>116.51</td>
<td>3.86</td>
<td>6.69</td>
</tr>
<tr>
<td>Total</td>
<td>3053.36</td>
<td>100</td>
<td>3015.55</td>
<td>100</td>
<td>-1.24</td>
</tr>
</tbody>
</table>

### EMPLOYEE RELATIONS

During 2009 the HR Department worked closely with senior management and line managers across the hospital in introducing change, managing grievances, complaints and a range of individual and group claims. Once again this year the hospital can be justifiably proud of the fact that in most instances such issues were resolved locally. A small number of issues were referred for third party consideration and in such cases the hospital utilised the services of the Rights Commissioner, the Labour Relations Commission and the Labour Court to resolve the issues.

In mid-January 2009 the hospital received notification from the HSEA of the possibility of the risk of industrial action by public service trade unions in opposition to the public service pension scheme.
STAFF RECOGNITION & APPRECIATION

Following on from the success of the Awards Ceremony during the Hospital’s 21st Birthday celebrations in 2008 once again this year Beaumont Hospital sought nominations for the 2nd Annual Staff Achievement Awards. The purpose of the Staff Achievement Awards was to:

- Encourage excellence in patient and customer service
- Recognise individuals and/or teams who contribute to the provision of high quality patient and customer care through a multidisciplinary or team-based approach
- Recognise both individuals and teams for exceptional performance
- Encourage innovation and creativity
- Support and acknowledge both individuals and teams who contribute to creating a positive and inclusive working environment
- Support personal and professional development
- Recognise individuals and/or teams for efforts that have resulted in reduced operating costs or improved operational efficiencies

All staff from Beaumont & St. Joseph’s Hospitals were eligible to apply. Nominations were sought to the following categories:

- Outstanding Innovation
  the difference that creates excellence in service quality
- Excellence in Patient & Customer Care
  the difference that creates the extra-ordinary in the ordinary
- Demonstrating foresight
  the difference that responds creatively to constant change
- Constant colleagueship
  the difference that respects and connects
- Leadership and development
  the difference that creates a resilient organisation

The hospital established an independent panel of judges to review the nominations and a significant number of high quality nominations were received. The winners will be announced at a ceremony which will take place in February 2010.

RETIRED EMPLOYEES

The hospital has a proud record of valuing and acknowledging the contribution of staff who have worked for the hospital in the past. Beaumont Hospital was the first hospital in the country to establish an active retirement group and with the hospital’s support this group has grown in strength since its inception. Staff from the HR Department act as Secretary and Treasurer of the Beaumont Hospital Active Retirement Association. In 2009 the annual holiday was to Sicily. There were also two short breaks to Prague and the Glen of Aherlow, along with several day trips, both in Dublin and around the country. The year ended with the AGM and the annual Christmas party.

STAFF WELLBEING & ATTENDANCE

In 2008 a framework for a more integrated approach to working on staff health and wellbeing issues was initiated by the HR Department and a working group established involving HR, Occupational Health Department, Health & Safety Department, Health Promotion Department, Staff Counselling, Medical Administration, Learning & Development, Line Managers and trade union representatives. The aim of the group was to work collaboratively to:

a. Improve levels of attendance
b. Improve staff health
c. Improve staff morale

The group has focussed particular attention on supporting managers and staff in the following areas:

- Prevention: managing health, safety and welfare in the workplace
- Promotion: identifying and prioritising initiatives to promote wellbeing
- Rehabilitation: successfully reintegrating employees back into the workforce following absence

An indication of the success of one of these initiatives can be demonstrated in the data on Beaumont Hospital’s employment of people with disabilities. The annual Disability Survey was carried out in accordance with Part 5 of the Disability Act, 2005. The national target for all public service employers on the employment of people with disabilities is 3%. In 2009 Beaumont Hospital achieved 2.9%.

The group has utilised the data available from the HR system to analyse the trends and patterns attaching to absenteeism
in the workforce and to gain an understanding of the causes of absenteeism. In addition to gaining an insight into the top medical causes of absence for individual employees, the data also provided the group with an understanding of the varying levels of absence between different groups of staff and different departments. As a consequence the following measures were introduced to address high levels of absence:

- **Target Setting and Measurement:**
  - The Hospital set a maximum level of absenteeism for each department of 3.5%.
  - Monthly reports were issued to all managers outlining their performance against this KPI and quarterly reports are provided to the Senior Executive on those departments exceeding the 3.5% maximum level and on the hospitals overall performance against this target.

- **Enhancing and strengthening the attendance module.**
  - Back to work interviews were introduced in all departments across the hospital.

- **Supporting Line Managers:**
  - Following the delivery of a successful training programme to up skill managers in managing attendance in 2007/2008 a module on managing attendance has now been incorporated into the Management Development Programme.
  - Specific support for line managers that are engaged in addressing particularly high or challenging attendance is made available for the relevant participants of the group.

**Figure 2: Beaumont Hospital absenteeism 2009 v HSE target of 3.5%**

In light of how this Act has been interpreted by the courts. The policy sets out to ensure that the same standards apply to recruiting temporary staff as those that apply to the recruitment of permanent staff and protects the hospital from claims being taken under the Act.

The policy on the management of probation is designed to ensure that there is consistent practice across all grades of staff in the management of the probationary period for all new and promoted staff.

**PENSIONS**

At the end of December 2008 the Department of Health & Children issued Circular 8/2008 which revised the method of calculating pensionable emoluments at retirement. This changed the calculation from an average of pensionable emoluments earned in the final three years prior to retirement to the best three consecutive years in the final ten years prior to retirement. The Circular backdated this directive to April 1, 2004 and as at the end of 2009 of the 143 retirement files which had to be reviewed 104 were completed and, where applicable, arrears of benefits were paid.

In 2009 we had the introduction of the pay-related pension deduction and the Incentivised Scheme of Early Retirement throughout the public sector. Although implementation of the Incentivised Scheme of Early Retirement was subsequently delayed in the health service until 2010 there was a huge surge in the number of enquiries to the HR Department from staff throughout the hospital who were considering their options under this scheme and required details of their potential retirement benefits in order to make a decision regarding early retirement. Also as a direct result of this scheme there was an increase in queries for verification and transfer of service for ex-staff who are now working elsewhere in the public sector.

Throughout 2009 work continued on the introduction and calculation of arrears for part-time staff under the terms of Department of Health & Children circular 23/05.

Between 2008 and 2009 there was an overall increase of 46% in the number of staff who retired. As at December 31, 2009 there were 427 pensioners on the hospital’s payroll.

**POLICY DEVELOPMENT**

During the course of the development of the HR Strategy it became apparent that there were a number of areas that required clarity and consistency of practice across the organisation. In this context the HR Department took immediate steps to address these issues through the introduction of new HR policies. The most significant of these were as follows:

- A Policy on the Management of Temporary Contracts

The policy on the management of temporary contracts is designed to ensure that the hospital is fully compliant with the requirements of the Fixed Term Workers Act 2003, particularly
Information and Communications Technology
In 2009 we continued the change programme for the Computer Department in Beaumont Hospital. Our key priorities were to replace the Beaumont Hospital Information System (BHIS) as quickly as possible, to keep business running as usual, to ensure compliance with national/international guidelines, to improve productivity, cost control, team and customer engagement and to create innovative alliances.

In 2009, in association with the HSE, we produced a technical feasibility study which produced a set of recommendations for the optimum technical replacement of our hospital information system. Following on from this we undertook a high-level, organisation-wide review of our requirements for an order communications solution for the hospital. A detailed requirements document was the output from this and has been submitted to the HSE. This is the key enabler for our clinical work going forward.

The PACS/RIS project moved into the implementation phase and represents a key milestone in our replacement of the BHIS (replacing our radiology system). Our aim is to have a fully functioning PACS system by June 2011.

Key highlights for 2009:

- We have virtualised and consolidated our server environment from 120 physical servers down to just 10. This which gives us greater automation to recover in the event of a failover, allows more accurate and timely backups and recoveries and reduces our carbon footprint.
- We have introduced a service desk which will help us to manage, sort and deal with service requests using the most efficient technology leading to higher end-user satisfaction and faster service levels.
- We have strengthened our security measures on our hospital PCs – all floppy drives and USB ports on the hospital’s computer network have been disabled, and only approved devices can be accessed. All our laptops have been encrypted and all new purchases will be encrypted before distribution. During the year over 600 encrypted USB keys were distributed to staff.
- Over 160 washable keyboards have been installed in the clinical areas – in keeping with our infection control/hygiene measures.
- We continued the disaster recovery work of restoring operations/systems critical to the resumption of business and processes after a natural or human-induced disaster. A critical part of this was the network testing of our local recovery strategy.
- We upgraded our Oracle databases in compliance with our Oracle 9i support agreement and to help with performance and memory issues.

Finally, 2009 saw some changes in the management of the ICT Department. Martin McCormack was appointed ICT Director at the close of the year. We would like to thank Donal Rorke, Deputy ICT Director, for his leadership of the team over the past three years.

Martin MacCormick
ICT Director
Clinical Directorates
Medical Directorate
Medical Directorate

Professor Shane O’Neill  
Lead Clinical Director

Trish King  
Directorate Business Manager

Bernie Lynch  
Directorate Nurse Manager

Kenneth Fitzgibbon  
Directorate Nurse Manager

The HSE Transformation Programme has identified key challenges in how the Health Service will deliver health and social care services and improve health and social well being. To deal with these challenges, the HSE have identified the development of a directorate approach both locally and nationally to promote, improve & protect health and deliver the best quality health services. The Medical Clinical Directorate in Beaumont Hospital was formally established in July 2009. The purpose of the Medical Clinical Directorate is to manage and support the patient journey to, through and from Beaumont Hospital in a timely and cost effective manner, ensuring exceptional quality of patient care. Care will be delivered in a multidisciplinary team focused environment and link closely with the community and primary care.

The Medical Clinical Directorate aims to ensure that the values of Beaumont Hospital in terms of its commitment to innovative clinical leadership and research/education remain core to the directorate and underpin multidisciplinary patient care. The Medical Clinical Directorate will nurture a collaborative approach to improve service delivery, ensuring that greater cohesion is achieved in our multidisciplinary environment.

The staff in the directorate are responsible for the management and service delivery for a total of 297 medical beds and 11 trolleys (for day patient treatment), the Emergency Department and medical out-patient services. The directorate consists of 14 discrete specialties/services of which many have sub services and will be overseen by the directorate management team. Establishing the directorate’s structures is critical to the overall success and effectiveness of the directorate and much of this work is underway.

DIRECTORATE MISSION STATEMENT

The Medical Clinical Directorate’s mission is “To manage and support the patient journey to, through and from Beaumont Hospital in a timely and cost effective manner, ensuring exceptional quality of patient care. Care will be delivered in a multidisciplinary team focused environment and link closely with the community and primary care.”

DIRECTORATE DEVELOPMENTS IN 2009

For 2009 one of the key developments was the Medical Directorate being formally established and the appointment of the directorate management team. Following this, significant work on the development of staff was undertaken and is now well underway for completion in 2010. The Medical Directorate has engaged with all the clinical areas and established an understanding of the clinical priorities while outlining the directorate’s goals for the period ahead. The Medical Directorate is working tirelessly to break down silos and traditional hierarchies within the hospital to develop the new directorate structure whilst developing directorate links with corporate facilities and services.

A number of challenges face the Medical Clinical Directorate but the development of the directorate in terms of the structures, roles and multidisciplinary team working is well underway and will give us the opportunity to influence our challenges in a constructive manner creating positive outcomes for the directorate, the patient and the hospital at large. This will involve building on the skills, adaptability and flexibility of the directorate staff, developing an ethos of confidence, respect and diligence, and achieving and sustaining change in a challenging environment.

ENDOCRINOLOGY

DEPARTMENT OF DIABETES

In 2009, 6,400 and 4,300 patients were reviewed in the diabetes day centre and out-patient diabetes clinics respectively while over 2,500 patients on the wards in Beaumont were reviewed by the diabetes team. During the year the diabetes staff dealt with acute diabetes emergencies, delivered individual and group education sessions and offered continual support for patients with diabetes. The service provides 2 to 3 general diabetes out-patient clinics per week and specialist clinics including a young adult clinic, diabetes foot clinic, continuous subcutaneous insulin infusion pump clinic, specialist DAFNE clinic and a monthly combined diabetes renal clinic with Professor Conlon. The specialist diabetes clinics continue to grow and evolve.

The DAFNE (specialised 5-day education programme for type 1 diabetes) continues with great success and over 150 patients have now gone through the course. A structured group education programme for patients with Type 2 diabetes called DESMOND, delivered by a specialist diabetes nurse and Dietician, was started in 2009. The diabetes foot clinic continues to provide expert multidisciplinary care with the invaluable input of diabetes nursing, podiatry, physiotherapy, vascular surgery, tissue viability, department of orthotics and the plaster room and microbiology.

In the autumn of 2009, guidelines for the management of...
diabetes on the wards in Beaumont Hospital were launched. The guidelines address the management of diabetic emergencies, hypoglycaemia and frequency of capillary blood glucose testing, information on insulin action and new drug therapies in type 2 diabetes and the care of patients with diabetes fasting for surgical and diagnostic procedures and are available on each ward and the hospital intranet. A Hypobox was also introduced to all clinical ward areas for the treatment of hypoglycaemia in patients with diabetes. The staff of the diabetes centre organised and ran an activity and educational weekend in Carlingford for a group of young adults with type 1 diabetes. The weekend focused on the management of diabetes with exercise, the psychology of diabetes and how to care for diabetes before and during pregnancy.

RESEARCH/AUDIT

The department is committed to an ongoing audit and research programme. Dr Eoin O’Sullivan is currently writing his MD thesis on the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in patients with diabetes and microalbuminuria and the effect of exercise and statin therapy on serum osteoprotegerin in patients with type 2 diabetes. Both have presented their research at national and international diabetes meetings. Dr. Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes. Dr Colin Davenport is continuing this field of research and is examining the role of osteoprotegerin in diabetes.

DEPARTMENT OF ENDOCRINOLOGY

The endocrine service, particularly pituitary endocrinology, continued to expand during 2009. Currently, we care for approximately 1300 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 a result of the increased awareness of the effect of head trauma on pituitary function following the landmark work on this subject undertaken by our department over the last 7 years. We now run 4 pituitary clinics per month including one combined neuroendocrinology/neurosurgery clinic.

In addition, we run a weekly general endocrine clinic which also continued to expand and now runs at 150% of its capacity. Regular MDT meetings are held for pituitary, thyroid, parathyroid and adrenal cases. Evidence-based care pathways have been devised for pituitary and thyroid cancer patients.

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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 world leader and key international opinion leader in the endocrine control of water balance. In 2009, our department continued to publish on those topics. Professor Thompson, Dr Agha and Dr Smith were invited to address several national and international meetings and medical societies reflecting the high profile of the unit nationally and internationally.

Dr. Mark Hannon is currently an MD research fellow investigating hyponatraemia and neuroendocrine dysfunction following aneurysmal subarachnoid haemorrhage. Dr Lucy Ann Behan is continuing her research for her MD thesis on glucocorticoid replacement therapy in hypopituitary patients. Several audits have been completed or underway.

Dr Agha was awarded the Outstanding Reviewer Recognition Award from the Endocrine Society (American)/Journal of Clinical Endocrinology and Metabolism for 2009.

Dr Behan won the Presidential Poster Prize of the American Endocrine Society 2009. Dr. Eoin O’Sullivan was shortlisted for the IJMS/RAIMI award for the best published paper in Endocrinology and Diabetes for 2009.

Dr Mark Hannan won the Eli Lilly research bursary competition, worth 20,000 euros

EDUCATION

The department runs an active education programme for students and NCHD staff with a weekly academic meeting, journal club, a Wednesday morning teaching session and weekly case discussion sessions after out-patient clinics. The department participates actively in teaching for the first and second part of the membership, RCSI undergraduate teaching and in a monthly Dublin endocrine club with specialists from other hospitals in the city.

PALLIATIVE CARE

The Palliative Care Service had 773 referrals in 2009, of which 553 were new patients. 54.5% of patients were discharged home, 37% who died at Beaumont Hospital and 8.5% were admitted to St. Francis Hospice. Of these patients, 63% had cancer and 37% had other illnesses including MND, severe CVA or multi-organ failure.

RESEARCH/AUDIT

A pilot project was set up using discharge guidelines for patients returning to nursing homes for supportive or comfort care. The guidelines are introduced by the Palliative Care Team but completed by the patient’s medical team in conjunction with the patient, the family GP and the Director of Nursing of the nursing home.
Mood difficulties in the context of physical health problems, 
• general hospital settings, including

We see a range of mental-health related difficulties presenting in 
patients who present following deliberate self-harm.

of our workload involving the assessment and management of 
into the Emergency Department, with a considerable amount 
neurology and neurosurgical services. We have substantial input 
care to patients of Beaumont Hospital's cancer, hepatology, 
also developed particular expertise in providing mental health-
all medical and surgical in- and out-patients, the department has 
addition to providing a consultation liaison-psychiatry service to 
the hospital, including the Accident and Emergency Department.

There is a strong multi-disciplinary team approach to the 
management of patients with mental health problems throughout 
the hospital, including the Accident and Emergency Department. 
There is a strong multi-disciplinary team approach to the 
assessment and management of all mental health problems. In 
addition to providing a consultation liaison-psychiatry service to 
all medical and surgical in- and out-patients, the department has 
also developed particular expertise in providing mental health-
care to patients of Beaumont Hospital's cancer, hepatology, 
neurology and neurosurgical services. We have substantial input 
into the Emergency Department, with a considerable amount 
of our workload involving the assessment and management of 
patients who present following deliberate self-harm.

We see a range of mental-health related difficulties presenting in 
general hospital settings, including
• Mood difficulties in the context of physical health problems, 
including adjustment disorders
• Physical disease associated with psychiatric disorder
• Medically unexplained symptoms, including somatisation
• Deliberate self-harm/ acute suicidal ideation
• Behavioural disturbance
• Cancer related difficulties
• Organic brain/ neuropsychiatric disorders, including delirium
• Alcohol-related problems
• Substance misuse
• Treatment compliance issues
• Legal problems, e.g. assessment of capacity in complex cases

ACHIEVEMENTS

Following the €75,000 Denis McCarthy Bursary Award to Dr 
Siobhan MacHale in October 2007 from the Beaumont Hospital 
Foundation, Elizabeth Gilligan commenced in her role as half-time 
Alcohol Liaison Nurse in April 2008. Throughout 2009 this award 
has been of great clinical value.

Professor Kieran Murphy continues in his role of President of the 
Medical Council
Dr Mary Cosgrave was elected for a two-year term as Executive 
Clinical Director of the North Dublin Mental Health Service.

Professors Cannon and Cotter have been awarded international 
research grant award winners and have published in high impact journals

EDUCATION

Dr Siobhan MacHale is a member of the curriculum working 
group for liaison psychiatry in the College of Psychiatry of Ireland 
Sharon Kelly (Nursing). Sharon Kelly gave educational sessions 
to ED staff on weekly basis. Education revolved around issues 
relating to psychiatric intervention in ED (management of acute 
behavioural disturbance, mental health act, risk assessment)
Peter McCarten (SW): STORM Training (STORM offers skills-
based training in risk assessment and management of suicide 
and self-injury). Peter McCarten continued to co-facilitate STORM 
training on behalf of the HSE Dublin North East, National Office for Suicide Prevention.

Elizabeth Gilligan (Alcohol Liaison Nursing) has provided 
education sessions to 262 nursing staff, as well as induction days 
for NCHDs and newly-qualified nursing staff. She has provided 
hospital- wide education on the hospital’s Alcohol Withdrawal 
Policy , with reference to the Acute Behavioural Disturbance 
policy. She has operated on many levels, including assessing and 
advising on patient management, the education of staff, patients 
families, supportive counselling and ongoing research and 
audit.

Dr Farhan Haque, SR Psychiatry, established a close link between 
neuropsychiatry and the ‘epilepsy’ clinic of Dr Delanty. The close 
communication and active liaison between the services has led to 
greatly improved identification (and treatment) of psychiatric co-
morbidity among these patients.

Beaumont Hospital Suicide Review Policy: Peter McCarten, 
Siobhan MacHale and David Cotter were involved in the drafting 
of this policy.

ACTIVITY

In-patient consultations

The Department of Psychiatry carried out a total of over 4,000 
in-patient psychiatric consultations in Beaumont Hospital in 2009. 
Our consultation service encompasses all medical and surgical 
wards with a dedicated registrar for neuropsychiatry (neurology/
neurosurgery/stroke) and dedicated Senior Registrar sessions for psycho-oncology and psychohepatology.

<table>
<thead>
<tr>
<th>In patient Assessments</th>
<th>Total Numbers Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Liaison</td>
<td>2,100*</td>
</tr>
<tr>
<td>Neuropsychiatry</td>
<td>1,008*</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>412</td>
</tr>
<tr>
<td>Psychiatry of Old Age</td>
<td>960</td>
</tr>
<tr>
<td>General Liaison Psychiatry Alcohol</td>
<td>390</td>
</tr>
</tbody>
</table>

Figures based on average review rate of 3* and 2 reviews per patient.

Out-patient consultations

The Psychiatry Department runs 6 out-patient clinics per week and a behavioural genetics clinic. Our OPD service saw over 435 new referrals and 2,094 reviews in 2009, with a higher ratio of new: follow-up appointments than in 2008. A number of these follow-up appointments comprise patients with complex problems, psychiatric, psychosocial, medical and/or medically unexplained symptoms, who are attending for cognitive therapy in the Psychiatric Department and who may require 10-15 sessions.

<table>
<thead>
<tr>
<th>Outpatient Clinics</th>
<th>New</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Liaison</td>
<td>111</td>
<td>575</td>
</tr>
<tr>
<td>Neuropsychiatry</td>
<td>119</td>
<td>308</td>
</tr>
<tr>
<td>Psycho-hepatology</td>
<td>17</td>
<td>98</td>
</tr>
<tr>
<td>Psycho-oncology/Psych Unit</td>
<td>91</td>
<td>153</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>42</td>
<td>522</td>
</tr>
<tr>
<td>Psychiatry of Old Age</td>
<td>48</td>
<td>438</td>
</tr>
<tr>
<td>Behavioural Genetics</td>
<td>07</td>
<td>16</td>
</tr>
</tbody>
</table>

Emergency Department Activity

There were 1,513 (increased from 1,300 in 2008) referrals for psychiatric assessment in the ED. These figures do not include follow-up reviews.

The majority of ED assessments were for deliberate self-harm. Patients with depression, psychosis and alcohol and substance abuse continue to account for a significant proportion of the workload in ED also.

The newly appointed ED psychiatric nurses contribute to this service specifically by:

- Providing full psychosocial assessment to referred patients and referring to appropriate services
- Liaising with GP/CMHT
- Contacting family members
- Following-up on patients referred but did not wait to be seen by psychiatry (contacting patient/family and encouraging to return to ED, Informing GP/CMHT of presentation)

PSYCHOLOGY ACTIVITY

56 new patients were referred in 2009 and added to the waiting list from 2008. 67 new patients were offered initial assessment appointments with a view to either assessment and/or psychotherapy. Patients are each seen, typically, 6 times.

Two stress management and relaxation training (SMART) group therapy programmes were held - both were very well attended.

The book prescription scheme was launched in 2009 and has proven to be a useful resource for patients and clinicians.

SOCIAL WORK ACTIVITY

New medical social work referrals (2009): 480*  
* based on 4 visits per patient and 120 new referrals seen.

Co-facilitation of the liaison psychiatry SMART group.

Bereavement support services: both Eileen Reilly and Peter McCarten participated in the delivery of individual bereavement therapy to patients referred to the Department of Liaison Psychiatry and the Medical Social Work Department. Eileen and Peter were also both involved in the Bereavement Support Group and parents bereavement support day facilitated by the Medical Social Work Department.

PSYCHIATRY OF OLD AGE

In addition to the data provided above, the team also has a joint role in the operation of the weekly memory clinic (Monday 11.30am to 2.30pm).

RESEARCH/GRANTS

The department is research-active and has been highly successful in obtaining international funding (see ‘Grants’ below) and in achieving publications of papers in international high impact peer review journals (see publications appendix to this report).

We have an emphasis on both basic science and clinical research. Current research themes include:

- Neuroscience of major mental illness
- The neuropsychiatry of epilepsy
- The neurobiology of conversion disorder
- The genetics of neuropsychiatric disorders;
- Behavioural phenotypes in genetics disorders;
- Cellular cytoarchitectural and protein signature of major psychiatric disorder;
- Developmental epidemiology of psychosis;
- Neurobiology of autistic spectrum disorders;
- Psycho-oncology research including distress in cancer
- Screening for psychological distress in patients attending the hepatology clinic
- Deliberate self-harm

Two prestigious grants were awarded to the Department of Psychiatry in 2009.
Our community colleagues. Each patient applying for this new scheme is discussed at a local placement forum prior to approval. Beaumont now hosts the local placement forum each week for patients whose address is in HSE Dublin North.

Preparation is continuing on the development of the 100-bedded long-term care unit at St. Joseph’s Hospital, Raheny. The construction of the buildings was nearing completion at the end of 2009 and it is hoped that the first cohort of residents will be admitted in 2010. It is envisaged that patients admitted there will be under the care of our department and have access to multi-disciplinary supports.

Sub-specialty activity in the memory clinic, syncope clinic, geriatric medicine day hospital and in ortho-geriatric liaison continued during 2009. Geriatric medicine outpatient clinic activity, management of long-term care patients at the Rockfield Unit and St. Mary’s Hospital, Phoenix Park, and general medicine on-call also continued. A new rapid access TIA service is currently being developed by Professor David Williams and Dr. Joan Moroney, Consultant Neurologist.

Unfortunately some specialist services were lost during 2009 due to the current financial situation including the in-patient falls-prevention service provided by Ms. Joan Naughton and the bone health service run by Ms. Elaine Butler. We wish to thank them for their enthusiasm and hard work in 2009 and hope that their roles may be re-started in the future. We also wish to thank the many therapy, nursing and medical staff who worked with us in 2009 for their tireless efforts in caring for Beaumont’s patients.

### Department of Geriatric Medicine Clinical Activity

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Admissions (Beaumont)</td>
<td>835</td>
<td>1,083</td>
<td>1,044</td>
</tr>
<tr>
<td>Inpatient Discharges (Beaumont)</td>
<td>733</td>
<td>720</td>
<td>778</td>
</tr>
<tr>
<td>Inpatient Discharges (St. Joseph’s)</td>
<td>246</td>
<td>287</td>
<td>223</td>
</tr>
<tr>
<td>OPD Attendances</td>
<td>2,079</td>
<td>2,374</td>
<td>2,528</td>
</tr>
<tr>
<td>Day Case Attendances</td>
<td>2,774</td>
<td>2,720</td>
<td>3,036</td>
</tr>
</tbody>
</table>

### RHEUMATOLOGY

Rheumatology is a sub-speciality of medicine mainly outpatient based. A busy general medical in-patient service is also provided. There are two WTE consultants, Dr Paul G O’Connell, and both Dr. Grainne Kearns and Dr Donough Howard who job-share. NCHDs include 3 Registrars, 3 SHOs, and 4 Interns who all have major GIM commitments. Other professional staff with major commitments to rheumatology include one physiotherapist specialist, one basic grade physiotherapist (half-time), one occupational therapist, one half-time medical social worker and one whole-time equivalent post of rheumatology nurse specialist.

### OUTPATIENT SERVICES

Five to six rheumatology outpatient clinics are held weekly. These include three to four general rheumatology clinics with a mixture of new and return patients. We see approximately twenty-five new patients weekly, both routine and urgent referrals. Urgent...
new patient referrals mainly comprise new onset inflammatory arthritis, connective tissue disease or vasculitis. There is a once-monthly specialist systemic lupus erythematosus clinic. Long-term follow-up of inflammatory arthritis, such as rheumatoid arthritis, accounts for much of the regular follow-up patients and there are also dedicated clinics for assessment and monitoring of patients on the newer biologic agents for inflammatory arthritis. In addition, two further medication review clinics are held. These are physician-supervised but nurse-led clinics where patients taking disease modifying anti-rheumatic drugs are monitored according to established protocols. A total of 9,952 patient visits to the rheumatology clinics were recorded in 2009. These included 735 new patients, 3,690 general return patients, and 5,527 visits to the nurse-led clinics.

IN-PATIENT SERVICES
Rheumatology participates in the general medical on-call rota for the hospital. This is the main source of all admissions. In 2009, approximately 700 patients were admitted as general medical emergencies and 330 rheumatology day-case patients were admitted to the day ward. A small number of rheumatology patients, approximately 45, were admitted for investigation and rehabilitation via the five-day Investigation unit on the Jervis Ward. It remains a constant struggle to maintain these admissions in the face of the overwhelming demand from the Emergency Department for emergency admissions. This puts an extra strain on the outpatient rehabilitation services. An active consultation service is also provided to the other services within the hospital.

RESEARCH
Research projects within rheumatology included an ongoing research project with the Department of Physiotherapy at Beaumont including a pilot study of a physiotherapy lead musculoskeletal intervention versus ordinary rheumatology care, and on aspects of gait exercise and orthotic prescription in arthritis under the direction of Dr. O’Connell. A study of Ro 52 and Toll Like Receptors in patients with Systemic Lupus Erythematosus is currently in progress in collaboration with Dr. Kearns and Dr. Caroline Jeffries RCSI. Rheumatology participates in a number of Phase 3 pharmaceutical trials for new agents in rheumatic diseases.

SERVICE DEVELOPMENTS
Dr. Donough Howard was appointed as Consultant Rheumatologist in a job-share appointment with Dr Kearns and took up his position in May 2009. Dr. Howard graduated from RCSI in 1993 and subsequently did a fellowship in Rheumatology in Boston University. He worked in Boston as a Rheumatologist in a job-share appointment with Dr Kearns and Dr. Donough Howard was appointed as Consultant Rheumatologist in a job-share appointment with Dr Kearns and Dr. Donough Howard was appointed as Consultant Rheumatologist in a job-share appointment. A pilot rapid access musculoskeletal clinic which is physiotherapy-led but consultant- supervised was trialled during 2009 and the results audited. The encouraging results mean that the Rheumatology Department will be looking to formally commence this as an ongoing feature with the appointment of an extended scope physiotherapy practitioner (ESP) which will, it is hoped, reduce the long waiting times for purely musculoskeletal referrals to rheumatology for a relatively minor resource increase.

A registrar-led emergency rheumatology clinic for established inflammatory arthritis patients has been established on Wednesday mornings to take pressure off our routine clinics due to time constraint related to the new three clinics per day format in the OPD.

EMERGENCY DEPARTMENT
There were 45,892 patient attendances to the Emergency Department of Beaumont Hospital in 2009. 10,335 patients required emergency admission to hospital. 31,112 patients were seen and assessed, treated and discharged back to the care of their GPs or for out-patient follow-up. There were 253 patients who had an immediate requirement for assessment on arrival and 7,809 patients whose illness or injury was such that they required assessment within ten minutes of arrival.

Of the total attendances to the Emergency Department 42,883 of these were new patient attendances, while 3,009 were return patients.

The Department was successful in its grant application to the Beaumont Hospital Foundation and received a glidescope to facilitate the intubation of patients with difficult airways. We also received major grant funding for the acquisition of an auto pulse chest compression device which is used in patients who have suffered cardiac arrest.

With regard to education and training, the department continues to provide both registrar and senior house officer training in emergency medicine. The education and training of radiographers, ambulance personnel, fire officers, nursing and medical staff continues to be an important part of our education portfolio. The department is active in advanced cardiac life support and advanced trauma life support education.

With regard to service development, the department has put in place an advanced nurse practitioner-provided clinic which allows for patients with lower acuity problems to be assessed at triage and to go home with a view to coming back to a clinic appointment the following day if they present out-of-hours with low acuity problems.

The department remains active in the area of research. There were five presentations from Beaumont Hospital Emergency Department at the Irish Association for Emergency Medicine meeting in the autumn of 2009. Publications from the department included a study on patients who fail to wait to be seen and a further study with regard to the impact of the admission lounge on the Emergency Department.

References:
DNW (Did Not Wait) or Demographic Needing Work, Emergency Medicine Journal 2009: 26:780-782.
RADIATION ONCOLOGY

SERVICE DEVELOPMENTS

2009 was an exciting year for the Radiation Oncology Department as construction began of the Phase I Radiation Oncology Centre at Beaumont Hospital. This centre is a state-of-the-art facility, equipped with two GE light speed 4D CT scanners for CT simulation and 4 linear accelerators with capabilities for Intensity Modulated Radiotherapy (IMRT), Image-Guided Radiotherapy (IGRT), Stereotactic Radiosurgery, Volumetric Modulated Arc Therapy (VMAT) and Respiratory Gating. The centre will also have a GE 1.5T MR scanner equipped for MR simulation to facilitate MR / CT image fusion for radiotherapy treatment planning.

The Phase I centre is scheduled to open in 2011 and will operate as part of a fully-integrated network in combination with St Luke’s Hospital and a similar centre at St James’s Hospital. On opening, the new facilities will provide an immediate and significant increase in the treatment capacity within the network.

NEW CONSULTANT APPOINTMENTS

Two Radiation Oncology Consultants were appointed this year to the National Programme for Radiation Oncology Dublin NorthEast/ Beaumont Hospital. Drs Orla McArdle and David Fitzpatrick will start in 2010.

ACTIVITY

Over 700 new referrals were seen in the Radiation Oncology department in 2009. 40% of first consultations were seen as in-patient consults, the remainder attending the out-patient clinic. The overwhelming majority of patients were treated for malignant disease. Approximately 4% of patients received radiotherapy for benign conditions.

RESEARCH

The Radiation Oncology department continue to play an active role in both in-house and international cancer trials via the All-Ireland Cooperative Oncology Research Group (ICORG). ICORG trials incorporating radiotherapy are currently accruing for breast cancer, prostate cancer, lung cancer, uterine cancer and for spinal cord compression.

EDUCATION

The Radiation Oncology department continues to deliver an extensive postgraduate education programme. All members of the department are involved in the delivery of lecture and tutorial programmes for the FFRCrSI examinations. Dr. Brian O’Neill is the Hospital Training Co-ordinator in St. Luke’s Hospital with responsibility for the design, delivery and assessment of postgraduate teaching for the Specialist Registrar Training Programme.

DERMATOLOGY

DERMATOLOGY SERVICE

Dermatology is a medical subspecialty dealing with disorders of skin, hair, nails and mucous membranes and encompasses about 4,000 diseases of the skin. These range from skin cancer, inflammatory disorders such as eczema and psoriasis, infections, allergies, autoimmune diseases and genetic disorders. The scope of dermatology as a specialty is therefore very broad, and challenging for non-specialists, particularly GPs for whom skin problems comprise 20% of their workload. As the skin is such a large vital and visible part of the body, disorders of skin can lead to very significant distress and functional impairment for those affected. Nowadays treatment options have improved very significantly and the Department of Dermatology in Beaumont Hospital provides a comprehensive service for the management of such disorders. Dermatology is mainly OPD-based with a busy surgical and day-case investigation service. We also run a daily inpatient and ED consultation service and provide regular liaison with other medical and surgical specialties for shared care patients. We admit a small number of dermatology patients with severe uncontrolled skin disease for inpatient care and provide an outreach urgent consult service for patients in Connolly Hospital.

OUTPATIENT SERVICES

We run five consultant OPD clinics per week and daily nurse-led clinics. Clinics have been streamlined to provide the most effective and efficient service for patient care, with weekly dedicated clinics for inflammatory skin disease, psoriasis, skin cancer, and monitoring of patients on systemic immunosuppressants and biologics.

SKIN CANCER SERVICE

Our skin cancer service provides a rapid diagnostic service by triaging patients with malignant melanoma, basal cell and squamous cell carcinomas rapidly through the service with same day biopsy where required and multidisciplinary management for advanced skin cancer, in liaison with our colleagues in histopathology, plastic surgery, radiotherapy and oncology. Fast-tracking of patients with organ transplantation is in place to prevent, detect and treat any skin cancers in this vulnerable group. Rapid diagnosis leads to swift surgical removal of skin cancer where appropriate or the use of photodynamic therapy for superficial tumours. Skin cancer prevention strategies include a
weekly surveillance clinic where cryosurgery may be carried out to prevent emergence of skin cancer. Education regarding protection from excessive sun exposure is also part of the cancer prevention service with regular in house events and sessions aimed at the public.

SKIN SURGERY SERVICE

This is an integral part of our workload. Three surgical excision lists and two biopsy lists are carried out per week to ensure waiting lists for skin cancer excision are kept to a minimum. As Beaumont Hospital is the national centre for renal transplantation we have a particularly heavy skin cancer workload. The additional demand generated by our alliance with Connolly Hospital is set to increase further and the proposed restructuring of regional skin cancer networks will further increase demands on our service. We share these demands with our surgical colleagues who deal with the more advanced skin cancers.

Inflammatory skin diseases such as psoriasis, eczema and severe acne now have very effective treatments. Psoriasis affects 2% of the population and has quality of life impact similar to heart disease or cancer. Severe psoriasis is increasingly recognised as a systemic inflammatory disease with significant co-morbidities (atherosclerosis, metabolic syndrome, depression, arthritis). It is thus important to target relevant patients for intervention. In 2008 we introduced dermatology specialist nurse-led triage clinics which enabled us to remove patients with psoriasis from long waiting lists, bring them in for assessment to determine the severity of their disease, and stream them into three main groups: those needing topical treatments and education, those in need of consultant input and referral for phototherapy, and those in need of consultant input to commence immunosuppressant medication such as methotrexate or the newer biologics. Phototherapy is an important, relatively safe way of managing psoriasis and other skin problems, and we hope to expand our current service with a purpose-built unit which would enable the service to be delivered more efficiently and more cost-effectively by dermatology clinical nurse specialists. Immunosuppressant/biologic drugs require careful monitoring and we run a dedicated weekly drug monitoring clinic to facilitate this.

Skin allergy: we provide a comprehensive allergy investigative service. Allergic reactions of the skin are common and are investigated in various ways depending on the nature of the allergy. Patients with immediate hypersensitivity reactions may present with urticaria, angioedema and anaphylaxis and need careful investigation to elicit the cause as some episodes may be life-threatening. On the other hand delayed hypersensitivity reactions may look like eczema and require entirely different investigations such as patch testing which is performed by our clinical nurse specialists. Some patients have both types of reactions so again careful history taking and testing enable us to provide a diagnosis for patients. Patients with suspected skin allergies may be referred through the general clinics where appropriate tests are determined. We often share difficult cases with our colleagues in Immunology.

Photosensitivity: twenty percent of the population develops photosensitive reactions; these may be severe and disabling. An investigative service for photodermatoses is available through Dr Murphy and receives tertiary referrals from all over the country.

ACHIEVEMENTS

The €10,000 Willan Bursary (sponsored by Abbott) was awarded to our service in November 2009 and will be used to purchase “DAWN” chronic disease monitoring software. This will improve safety for our patients on biologics/immunosuppressants, allow shared care of stable patients with dermatology specialist nurses, and facilitate research and audit.

NEW CONSULTANT APPOINTMENT

Dr Marina O’Kane took up post in May 2009. Her post has a sessional commitment to Connolly Hospital and she runs OPD clinics, skin surgery sessions and an inpatient consultation service at both sites. Marina is a graduate of Queens University of Belfast, previously held a consultant post in the Midlands and has a special interest in psoriasis. The appointment of a fourth Consultant Dermatologist with links to Connolly Hospital will enable us to deliver a better regional dermatology service for patients.

EDUCATION/TRAINING

Dr Gillian Murphy continues as National Specialty Director for the Higher Training in Dermatology at the Royal College of Physicians of Ireland. As president of the Irish Association of Dermatologists she plays a central role in the Irish Dermatology CME calendar. Dr Marina O’Kane is president of the Royal Academy of Medicine in Ireland Section of Dermatology, which also coordinates regular national CME sessions for consultants and trainees. We participate in a regional difficult case clinic which rotates monthly between Beaumont Hospital, the Mater Hospital and Our Lady of Lourdes Hospital, Drogheda. This is attended by all Dermatology consultants and NCHDs in the region and is a valuable forum for teaching. We are involved in undergraduate and postgraduate education for non-dermatology trainees at every level, including regular undergraduate and GP teaching sessions. Our team also run regular public education sessions on skin cancer awareness and prevention.

SERVICE DEVELOPMENTS

Beaumont Hospital dermatology service is currently running two nurse-led initiatives which have improved access and quality of care for two important patient groups: those with skin cancer and those with psoriasis.

Our nurse - led psoriasis clinics, commenced in pilot in 2008, have been a great success in 2009 with positive feedback from GPs and patients. Approximately 400 patients were seen in 2009. The scope of this initiative will be broadened in 2010 with the addition of a primary care liaison nurse to our team who will co-ordinate discharge back to primary care where she will continue to support patients. Funding for dedicated clerical support to expand the service has also been secured, kindly donated by Leo Pharma. In addition, Fidelma O’Dowd, our clinical nurse...
specialist, is due to complete her nurse prescribing qualification in early 2010 which will further improve operation of this nurse-led service. We are also in receipt of ongoing generous funding from Wyeth for an additional nurse, which enables us to further support our patients living with psoriasis.

Our nurse-led skin biopsy lists were implemented in late 2009 to cope with the growing demands on our skin cancer service - due to increasing rates of the disease and the needs of our large transplant population who are at significantly increased risk of skin cancer. One of our nurse specialists has undergone training in skin biopsy technique and now runs two additional nurse-led biopsy lists per week, an innovation which has improved time to diagnosis for skin cancer, and has greatly improved our “one stop service” for skin cancer where patients are both seen by consultant and biopsied on the same day.

ACTIVITY

Our activity levels continue to increase year on year. A total of 1,893 new and 4,054 return OPD patient visits were recorded in 2009 with an additional 1,394 patient attendances recorded at nurse-led clinics. 580 diagnostic skin biopsies and 633 excisions were performed, with the majority of these for suspected skin cancer. Our nurse specialists remain central to our service providing skin surgery, cryosurgery and photodynamic therapy for premalignant lesions, patch testing, phototherapy pre-assessments and patient education.

RESEARCH

Dr Murphy is involved in several research projects addressing skin cancer pathogenesis and continues to publish extensively in this field together with collaborators in Europe and Ireland.

RESPIRATORY MEDICINE

CORE ACTIVITIES OF 2009

COPD

Total Number of initial assessments for 2009 amounted to 595 compared to 296 recorded in 2007.

Only 7% of all our assessments were referred from outside the COPD Outreach Department (Fig 1 &2). Follow-up assessments were not captured.

Figure 1: Pattern of assessments for 2009

Figure 2: Source of Assessment

- ED increased from 55% and ward referrals decreased from 30% compared to 2004
- Assessments for LTOT and portable oxygen therapy are predicted to grow in 2010.

COPD OUTREACH PROGRAMME

Early and Assisted Discharge Programmes

- A total of 138 patients were accepted into our services compared to 93 in 2008.
- January 2009 was the busiest month of the year.
- All patients screened Monday through Thursday.
- Patients in December were too unwell and did not fulfil our discharge criteria.
- Early discharge average LOS was 1.36 (1.1) days compared to 1.67 days in 2008
- Assisted discharge average LOS was 8.66 (8.84) days or median and mode of 6 days compared to 7.71 days in 2008
- 89 (26%) patients assessed were either never diagnosed with COPD or were too medically unwell.
- Of the remainder patients, the limiting factors to recruitment were as demonstrated below (Fig: 5)
- As noted, 23% of all patients diagnosed with an AECOPD had cardiac involvement that precluded them from discharge with Type II Respiratory Failure and Pneumonia being the 2nd and 3rd category contributing to the exclusion criteria respectively (fig 4).
Means of Contact 2 GP, and seven direct from pt or family

Table 3: OPD
Average Age 72 (0.9)
Gender F: 20 M 10
FEV1 Not capture
Average Pack Year Hx 68.2 (41.1)

Again prevalence of older males with higher smoke pack year history.

Patients who contacted us after being discharged from ED over the weekend were not captured here but instead listed under the Early Discharge Criteria.

RESPIRATORY CENTRE REVIEWS
• 28 patients reviewed in the Respiratory Centre
  > Hospital now in a position to charge for these visits following the introduction of the respiratory centre patient registration sheets in 2007.

HOME VISITS
• There were 394 home visits in 2009 Including Early Discharge (3.5 (1.2)) in the first two weeks (6wk follow-up not included potentially 40 extra visits in this category), Assisted Discharge (2.1 (0.8)), OPD and prevent readmit patients (2.1 (0.7))(Fig: 4 and Fig 5)
• There were 130 pulmonary rehabilitation contacts.

Table 2: Prevent Admit
Average Age 75.3 (6.8)
Gender (F: 3 / M: 6)
FEV1 Not captured
Average Pack Year Hx 64.4

Pulmonary Rehabilitation Programme
• Number of programmes 2
• Number of patients assessed 58 (New and Follow-up)
• Number of Patients recruited 14
• Number of patient visits 130
• Number of patients on waiting list 56
Pulmonary study protocol being developed and implemented for a multicentre trial which negatively impacted on the number of
classes held in 2009 but positively impacted on the number of patients assessed and will show a larger throughput in 2010.

DEVELOPMENT ACTIVITIES IN 2009

COPD Outreach

> Protocols reviewed but no changes made at this time.
> Further copyright and roll out of Respiratory Passport
> Plan for introduction of an extension to this service that will support short-term oxygen therapy in the home post acute exacerbation of COPD presently being investigated thereby decreasing length of stay for Type I respiratory failure patients.
> Discuss the development of a multidisciplinary approach quick access ‘Breathlessness Clinic’ to assess patients and discharge under our care thereby bypassing ED
> Plan for the development of a sleep questionnaire in 2010 to identify patients at risk for overlap syndrome.
> Assisted with the development of the COPD protocol for the Acute Medical Unit (St. Patrick’s).
> Priority Oxygen forms to assist discharge planning.
> OPD protocols being developed for final approval in 2010.
> Pilot OPD clinic run and deemed to be an appropriate use of resources
> Identified as a means to prevent readmission
> Assisted with the early recruitment of patients diagnosed with COPD which enabled prevention and maintenance management strategies to be put in place with the emphasis on education and self-management techniques.
> Assisted with the identification of patients who required LTOT in the community and allowed for optimal follow-up assessments on an outpatient basis.
> Pulmonary Rehabilitation protocols updated
> Study protocol developed and approved by ethics in pulmonary rehabilitation
> Exercise regime updated to optimize fitness outcomes.
> Long-term benefits of pulmonary rehabilitation study completed
> A HRB grant application for submitted for a PhD by Brenda Deering

BURSARY AND AWARDS

> Niamh McCormack was awarded the Irish Medical Times Healthcare Achievement Award for her research and work into the effectiveness of a ‘Respiratory Passport’ as a self-management tool.
> Beaumont Hospital Foundation Bursaries
> A bursary was received for the purchase of heart rate monitors for pulmonary rehabilitation.
> Brenda Deering was awarded the CPRC bursary award for best research project.
> AirProducts Bursary Award: An educational bursary was awarded to the Pulmonary Rehabilitation Study (pending 2010)

SIGNIFICANT ISSUES EMERGING IN 2009

- Poor number of referrals from A&E and Wards.
- Over a quarter (26%) of all patients screened in ED by the COPD Outreach staff not appropriate. This could be improved with a tighter documentation for reason for admission on the admission list and referral rate.
- Oxygen driven nebs continue to be an issue
- Resources for respiratory services.
- Resources for pulmonary rehabilitation

QUALITY IMPROVEMENT

- Our service is regularly audited against the international guidelines using key performance indicators
- The introduction of reporting activity levels on a monthly basis has enhanced the detail of data collected, which has proved the COPD Outreach service to be an effective, safe and value for money service.

PULMONARY FUNCTION

Three new pulmonary function testing systems including a cardiopulmonary exercising testing system were ordered towards the end of 2009. These systems will be networked to the hospital information system and for the first time pulmonary function reports will be available on the H.I.S.

This new equipment has many improved functional specifications including capability of measuring airway impedance using impulse oscillometry, bronchial challenge using an aerosol provocation system and respiratory muscle pressure (mouth and sniff). They will also increase the capacity in the unit for diffusion and lung volume measurements.

In 2009 the department also provided a Spirometry testing service in all respiratory out patients clinics testing 700 patients.

Pulmonary Function Per Specialty Activity 2009
DIRECTORATE ACTIVITY 2009

IN PATIENT ACTIVITY
In-patient patient numbers broken down by public/private split 2009

OUT PATIENT ACTIVITY
Out-patient activity showing new to return ratio 2009

DAY CASE ACTIVITY
Day Case patient numbers broken down by public/private split 2009
DIRECTORATE SPECIALTIES

CARDIOLOGY
Non Invasive Cardiology

DERMATOLOGY

EMERGENCY DEPARTMENT
Short Stay Unit
ED patient Journey Review

ENDOSCOPY

GASTROENTEROLOGY

GERENTOLOGY

HAEMATOLOGY

IMMUNOLOGY

INFECTIOUS DISEASES

ONCOLOGY

PALLIATIVE CARE

PSYCHIATRY

RESPIRATORY

PF Equipment
Sleep Service
Respiratory Patient Summary Sheet

RHEUMATOLOGY
Clinical Director: Mr Patrick Broe  
Business Manager: Mr Des O'Toole  
Directorate Nurse Manager: Ms Marie Kelly

DEPARTMENT OF COLORECTAL SURGERY
Consultant General & Colorectal Surgeon: Mr Joseph Deasy  
Consultant General & Colorectal Surgeon: Ms Deborah McNamara

The Department of Colorectal Surgery had an extremely busy year in 2009, with a further increase in the number of cancer patients seen. Beaumont is a designated rectal cancer centre for Dublin North East and all members of the department are active in planning for the future, when patients from our partner hospitals in the north-east will have their rectal cancer surgery performed in Beaumont Hospital. Ms Mary Conway, Colorectal Nurse Specialist, greatly developed the specialist nursing services available to our colorectal cancer patients. Rectal cancer patients require a complex clinical and radiologic assessment to select the best treatment strategy. More than half of rectal cancer patients require preoperative radiation and chemotherapy followed by major surgery and subsequently further chemotherapy, a treatment course lasting more than six months. This has major implications for patients, who require support and liaison services throughout this treatment period. It is a priority for the department to secure an additional colorectal nurse specialist in 2010, so that every patient can benefit from this expert specialist nursing care. This year saw the retirement of Liz O’Hara, CNM 2, St Luke’s Ward. Her many years of compassionate care are greatly appreciated by the department.

The Stoma Care Department cared for 131 new patients with stomas in 2009, a workload that can be anticipated to increase when centralisation is complete. Community stoma services are variable throughout our catchment area and many patients continue to attend Beaumont for stoma care and advice long after other aspects of their care are complete. In total there were 2,416 episodes of patient care recorded by the Beaumont stoma care service, which represents an extraordinary commitment to helping patients affected by cancer and other serious but benign bowel conditions, like inflammatory bowel disease, diverticular disease and incontinence.

In addition to a heavy clinical workload, the department had a number of significant research and academic achievements in 2009. Ms Niamh McCawley, Colorectal Research Fellow in the Department, was awarded the degree of MD for completion of her research into colorectal cancer. Ms Joan Kehoe, Colorectal Research Nurse, co-ordinated our very successful Colorectal Cancer Bio-Banking Programme. We are grateful to the many patients who agreed to donate tissue through the Bio-Banking programme. Their generosity at a time of ill health allows our colorectal cancer research to progress. We continue to have a very fruitful research collaboration with the Department of Pathology, under the direction of Professor Elaine Kay, and with the RCSI Department of Pathology, under Professor Jochen Prehn. Mr Joe Deasy and Ms McNamara were awarded the Denis McCarthy Bursary, generously supported by the Beaumont Hospital Foundation, to fund the inaugural appointment of an Enhanced Recovery Nurse. This will represent the first such appointment in Ireland. This programme will be developed in 2010 and will ensure that patients admitted for elective colorectal surgery at Beaumont will benefit from the latest developments in peri-operative care. Ms Deborah McNamara continues in her position as Secretary of the Irish Association of Coloproctology and as Secretary of the General Surgical Sub-Committee of the Royal College of Surgeons in Ireland. She also is the Irish national representative on the Council of the Association of Coloproctology of Great Britain and Ireland.

SYMPTOMATIC BREAST UNIT

Consultant Surgeons:  
Professor Arnold Hill, Lead Clinician  
Mr Mike Allen  
Mr Colm Power  
Mr Paul McAleese  
Mr Finbar Lennon

Consultant Radiologists:  
Dr Deirdre Duke  
Dr Jennifer Kerr (Appointed 2010)  
Dr Niamh Hambly (Appointed 2010)

Consultant Pathologists:  
Dr Anne Marie O’Shea  
Dr Marie Staunton  
Consultant Medical Oncologists:  
Dr Liam Grogan  
Dr Oscar Breathnach  
Dr Byran Hennessy

Consultant Radiation Oncologists:  
Dr Clare Faul  
Dr Orla McArdle
The Symptomatic Breast Unit in Beaumont Hospital underwent significant change in 2009 with the amalgamation of the Breast Unit at Beaumont with the Symptomatic Breast Unit in Our Lady of Lourdes Hospital in Drogheda. This process occurred as part of the national centralisation of breast services in line with the policy of the National Cancer Control Programme. We were also fortunate to have our first year in our new Mammography Unit which consists of two mammography rooms, two ultrasound rooms and a waiting area for our patients undergoing breast imaging. The merging of the two units to one service on one site occurred in a remarkably smooth fashion and great credit is due to Helen Shortt, Business Planning and Development Manager, for facilitating this process and, indeed, to all the staff involved in the transfer period.

The unit underwent a formal evaluation by the Health Information and Quality Authority. This took the form of an intense audit for a three-month period and an overview of our data processes for the whole year. The evaluation occurred in the third quarter of the year and was published in February 2010. The unit was delighted with the successful outcome of this evaluation by HIQA, demonstrating that we had reached all the national standards and key performance indicators as outlined by HIQA. The structures in place in the Breast Unit are now of the highest international standard to ensure adherence to national key performance indicators. The basis for the ongoing monitoring of quality and standards is our monthly audit quality and risk meeting held prior to our multi-disciplinary meeting. These meetings are minuted and standards are assessed on a monthly basis. A central component of our working week is our multi-disciplinary meeting which is attended by our 15 consultants of the various specialities. All patients presenting to the symptomatic breast service who undergo a biopsy are discussed, as are all patients prior to and following surgery. The workload of the unit has increased exponentially. The service saw 8,500 patients in 2009, of which 5,000 were new patients. More than 95% of our urgently triaged patients were seen within the two-week timeline and more than 95% of our non-urgent patients were seen within the three-month timeline – in accordance with HIQA standards. The unit runs thirteen separate breast clinics every week which allows us to see the large number of outpatients. The Symptomatic Breast Unit treated 267 new cancers in 2009. This continues the steady increase in numbers seen which was 115 cases in 2006. It is anticipated that the unit will cater for 300 new breast cancers each year.

A feature of the symptomatic breast service at Beaumont is the excellent service provided by our Consultant Plastic Surgeons, Mr Brian Kneafsey and Mr Nadeem Ajmal. The symptomatic breast service provides all ranges of breast reconstruction. In particular, Mr Ajmal has developed a national reputation for DIEP reconstructions. This procedure provides an excellent cosmetic outcome with reduced morbidity for the patient. He is the only consultant providing this service on a regular basis in Ireland and to date has completed over 70 of these procedures. As we look towards the future, plans continue for fundraising for the development of our new Symptomatic Breast Unit which will be located adjacent to the current new Mammography Unit. This will provide additional facilities for an integrated breast unit, providing a better facility for our patients. In research, the Symptomatic Breast Unit has a very strong research facility supported by the team from the Royal College of Surgeons in Ireland. This translational breast cancer programme is led by Prof Hill, Dr Leona Young and Dr Ann Hopkins. There are over twenty research personnel involved in the delivery of the programme. Much of the work is funded by Breast Cancer Ireland. A new initiative during the year was the development of a National Breast Cancer Bio-Resource which the Symptomatic Breast Unit has been leading. There is a very strong ethos within the unit to support participation in clinical trials. This has been led by Derval Kehily in the Clinical Trials Unit. Dr Oscar Breathnach has led this programme over the last number of years and we have very high accrual rates to many international breast cancer clinical trials. In particular, in 2009, the unit accrued a significant number of patients to the international study known as the TAILORx trial and also the IBIS Breast Cancer Prevention trial.
### Breast Surgery
- **Elective Discharges**: 774
- **Non-Elective Discharges**: 694
- **Total Number of Discharges**: 1,468
- **Day Cases**: 630
- **Length of Stay**
  - Untrimmed: 4.19 Days
  - Trimmed: 4.85 Days
- **Re-Admission Rate**: 4.5%
- **Day of Surgery Admission Rate**: 81.5%

### Colorectal Surgery
- **Elective Discharges**: 1,481
- **Non-Elective Discharges**: 513
- **Total Number of Discharges**: 1,994
- **Day Cases**: 1,319
- **Length of Stay**
  - Untrimmed: 11.07 Days
  - Trimmed: 7.24 Days
- **Re-Admission Rate**: 3.5%
- **Day of Surgery Admission Rate**: 84%

### Upper Gastro-Intestinal Surgery
- **Elective Discharges**: 857
- **Non-Elective Discharges**: 472
- **Total Number of Discharges**: 1,329
- **Day Cases**: 732
- **Length of Stay**
  - Untrimmed: 6.81 Days
  - Trimmed: 5.85 Days
- **Re-Admission Rate**: 3.9%
- **Day of Surgery Admission Rate**: 88.8%

### GYNAECOLOGY
- **Elective Discharges**: 415
- **Non-Elective Discharges**: 71
- **Total Number of Discharges**: 486
- **Day Cases**: 358
- **Length of Stay**
  - Untrimmed: 6.05 Days
  - Trimmed: 6.19 Days
- **Re-Admission Rate**: 0.6%
- **Day of Surgery Admission Rate**: 78.6%

### Orthopaedics
- **Elective Discharges**: 683
- **Non-Elective Discharges**: 1,062
- **Total Number of Discharges**: 1,745
- **Day Cases**: 529
- **Length of Stay**
  - Untrimmed: 10.26 Days
  - Trimmed: 5.82 Days
- **Re-Admission Rate**: 2.5%
- **Day of Surgery Admission Rate**: 79.7%

### Plastic Surgery
- **Elective Discharges**: 548
- **Non-Elective Discharges**: 118
- **Total Number of Discharges**: 666
- **Day Cases**: 484
- **Length of Stay**
  - Untrimmed: 4.97 Days
  - Trimmed: 4.82 Days
- **Re-Admission Rate**: 2.3%
- **Day of Surgery Admission Rate**: 84.1%

### Vascular Surgery
- **Elective Discharges**: 376
- **Non-Elective Discharges**: 588
- **Total Number of Discharges**: 967
- **Day Cases**: 156
Neuroscience, ENT and Cochlear Implant Directorate
Neuroscience, ENT and Cochlear Implant Directorate

INTRODUCTION:
The Neurocent Directorate was established in July 2009 with the appointment of Mr. Chris Pidgeon as Clinical Director, Ms. Aileen Killeen as Business Manager and Ms Suzanne Dempsey as Directorate Nurse Manager. This incorporated the decentralisation/transfer of many staff including secretarial staff and healthcare assistants to the directorate structure. The Neurocent Directorate is comprised of the following specialties: neurosurgery, neurology, neuro-rehabilitation, ENT, maxillofacial surgery, neurophysiology, cochlear implantation, ophthalmology and paediatrics.

Key Developments in 2009:
• Opening of the Acute Stroke Unit in St. Brigid’s Ward in December 2009.
• Appointment of Clinical Nurse Manager 3 to neuro-oncology service which was recommended under the National Cancer Control Programme to play a pivotal role in service planning and development of the neuro-oncology service.
• Continuation of HIQA process with Neurosurgery.
• Refurbishment of Ophthalmology Department.

STAFF DEVELOPMENTS:

Medical
New appointments to the Directorate in 2009 included;
• Mr. David O’Brien, Consultant Neurosurgeon
• Mr. John Caird, Consultant Paediatric Neurosurgeon
• Mr. Darragh Crimmons, Consultant Paediatric Neurosurgeon
• Mr. Peter Walshe, Consultant ENT Surgeon

Nursing
Ms Sheila McGuinness, Acting Directorate Nurse Manager
Ms Denise Boyle, CNM 2 Adams McConnell Ward
Ms Karen Greene, CNM 3 neuro-oncology
Margaret Ryan, CNS neurophysiology
Maire White, Candidate Advanced Nurse Practitioner
Cora Flynn, Candidate Advanced Nurse Practitioner

DIRECTORATE ACTIVITY:

NEUROSURGERY

Neuro-Oncology
In line with Government, Department of Health & Children and HSE/National Cancer Control Programme policy, it was agreed that brain and spinal cancers would be managed in two centres - Beaumont Hospital and Cork University Hospital. These two centres will function as a single centre using common agreed practice guidelines and pooling of patient data into a national database, and will share resources and facilities. In November 2009, a Clinical Nurse Manager 3 was appointed in Beaumont Hospital to manage and coordinate the developments in this service. It is envisaged that a lead neuro-oncology consultant will be appointed in 2010. Ongoing progress has been made in developing the structures and guidelines for the national service.

HIQA
During 2009, the Neurosurgical Department was actively involved with a review of current systems for patient access to the neurosurgical service. As part of this process a number of key areas were identified for reconfiguration. This has led to the development of protocols and guidelines for patient referral pathways, review of admission procedures, development of national guidelines for the management of traumatic brain injury, malignant brain tumours, subarachnoid haemorrhage and adult spinal emergencies. This has resulted in the identification of seven key performance indicators upon which performance will be measured.

1. Patients triaged as severe traumatic brain injury (TBI) are admitted to a neurosurgical centre within 12 hours of acceptance by neurosurgical centre.
2. Patients triaged as grade I & II SAH are admitted to a neurosurgical centre within 24 hours of acceptance by neurosurgical centre.
3. Patients triaged as having malignant brain tumour are admitted to a neurosurgical centre within one week (5 working days) of acceptance by neurosurgical centre.
4. Complaints are analysed, trended and used to improve services.
5. Morbidity and mortality data is compared nationally.
6. Patients who require transfer back to referring hospitals are transferred within 24 hours of notification to their referring consultant.
7. A review of patients who do not meet the transfer criteria outlined in the National Guidelines for Adult Traumatic Brain Injury is undertaken for each patient.

**NEUROLOGY**

**The Acute Stroke Unit:**
The Acute Stroke Unit on St. Brigid’s Ward has been operational since December 2009. It comprises a 10-bedded high dependency unit which provides intensive medical, nursing and multidisciplinary care for all patients with a diagnosis of stroke. On arrival at the Emergency Department patients are assessed by the stroke team for suitability to receive thrombolysis. As the unit opened in December figures are not available for this report.

The Clinical Director of Stroke Services in Beaumont Hospital is Dr. Joan Moroney, Consultant Neurologist, supported by Professor David Williams, Dr. Ciaran Donegan and Dr. Alan Moore. There is a strong multidisciplinary team culture co-ordinated by Joan McCormack, Stroke Care Co-ordinator. Continuous progress has been made in development of guidelines and protocols. This enables the delivery of specialist multidisciplinary care. A major factor in the success of the acute stroke unit is the strong relationship between bed management and the stroke care team in the efficient transfer of the patients from the acute unit to rehabilitation services.

**EPILEPSY SERVICE**

**OPD Activity**
The epilepsy clinic (made up of approximately 70% epilepsy and related disorders) functions as a tertiary referral clinic for patients with complex epilepsy in Ireland. Many patients are referred from adult and paediatric neurologists nationwide and for consideration on to the epilepsy programme, resective brain surgery and vagal nerve stimulation therapy. In addition many of the patients (approximately 20%) seen at this clinic have complex epilepsy in association with learning disability, an underserved population of individuals with a high incidence of refractory epilepsy and other related complex issues, such as behavioural disorders.

**Epilepsy Monitoring Unit**
79 patients were monitored in the two-bedded Epilepsy Monitoring Unit (EMU) during 2009. The mean length-of-stay in the EMU was nine days, which is in keeping with international norms. Patients are referred by neurologists from all over the country, as part of the epilepsy programme’s pivotal role in the national epilepsy surgery service.

**Epilepsy Candidate Advanced Nurse Practitioner Service:**
In 2009 the Epilepsy Candidate Advanced Nurse Practitioners (Maire White and Cora Flynn) saw 240 referred in-patients. These patients were seen individually and / or with family, and education on all aspects of epilepsy care was discussed. The HIPE figures for the year 2009 captured 255 patients admitted to Beaumont Hospital with epilepsy. This demonstrates that the epilepsy nurse service received and met with 94% of all admitted patients with epilepsy. Both cANPs successfully completed the nurse prescribing course in RCSI which has greatly enhanced patient care and service delivery.

Throughout the year the cANPs have continued to review return epilepsy patients who attend Dr Delanty’s outpatient clinic. This process change has facilitated ANP clinical supervision and mentorship. Moreover the indirect effect of the cANPs reviewing return patients has contributed to a reduction in the neurology (Dr Delanty service) waiting times from 24 months to 8 months. On average the cANPs review 15 (20% approx.) return patients at each weekly clinic.

**Vagal Nerve Stimulator Service**
There were 30 VNS cases in 2009, these incorporated 24 new adult cases, 2 paediatric cases with 4 patients having their battery changed/removed. A 5% non-attendance rate was captured from management information figures which is in accordance with HSE recommended standard of acceptable D.N.A. rates. The cANP has been instrumental in ensuring that patients in the regions are now having their VNS therapy managed locally. A structure was put in place to train the epilepsy fellows and registrars in VNS management so that when they rotate to other hospitals they are trained in VNS therapy management.

**Out-patient phone service.**
During 2009 the cANPs received 2,449 individual calls from patients and their relatives. There was an 8% increase in calls compared with 2008 figures. On a daily basis the average number of calls received is 15-25 approx.

**Irish Motor Neurone Disease Research Group**
Professor Orla Hardiman and colleagues continue to be involved in national and international research projects. Prof Hardiman was awarded the American Academy of Neurology Sheila Essey Award for her contribution to research in motor neurone disease.

The Irish Motor Neurone Disease Group was accepted as a member organization of the North American ALS Consortium. In 2009 Prof. Hardiman was invited to join the Educational Committee of the World Federation of Neurology, and was elected Deputy Chair of the European ALS Consortium. She continues as a member of the International Committee of the American Academy of Neurology; as Secretary/Treasurer of the World Federation of Neurology Research Group in ALS/MND and as Editor-in-Chief of the ALS Journal, the official organ of the World Federation of Neurology Research Group in ALS

Prof Hardiman is a founder member of the board of the Irish Stem Cell Foundation and the charity Research Motor Neurone. She is also a member of the board of Headway. She contributed to a three-part documentary in Irish on healthcare in Ireland, produced by “Below the Radar” entitled Sláinnte agus Easláinnte, and screened by TG4.
In 2009 Bernie Corr, CNS Motor Neurone Disease, completed her research on “End of life decisions and Advance Care Directives: Evidence Based Guidelines for the best practice in Ireland”.

**Multiple Sclerosis Service**
By the end of 2009 the database included 735 patients in total with 52 newly diagnosed MS patients. There are currently 18 patients receiving Tysabri and 2 patients on the waiting list. 3 patients were treated with Mitoxantrone therapy in 2009.

**Migraine Service**
The headache / Migraine Clinic continues to operate once weekly. The number of headache patients who attend the migraine service include 10 new patients and 20 return patients each week. This averages that over 500 new patients and 1500 return patients attend the headache clinical annually. This service is provided by Dr Martin Ruthledge and Professor Hardiman accompanied by the clinical nurse specialist.

**NEUROPHYSIOLOGY DEPARTMENT**
This department comprises consultant neurophysiologists, Dr Fiona Molloy and Dr Valerie Reid, a clinical nurse specialist, technicians and clerical staff.

All studies within this department are carried out as day case procedures. As Beaumont is the national referral centre for neurosurgery, approximately 70% of the referrals to this department are from neuroscience specialties. These referrals account for the more complex and timely investigations such as EMG studies, in-patient video EEG monitoring and ICU EEG monitoring.

Current services include the following
- EEG
- Nerve conduction studies / EMG
- Carpel tunnel clinics
- Botulinum toxin clinic for neurological disorders
- Telemetry
- Consult service

The department would also see potential for providing additional services such as evoked responses, intraoperative monitoring for spinal surgery and expansion of the telemetry unit in the future. These developments have been curtailed due to resource difficulties.

**OPHTHALMOLOGY DEPARTMENT**
Ophthalmology, largely an outpatient based speciality, continued to see a rise in the workload in 2009. 7,177 patients were seen in the outpatient clinics, an increase of 614 patients in the space of 12 months.

A total of 442 Ophthalmic procedures were carried out on a day basis.

Inpatient consultations remain a big part of the service provision with 1,749 consultations being referred, mainly from neurosurgery, neurology and endocrinology.

Services provided within the department include:
1. General ophthalmology out-patient clinics
2. Specialist ophthalmic clinics
   - Neuro-ophthalmology service
   - Oculoplastic and orbital service
• Diabetic screening clinics
3. Orthoptic clinics
4. Visual field testing
5. Inpatient consultation service
6. Botulinum toxic clinics
7. Oculoplastic operating list
8. Day surgery
9. Laser clinic (Argon and Yag Laser)

Annual (3-day) Neuro Ophthalmology Course attended by both national and international delegates is hosted by the Ophthalmology Department

EDUCATION & TRAINING IN THE DIRECTORATE

Nursing
Despite 2009 being a challenging year, many positive changes and initiatives were accomplished and the delivery of a high standard of care to our patients remained constant.

Over the last twelve months approximately ten new nurses and eleven graduate nurses were welcomed to the directorate.

Post Graduate Education.
Six nurses commenced the postgraduate diploma in neuroscience nursing and four successfully completed the specialist practice programme in neuroscience nursing.

Neuroscience Staff Management Day.
The directorate continued to host the bi-annual staff management days for staff nurses who regularly take charge or who are beginning to in the absence of the CNM. Since this initiative has been introduced in 2007, 80 nurses have successfully completed the programme.

A multidisciplinary wellness day was held in the directorate as a way of welcoming staff to the directorate, assisting in team building and managing the wellness of staff through the change to the directorate model.

Summer Events Education Programme
The summer events weekly education programme continues to attract a multidisciplinary audience with approximately 100 attendees over the thirteen weeks.

Practice Development
Many new practice development initiatives were developed, reviewed or continue to progress. This has included audits of certain standards of practice, identification of areas of quality improvement or in response to new service or practice developments.

In-service education and mandatory training continues to be a high priority for the directorate management team.
Nephrology/Urology/Transplantation Directorate
INTRODUCTION
The Nephrology Urology and Transplant Directorate was formed in July 2009 with the appointment of Mr David Hickey as Clinical Director. This directorate incorporates three specialities – nephrology, urology and transplantation and includes the following wards: St Damien’s, St Peter’s, Hamilton and St Martin’s, as well as home renal replacement therapies, renal day care and urodynamics.

TRANSPLANTATION

NATIONAL ORGAN PROCUREMENT SERVICE
The National Organ Procurement Service for the Republic of Ireland is coordinated through the Organ Procurement Office at Beaumont Hospital.

The service was established in 1986 with the appointment of a transplant coordinator. There are currently five coordinators in post.

During 2009, 261 people received the gift of life through transplantation in Ireland.

The Organ Procurement and Transplant Department at Beaumont Hospital recorded their highest year ever in terms of kidney transplantation.

172 kidney transplants were performed, translating into 40 kidney transplants per million of the population.

As can be seen from this, 2009 was a very busy year from the point of view of renal transplantation. It was also a very challenging year, with building on the hospital campus causing a requirement for HEPA filtration for high-risk patients, such as renal transplant patients, and ultimately the relocation of the Transplant Unit to the HDU. Nurses on St. Damien’s Ward rotated between the two units to ensure the correct level of skill-mix was maintained.

LIVE DONOR ACTIVITY 2009
The expansion of the live donor transplant programme has resulted in considerable increase of the workload with the assessment of more than 100 potential live donors during 2009.

Total no. of potential donors assessed: 110

- 9 Sibling
- 4 parent to child
- 2 child to parent
- 2 spouse
- 1 other

Number of donor work up in progress 40

Donor work up discontinued 52

- Medically unsuitable 5
- Immunologically incompatible 26
- Deceased donor kidney received 16
- Recipient deemed unfit 1
- Transplanted UK 4

Donors attending for annual follow up 47

<table>
<thead>
<tr>
<th>SOLID ORGAN TRANSPLANTS IN IRELAND 2005-2009</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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</thead>
<tbody>
<tr>
<td>Total Number of Transplants</td>
<td>205</td>
<td>234</td>
<td>223</td>
<td>224</td>
<td>261</td>
</tr>
<tr>
<td>Kidney Transplants</td>
<td>129</td>
<td>146</td>
<td>146</td>
<td>146</td>
<td>172</td>
</tr>
<tr>
<td>Deceased/Living Donors</td>
<td>127/2</td>
<td>142/4</td>
<td>141/5</td>
<td>136/10</td>
<td>154/18</td>
</tr>
<tr>
<td>Kidney Transplants alone</td>
<td>124</td>
<td>142</td>
<td>141</td>
<td>134</td>
<td>164</td>
</tr>
<tr>
<td>Pancreas</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Simultaneous Pancreas Kidney</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>12</td>
<td>8</td>
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<td>PTA</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Heart</td>
<td>11</td>
<td>14</td>
<td>7</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Liver</td>
<td>57</td>
<td>65</td>
<td>59</td>
<td>58</td>
<td>64</td>
</tr>
<tr>
<td>Lungs</td>
<td>3</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Single / Double</td>
<td></td>
<td></td>
<td>4/1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined Kidney / Liver</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kidney Transplant pmp</td>
<td>35</td>
<td>35</td>
<td>35</td>
<td>0</td>
<td>40</td>
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</table>
SOLID ORGAN DONORS IN IRELAND 2005 - 2009

During 2009 there was a total of 154 deceased donor referrals, 90 actual deceased donor retrievals and the 64 cases that did not go for donation were either medically unsuitable or consent was declined.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total no. of Deceased Donor Referrals</th>
<th>No Consent/Med unsuitable</th>
<th>No. of Deceased Donors</th>
<th>No. of Adult Donors</th>
<th>No. of Paediatric Donors &gt;19yrs</th>
<th>Number of Multi Organ Offers</th>
<th>Consent for Kidneys Only</th>
<th>No. of Kidneys retrieved</th>
<th>- no of Kidney Transplants</th>
<th>- no of double Transplants paediatric</th>
<th>- no of double Transplants nephron dosing</th>
<th>- Consent for research</th>
<th>- no of kidneys exported</th>
<th>Number of livers retrieved</th>
<th>Exported/Imported</th>
<th>No. of Hearts retrieved</th>
<th>No. of Heart/Lungs</th>
<th>No. of En Bloc Lungs</th>
<th>No. of single Lungs</th>
<th>No. of Pancreas retrieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>130</td>
<td>22/32</td>
<td>76</td>
<td>73</td>
<td>3</td>
<td>71</td>
<td>5</td>
<td>130</td>
<td>157</td>
<td>155</td>
<td>143</td>
<td>164</td>
<td>1</td>
<td>57</td>
<td>8/7</td>
<td>14</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>2006</td>
<td>143</td>
<td>21/31</td>
<td>91</td>
<td>84</td>
<td>7</td>
<td>89</td>
<td>2</td>
<td>157</td>
<td>155</td>
<td>146</td>
<td>143</td>
<td>143</td>
<td>2</td>
<td>77</td>
<td>18/9</td>
<td>21</td>
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<td>4</td>
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<td>5</td>
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<tr>
<td>2007</td>
<td>146</td>
<td>12/46</td>
<td>88</td>
<td>83</td>
<td>5</td>
<td>84</td>
<td>4</td>
<td>155</td>
<td>155</td>
<td>146</td>
<td>143</td>
<td>143</td>
<td>4</td>
<td>77</td>
<td>12/2</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>2008</td>
<td>143</td>
<td>24/38</td>
<td>81</td>
<td>76</td>
<td>5</td>
<td>84</td>
<td>5</td>
<td>143</td>
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<td>5</td>
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<td>0</td>
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<td>12</td>
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<tr>
<td>2009</td>
<td>154</td>
<td>22/42</td>
<td>90</td>
<td>90</td>
<td>5</td>
<td>89</td>
<td>3</td>
<td>164</td>
<td>157</td>
<td>155</td>
<td>143</td>
<td>143</td>
<td>3</td>
<td>68</td>
<td>6/2</td>
<td>14</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>10</td>
</tr>
</tbody>
</table>

NEPHROLOGY

The Department of Nephrology at Beaumont Hospital has its origins from Jervis Street Hospital, with the acquisition of a haemodialysis machine in 1958. Since those early days, dialysis and transplant medicine has grown rapidly in Ireland and the Renal Unit at Beaumont Hospital remains the largest provider of renal replacement therapy in the country.

The Renal Unit at Beaumont offers a full range of therapies for renal failure including haemodialysis, home therapies, including peritoneal dialysis and home haemodialysis, plasma exchange therapy and renal transplantation.

2009 has been a very busy year of renal activity in the Department of Nephrology at Beaumont Hospital.

A feature of the Nephrology Department in recent years has been the reduction in the reliance of inpatient admissions with a reduction in average length-of-stay and increased out-patient and day-case activity, which we anticipate will continue to improve in the coming years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Inpatients</th>
<th>Catchment area</th>
<th>Non-catchment area</th>
<th>OPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>1548</td>
<td>158</td>
<td>177</td>
<td>5707</td>
</tr>
<tr>
<td>2008</td>
<td>1414</td>
<td>156</td>
<td>216</td>
<td>6453</td>
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<tr>
<td>2009</td>
<td>1334</td>
<td>289</td>
<td>315</td>
<td>6535</td>
</tr>
</tbody>
</table>

During 2009 we saw the continued expansion of renal replacement therapy, thus that at the end of 2009 the unit was responsible for 233 maintenance haemodialysis patients and 39 peritoneal dialysis patients.

The year also saw the busiest transplant experience ever with the performance of 172 renal transplants including 18 live donor transplants. The expansion of the live donor transplant programme has resulted in considerable expansion of the workload with the assessment of more than 100 potential live donors during 2009.

Northern Cross Haemodialysis Unit operated by a private provider was commissioned to full capacity allowing the expansion in haemodialysis numbers. Discussions also took place during 2009 about the further development of “satellite” haemodialysis capacity in North Dublin.

NEW INITIATIVES IN NEPHROLOGY

Peritoneal dialysis is a form of dialysis that can be carried out by patients in their own home. Traditionally, patients were admitted to hospital for approximately a week to learn how to do their own peritoneal dialysis but, this year, we commenced training patients on an outpatient basis. This has been a very successful initiative, resulting in a shorter training period for patients and a saving in bed-days for the hospital.

Haemodialysis capacity remains an issue with patients being required to attend for dialysis at very inappropriate times. However, this year, through the innovation of nursing staff in the haemodialysis and peritoneal dialysis units, a new home haemodialysis programme commenced. The aim of this programme is to facilitate patients to carry out their own haemodialysis treatment in the comfort of their own home. The ultimate benefit of this programme is the improvement in quality of life and dialysis outcomes for individual patients but it also has effect of creating additional dialysis capacity.
Also in haemodialysis, a randomised controlled trial was commenced on the use of the “Button Hole Technique” for needling arteriovenous fistulae. Paula Collins, the CPSN in haemodialysis, is leading on this project and also took time out during the year to deliver a workshop on arteriovenous cannulation and button-hole technique in conjunction with the Irish Nephrology Nurses’ Association.

<table>
<thead>
<tr>
<th>3 year activity</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemodialysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number Haemodialysis Treatments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance HD Treatments</td>
<td>31,248</td>
<td>31,182</td>
<td>31,002</td>
</tr>
<tr>
<td>Patients on maintenance programme</td>
<td>214</td>
<td>187</td>
<td>189</td>
</tr>
<tr>
<td>Acute HD treatment</td>
<td>5100</td>
<td>4921</td>
<td>4781</td>
</tr>
<tr>
<td>Home Therapies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peritoneal Dialysis</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Patients on PD programme year end</td>
<td>44</td>
<td>38</td>
<td>39</td>
</tr>
<tr>
<td>Patients on CAPD</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Patients on APD</td>
<td>40</td>
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<td>37</td>
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<tr>
<td>Home Haemodialysis</td>
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<tr>
<td>Patients on HHD programme</td>
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<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Transplant</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total number Transplants</td>
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<td>146</td>
<td>173</td>
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<tr>
<td>Total kidney transplants</td>
<td>141</td>
<td>134</td>
<td>165</td>
</tr>
<tr>
<td>Living Donor</td>
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<td>17</td>
</tr>
<tr>
<td>Paediatric living related</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>SPK</td>
<td>5</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Pancreas Only</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Transplant waiting list year end</td>
<td>511</td>
<td>504</td>
<td>511</td>
</tr>
<tr>
<td>Kidney Biopsies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal Biopsy (native kidney/transplant)</td>
<td>278/153 248/104 301/114</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

During 2009 we saw the appointment and commencement of clinical duties of a fourth Nephrologist, Dr Mark Denton, Graduate of the University of Edinburgh, who trained in the United States and was previously a consultant nephrologist in Plymouth in the United Kingdom.

**UROLOGY**

During 2009 we saw the appointment of Sara White as the Nurse Specialist for the new rapid access prostate service under the National Cancer Control Programme.
This year we also ran a haemodialysis module for healthcare assistants. This module was developed and delivered at Beaumont Hospital and run as a level 5 module under the SKILL programme. Two HCAs from the dialysis unit at Beaumont Hospital, two HCAs from the Mater Haemodialysis Unit and one from the dialysis unit at the Adelaide & Meath Hospital completed the programme. 100% of HCAs in the dialysis unit at Beaumont Hospital have now completed this module. Benny Devassy, HCA in St. Martin’s, completed the full level 5 HCA SKILL Programme.

NURSING PUBLICATIONS AND AWARDS

Claire O’Kane and Elizabeth McDonnell were the proud winners of the Charitable Infirmary Trust Award for their case presentation and guideline development on the successful management of a pregnancy in a haemodialysis patient.
Anaesthetics/Critical Care Directorate
Clinical Director: Dr Aidan Synnott
Business Manager: Ms Therese Callinan
Directorate Nursing Manager: Ms Judy McEntee

Dr Joseph Tracey continued as Chairperson of the Department of Anaesthesia and Critical Care in 2009, Dr Aidan Synnott assumed the role on a temporary basis during the year and subsequently was appointed as Clinical Director in December 2009. At that point, Dr. Margaret Bourke assumed the role of Chairperson. Drs. Edel Duggan and Tanya O’Neill took up their appointments as Consultant Anaesthetists during the year.

A total 10,694 patients underwent surgery in 2009, (10,543 in 2008). 7,182 operations were routine and 3,512 were emergency. These included 1,966 Neurosurgical operations; 176 transplants were performed. Many of the other procedures were complex gastrointestinal operations as well as major urology, ENT and plastic surgery.

In 2009 Beaumont Hospital became a regional centre for breast care surgery with a resultant increase in breast surgery - 124 procedures being performed.

A pilot study of the World Health Organisation “Safe Surgery Checklist” began in April, resulting in the subsequent introduction of this checklist into the Theatre Department. A hospital policy on Safe Site Surgery is being developed.

Three nurses were newly appointed to theatre in 2009 and commenced the theatre staff development programme. Nine nurses commenced the post-graduate diploma in theatre nursing.

A local team was established to work with the IT Department to implement the IT nurse rostering system. This has proved challenging and work continues.

An audit began in theatre reception to evaluate pre-operative preparation of patients attending the department for surgical intervention.

A European expert visited the department and gave workshops on various patient positioning techniques intra operatively.

ICU

Our department provides care for 20 ICU patients, between general ICU and Richmond ICU. We participate in the Intensive Care National Audit and Research Centre (ICNARC) audit. This organisation collates data from approximately 250 critical care units in the United Kingdom and compares activity and outcomes between comparable units. This enables benchmarking of outcomes and assessment of quality of care. Beaumont is the first Irish ICU to be involved with ICNARC.

An 8-bedded high dependency unit (HDU) was built on the grounds of Beaumont Hospital forming part of the larger three-storey care facility. ICU relocated to the HDU for four months to enable upgrading of the existing unit and the development of two additional ICU beds. ICU has since moved back to the upgraded unit and now benefits from two isolation rooms complete with ante rooms which has enhanced patient care in relation to infection prevention and control. The focus for 2009 is to recruit nursing staff to open the HDU and support ICU.

In 2009 education remained a priority with four nurses completing the post-graduate Diploma in Intensive Care Nursing. Two nurses completed an MSc in Nursing.

The multi disciplinary ICU team were actively involved in H1N1 pandemic contingency planning. This involved organising ways to cope with a potential increase in demand for critical care facilities in Beaumont Hospital. In order to maximise specialist skills available, nursing staff from theatre recovery and anaesthetics participated in an education programme adapted from the HSE. This provided these nurses with the opportunity to spend supernumerary time in ICU and assisted them in familiarising themselves with the ICU environment. It also promoted networking amongst both departments.

Thanks are extended to the ICU nurses who facilitated learning and to the Theatre Department nurses who willingly participated in the programme.

The ICU treated nine patients confirmed with H1N1. Therapies not routinely used in Beaumont Hospital were utilised, for example, nitric oxide ventilation. A Swedish Hospital provided extracorporeal membrane oxygenation (ECMO) treatment to a Beaumont Hospital patient. This patient returned to Beaumont Hospital to complete their recovery. Antibiotic treatment used for H1N1 cost €90,034.

In order to ensure that there were adequate supplies of mechanical devices available to deal with H1N1, the HSE supplied ICU with a number of new ventilators and haemofiltration machines.

In June all the ICU staff were shocked and saddened by the sudden death of our colleague Staff Nurse Mary O’Sullivan. May Mary rest in peace (RIP).

Josephine McManus retired at the end of the year after many years service.

PAIN CLINIC

Dr Josh Keaveny and Dr Valerie Pollard continue to run an extremely busy pain service. Kerry Murphy was appointed as CNM 1 in pain management. Both Kerry and Joanne O’Brien,
CNS in pain management, oversee the combined acute and chronic pain service. Over 1,500 patients attended the pain clinic. 4,500 patients were managed within the pain service, with 723 receiving PCA and 274 receiving epidural.

PRE ASSESSMENT CLINIC

Dr Tanya O’Neill and Dr Edel Duggan took over the pre-assessment clinic from Dr Michael Moore in spring 2009. They provide pre-assessment for complex patients requiring inpatient surgery. The service continues to develop with an increase in the number of patients being reviewed in the weekly clinic. Relationships have also developed with the Cardiology Department and the cardiology pulmonary exercise lab.

Training is a major priority for our department and the casemix in Beaumont provides excellent training opportunities. 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. In addition to undergraduate teaching, the department has a significant input into postgraduate training.

ST. FINBAR’S DAY WARD

Activity in the day ward increased by 7%, in comparison to figures available for the same period in 2008. Day theatre activity was higher with a 13% increase in general anaesthesia. Ward-based procedures such as lumbar punctures and BCG instillations also increased.

The day ward was used to assist in easing pressures faced in the Emergency Department (ED) with a 43% increase in ED-generated activity. On occasions the ward remained open at night to accommodate inpatient care. Nursing staff are acknowledged for demonstrating adaptability in times of crisis.

ED activity did have consequences on day-case activity. Services such as pain management saw activity reduced by 28% and a rise in patients waiting to be seen.

Bed utilisation increased by 15% with an average of 18 patients admitted per day in comparison to 15 patients per day in the previous year.

Dr Michelle Halpenny and Dr Brian Lamont continue to support the day ward pre-assessment clinic.

The following figures indicate the number of patients seen in the ward in 2009

- Pre assessment numbers: January – December : 2,549 (increased by 393 patients from 2008)
- Day Ward numbers: January – December : 7,220 (increased by 149 patients from 2008)
- Infusions Therapy: January – December 2009: 426 patients

CSSD

The main focus in 2009 for the CSSD was the selection of an IT-based communication and traceability system in conjunction with the HSE procurement of its national solution. CSSD participated in the hospital decontamination review which was conducted in November.

Implementation of HSE guidelines on the Decontamination of Reusable Invasive Medical Devices (RIMD’s) was a priority for the department. Quality improvement plans were identified in conjunction with the decontamination task group.

Production levels of RIMD’s increased by 3.8%. This was made possible by the following factors;

1. Staff turn-over again remained stable with no staff leaving the department.
2. A number of studies by the CSSD team identified systems of work that when put in place relieved congestion in some areas of the processing.
3. The extremely successful extended opening hours of the department introduced in 2008 also contributed to the further utilisation of plant and machinery, therefore giving better value for money

The department started working with the new directorate management teams. The department advises on the decontamination and sterilisation of reusable medical devices (RIMD’s) required in the development of new and expanding services.

Focus in 2010 will be

- Have all of CSSD staff formally trained using the online HSE IT decontamination training tool.
- Introduction of the preferred IT solution for traceability of RIMD
- Improved compliance with HSE code of practice for Decontamination of RIMD

PRIORITIES FOR 2010

1. Develop the Anaesthesia & Critical Care Directorate
2. Continue to work on staffing the new high dependency unit,
3. Increase the number of pre-operative assessment clinics
Radiology Directorate
Radiology Directorate

Clinical Director: Professor Michael J. Lee
Radiographic Services Manager: Ms Anne McMenamin

2009 was a very busy year for the Department of Radiology with over 170,000 examinations performed in the department. There has been an increase in virtually every area of the department, from general x-ray examinations to interventional radiology procedures.

ULTRASOUND
The new ultrasound area at the front of the department opened and is providing an excellent environment for ultrasound patients. There continues to be a mixture of inpatients and outpatients scanned in the Ultrasound Department. However, during the year increasing numbers of outpatients were sent to the Ultrasound Department at St. Joseph’s Hospital for ultrasound examinations.

CT DEPARTMENT
The opening of the third CT scanner at St. Joseph’s Hospital has greatly reduced the waiting time for CT examinations. The average waiting time now is approximately 30 days, with urgent examinations performed in under 10 days. The third CT scanner has allowed us to offer a very efficient service to our patients, particularly oncology patients.

MRI
Finally, the second MR scanner became fully operational in 2009, with the introduction of new radiography staff. The MR clerical department is in the same area and the enhanced layout has enabled the MR Department to continue to provide an excellent service. Because of the fact that Beaumont is a national neurosurgical centre there is increasing demand for MR examinations of the brain and spine. The second MR scanner will ultimately help provide these examinations in a timely manner.

INTERVENTIONAL RADIOLOGY
The interventional service continues to perform a large number of interventional procedures. These range from abscess drainage and biopsy to angioplasty/stenting to embolisation and venous access. Increasing number of patients are also accessing the neurointerventional service for brain aneurysm coiling and treatment of AV malformations. A new state-of-the-art 3D interventional unit was installed in the neurointerventional room, which has greatly enhanced the neurointerventional service.

BREAST RADIOLOGY
The new Breast Radiology Department was officially opened by Professor Tom Keane (Head of the National Cancer Control Programme) on May 8, 2009. The breast service continues to expand with the breast radiology service from Our Lady of Lourdes Hospital and Connolly Hospitals moving to Beaumont. The new facility, including a spectacular patient garden, provides a soothing environment for patients and relatives. This enormous workload was ably managed by Dr. Deirdre Duke during the year. She will be joined by an additional colleague, Dr. Jenny Kerr, who is taking up her appointment in July 2010, and by a further colleague Dr. Niamh Hamby who is taking up an appointment in October 2010.

CONSTRUCTION WORKS
The construction works in the department have finally finished, with the staff moving offices required for the new MR placement, completed. The radiology typing area also moved to the upstairs location. This enabled the department to make enhanced reporting areas in the main department, particularly with the imminent arrival of a digital radiology system. The new breast unit was also completed and opened for business in 2009. This is a dedicated area for patients with breast disease accessed separately from the back of the department.

PICTURE ARCHIVING AND COMMUNICATIONS SYSTEM (PACS)
The National Medical Integrated Imaging System (NIMIS) reported that a Canadian company, McKesson, was successful in the national PACS project. Beaumont is near the top of the list with regard to installation of a PACS system. This will be an enormous change in the department and indeed within the hospital. Radiology examinations will be available for viewing on the wards as soon as they are performed. This will lead to a much more timely radiology reporting service and generally enhance the handling and throughput of requests. Eventually, when all hospitals in the country are PACS-enabled there will be a central server from which patient images can be accessed from any hospital in the country. This is an exciting development for the hospital and department. To enable the development, a PACS Project Manager, Sheila McGuinness, was hired in 2009, with a team consisting of Kate McKenna as
PACS Manager and Audrey Fitzgerald as RIS Manager. The PACS Project Team has worked hard to prepare the department for the arrival of PACS.

STAFF

2009 saw the introduction of four new permanent radiographers against a deficit of eight vacant posts. Geraldine Flannery was promoted to clinical specialist in ultrasound and Grace McGuorty Kerwin was promoted to clinical specialist in mammography. Ms Sheila Dolan, Clinical Specialist Radiographer in Interventional Radiology, retired after 23 years of service. She is missed and we wish her well. Ms. Joan Reidy, Radiographic Services Manager 1, also retired after 23 years of service. We would like to thank both Sheila and Joan for their dedication and hard work and wish them both well.

Dr Mark Given was took up a new consultant radiology position during 2009 attached to St Joseph’s and Beaumont Hospitals. Dr Aoife Keeling was appointed as a consultant radiologist during 2009 and will be taking up her appointment in July 2010. Both Dr Given and Dr Keeling are also able interventional radiologists which will help boost the interventional service.

EDUCATION

The department continues to teach undergraduate medical students and postgraduate radiology trainees. There is now a comprehensive e-learning programme for intermediate and senior cycle medical students, with multiple lectures also delivered as part of the integrated RCSI curriculum. The department continues to examine in the intermediate and senior cycles and provides OSCE stations for both.

A number of radiographers have obtained higher degrees. Honor Veale completed an MSc in Ultrasound, Louise Casey an MSc in MRI, David Reidy an MSc in CT and Sean McArt an MSc in Healthcare, Ethics & Law.

RESEARCH

The department continues to be active in research with a number of papers presented at international meetings and published in peer review journals. Professor Lee was elected Vice President of the Cardiovascular and Interventional Society of Europe (CIRSE) and secretary of the Division of Radiology at the Union of European Medical Specialties (UEMS).

In summary, the Radiology Department continues to grow and provide new and vital services to patients. We appreciate the contribution of all our staff in providing an efficient, friendly and professional service to patients.
Laboratory Medicine Directorate
DIVISION OF LABORATORY MEDICINE

Clinical Director:
Dr Tony Dorman

Laboratory Manager:
Mr Paraic Reilly

The Division of Laboratory Medicine provides both clinical and diagnostic laboratory services to Beaumont Hospital and St Joseph’s Hospital, Raheny. It provides diagnostic laboratory services to general practitioners in its catchment area, to other hospitals and health care providers. It provides a range of national specialty services including Histocompatibility and Immunogenetics (H&I), Neuropathology, Renal pathology and Clinical Toxicology. The Division of Laboratory Medicine is committed the provision of laboratory services compliant with ISO-15189 Standards for the Medical Laboratory and ISO-9001-2008 Standards for Quality Management. The Division is also committed full compliance with legislative standards and to developing guidelines for investigations, clinical audit and educational activities.

Each laboratory within the Division of Laboratory Medicine had successful accreditation visits with:

- Immunology to CPA (UK) Ltd.
- H&I to CPA (UK) Ltd.
- Microbiology to CPA (UK) Ltd.
- Histopathology to CPA (UK) Ltd.
- Chemical Pathology to CPA (UK) Ltd.
- Haematology to CPA (UK) Ltd.
- Blood Transfusion to INAB

Following surveillance and full inspection visits by INAB, Blood Transfusion is fully accredited to ISO-15189 Standards for the Medical Laboratory according to EU Directive 98/02.

In general, preparation for an accreditation visit occupies more than 1,000 man hours in each department. More than 22,000 individual tasks were completed associated with accreditation and quality management. All policies were reviewed and most standard operating procedures were updated. Several audits were completed in each laboratory measuring conformance to accreditation standards and all areas not conforming to standards were corrected. This process is now ongoing. Some 516 persons were recorded as attending training events associated with Health & Safety and Quality Management.

All tests performed are subjected to internal quality control procedures and all assay performance is subject to external peer review through external quality assurance schemes. All procedures are standardized and documented. They are reviewed regularly. There is a system of auditing in place that ensures adherence to policy and procedure. Non-conformances are corrected and preventive measures are put in place. Follow-up of such actions ensures the efficacy of the measures taken. All assets are logged, and performance is tracked. User satisfaction is measured, and the recommendations are taken through to service planning. All staff are encouraged and supported to meet their full potential. Life-long learning and staff development form part of a system of joint annual reviews that ensures staff stay up to date and are competent. One of our greatest strengths is that all analytical data is subject to rigorous verification and validation protocols before it is published as patient results. Protocols are in place that permit follow-up to abnormal findings such as additional tests on specimens received and the requisition of additional specimens where appropriate.

All laboratories also had successful inspection visits by the Dangerous Goods Safety Advisor, and Histopathology was successfully inspected by HIQA where the focus was on the provision of service to the centre of Excellence for Breast Cancer.

The Division of Laboratory Medicine remains committed to the provision of excellent services and is very appreciative of the hard work and contribution of all of its staff in the successful inspections during 2009.

Significant Events during 2009 include the retirement of Mr Roland Spencer, Chief Medical Scientist, Haematology, Ms Margaret O’Brien and Ms Brid Ward, Senior Medical Scientists, Haematology, Ms Mary Dunne, Medical Scientist, Haematology, Mr Anthony McGayley, Senior Medical Scientist, Microbiology, Ms Bernadette Deane, Senior Medical Scientist, Histopathology.

We wish them good health and enjoyment of their retirements.

During 2009 Dr Paula O’Shea, Principal Clinical Biochemist, resigned. We wish her good luck in her new post as Consultant Biochemist in Galway University Hospital. Ms Marie Donnelly, Medical Scientist, Chemical Pathology, resigned. We wish her luck in her new career in Australia. We welcome the appointment Ms Anne Brady, Senior Medical Scientist, Histopathology and, Ms Nadine Oldfield and Ms Avril Bailey Flood, Medical Scientists who transferred from RCSI to Histopathology, and to Mr Ronan D’Auria, Senior Medical Scientist, Immunology. We intend that they find that Beaumont Hospital is an excellent place to work. We are delighted for those staff who became parents during 2009.

Continuing Education: During 2009, Ms Geraldine Collier attained FRC Path, Ms Grainne Kelleher, Ms Alison Griffin and Ms Sharon Campbell attained MSc in Clinical Chemistry, Ms
Niamh Durcan, Ms Gillian Cunningham, Ms Sinead Macken and Ms Geraldine Rooney attained MSc in Biomedical Sciences, Mr. Dermot McBrierty and Ms Caroline Donaghy attained MSc in Forensic Medicine and Mr Neil O’Brien attained a Graduate Diploma in Forensic Medicine. Congratulations to all and well done on their efforts. We are very thankful for the benefits their additional knowledge and skills bring to the laboratories in which they work. We look forward to their contributions as their careers develop further. Many other members of staff have commenced or continue MSc and other post graduate programmes. We wish them success with their studies. Most staff participate in continuous professional development programmes through professional bodies. In this way staff maintain competence in the rapidly expanding fields of medical science, analytical technology, information technology and management practice.

Resources: 2009 proved to be a very difficult year to manage the services offered from within the resources available. That we did so, and maintained high levels of user and patient satisfaction, is due to the dedication of all of our staff who played important roles in service provision. We received 13 complaints about the services we offer. We regret that our services did not meet our user’s expectations in these cases. We put in place service improvements to try to resolve the issues raised.

CHEMICAL PATHOLOGY

In 2009, the total volume of requests analysed in the general biochemistry laboratory was 971,620. The key items were:

<table>
<thead>
<tr>
<th>Request Item</th>
<th>Patient Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renal profile (U&amp;E)</td>
<td>246,434</td>
</tr>
<tr>
<td>Liver profile (LFT)</td>
<td>160,605</td>
</tr>
<tr>
<td>Glucose</td>
<td>89,608</td>
</tr>
<tr>
<td>Calcium (Mg &amp; PO4)</td>
<td>83,640</td>
</tr>
<tr>
<td>Lipid profile (Cholesterol)</td>
<td>78,690</td>
</tr>
<tr>
<td>C Reactive Protein</td>
<td>62,786</td>
</tr>
<tr>
<td>Troponin</td>
<td>14,794</td>
</tr>
</tbody>
</table>

Major consolidation of assay performance was achieved with the department now organised around three key technologies: photometric assays, immunodiagnostic assays and chromatographic assays.

The immunodiagnostic workload was 239,211 request items. The key items were:

<table>
<thead>
<tr>
<th>Request Item</th>
<th>Patient Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thyroid Function Tests</td>
<td>71,957</td>
</tr>
<tr>
<td>Ferritin</td>
<td>50,726</td>
</tr>
<tr>
<td>Vitamin B12 and Folic acid</td>
<td>49,828</td>
</tr>
<tr>
<td>Prostate Specific Antigen</td>
<td>19,447</td>
</tr>
<tr>
<td>Other Hormones</td>
<td>&gt;20,000</td>
</tr>
<tr>
<td>Other tumour markers</td>
<td>&gt;7,500</td>
</tr>
</tbody>
</table>

The Chromatographic assay section includes protein electrophoresis, HPLC, Toxicology and Immunosuppressive drugs. The key items were:

<table>
<thead>
<tr>
<th>Request items</th>
<th>Patient requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c</td>
<td>14,254</td>
</tr>
<tr>
<td>Catecholamine requests</td>
<td>5,421</td>
</tr>
<tr>
<td>Electrophoresis</td>
<td>7,870</td>
</tr>
<tr>
<td>Immunosuppressive drugs</td>
<td>7,330</td>
</tr>
<tr>
<td>Urinary albumin</td>
<td>6,257</td>
</tr>
<tr>
<td>Urinary drugs of abuse</td>
<td>7,529</td>
</tr>
</tbody>
</table>

More than 4,000,000 individual tests and calculated results were completed in total. 2009 also saw consolidation of point-of-care testing with blood gas analysers placed in Theatres, ICU, ITU and the Emergency Department.

HAEMATOLOGY

CLINICAL HAEMATOLOGY

COLEMAN K BYRNES UNIT

The Coleman K Byrnes Unit is the haematology day care facility and patients attend there for chemotherapy, blood and platelet transfusions and special investigations e.g., bone marrow aspirates. CKB Day Unit attendances remain static at approximately 400 patient attendances per month.

OUT-PATIENTS

The haematology out-patient clinic is held on Tuesday afternoons and attendances also remain static at approximately 140 per month.

ORAL ANTICOAGULANT SERVICE

This service is now computerised and nurse-led, with medical supervision from Haematology Department. Approximately 100 patients per day attend for phlebotomy, with nurse-led follow-up for Warfarin dosage and patient education.
LABORATORY ACTIVITY
437,342 patient requests were analysed. Laboratory test requests during 2009 are exemplified by the following:

<table>
<thead>
<tr>
<th>Request Item</th>
<th>Patient Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Blood Count</td>
<td>251,976</td>
</tr>
<tr>
<td>Coagulation Screen</td>
<td>68,004</td>
</tr>
<tr>
<td>Warfarin Therapy</td>
<td>42,038</td>
</tr>
<tr>
<td>ESR</td>
<td>58,679</td>
</tr>
<tr>
<td>Flow Cytometry specimens</td>
<td>&gt;4,000</td>
</tr>
</tbody>
</table>

NEW DEVELOPMENTS
A new flow cytometer and new coagulation analysers were commissioned, validated and introduced to service during 2009. These lead to substantial improvements in service efficiency and result quality.

DEPARTMENTAL TEACHING
Regular formal lectures in haematology are given to the 3rd year medical students (Pathology) and the revision lectures to the final year medical students by Dr. J. Slaby and Dr. Philip Murphy. Final year students are attached to the haematology team for four-week periods and are encouraged to learn from all activities in the department.

Postgraduate/Membership tutorials are given in the period before each MRCPI examination. There are journal clubs and morphology sessions. Haematology junior medical staff and relevant technical and nursing staff attend.

BLOOD TRANSFUSION DEPARTMENT
Activity for the most part remained stable during 2009

<table>
<thead>
<tr>
<th>Request Item</th>
<th>Patient Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type &amp; Screen</td>
<td>17,635</td>
</tr>
<tr>
<td>Red Cells</td>
<td>13,375</td>
</tr>
<tr>
<td>Red Cells used</td>
<td>8,440</td>
</tr>
<tr>
<td>Platelets</td>
<td>1,447</td>
</tr>
<tr>
<td>Platelets used</td>
<td>1,322</td>
</tr>
<tr>
<td>SDP Plasma</td>
<td>2,087</td>
</tr>
<tr>
<td>SDP Plasma used</td>
<td>1,918</td>
</tr>
<tr>
<td>Other products</td>
<td>2,094</td>
</tr>
<tr>
<td>Other products used</td>
<td>2,093</td>
</tr>
</tbody>
</table>

Through its use of electronic cross-match technology the blood transfusion service provides the shortest turnaround time for provision of blood products nationally. This technology has also seen Beaumont Hospital commended for the least quantity of blood returned to the Irish Blood Transfusion Service.

EDUCATION
The 4-hour Blood Transfusion Education Programme was held 25 times during 2009 in Beaumont Hospital’s Centre of Education. This was attended by 800 nurses. A shorter 90 minute programme for existing staff was introduced following survey of user opinion. Six education sessions regarding T/S sampling for the identified and unidentified patient was provided for nurses as part of the Venepuncture and Cannulation Programme. Short 10-20 minute education sessions have been provided at ward level and the Haemovigilance has also been available for the induction of new doctors. Full training on the new blood collection/delivery system has been provided to portering staff and all other relevant staff.


HISTOPATHOLOGY
The Histopathology Department provides a comprehensive service in histopathology. This includes surgical pathology, cytology, autopsies, clinic-pathological meetings, research, education and training. The workload of the department continues to increase as more complex cases are referred to the hospital for ongoing management.

The number of breast cases continues to increase steadily in line with Beaumont Hospital becoming one of the designated breast cancer care centres in the country.

We continue to plan for the development of a shared Molecular Laboratory to complement diagnosis in cancer patients, provide a diagnostic service for haemochromatosis and an improved diagnostic service for MRSA and other molecular analyses. This will require refurbishment of existing space.

Postgraduate training in histopathology is an integral component of the department and much time and effort is invested in this area. Our trainees continue to successfully complete their examination. Ongoing research projects for both medical and scientific staff comprise part of this investment.

Audit and clinical governance are an integral, necessary and ever-increasing part of department activities. These activities are under constant review and add to the workload.

RENAL HISTOPATHOLOGY
We provide a diagnostic renal biopsy secure to Beaumont Hospital, the Mater Hospital, the Mater Private Hospital, Our Lady’s Hospital for Sick Children, Crumlin, Temple Street Hospital, Limerick University Hospital, the Galway Clinic, Waterford Regional Hospital, Sligo General Hospital and Letterkenny General Hospital.
A renal biopsy routinely requires light microscopy (routine and an array of histochemical stains), direct immunofluorescence 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 2009 St James’s Hospital decommissioned its electron microscopy service leading to increased activity in Beaumont Hospital. We reported on 471 renal biopsies. All biopsies are reported by telephone within twenty-four hours of receipt, with discussions of clinico-pathological correlation. There is a two-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 and presentations at international conferences were in collaboration with clinical nephrology and renal transplant surgery.

**NEUROPATHOLOGY**

Neuropathology functions as an integral part of clinical Neurosciences and of Histopathology at Beaumont. The department has diagnostic, research and teaching commitments to a wide catchment area.

The bulk of the diagnostic material, consisting of brain and spinal tumours, is received from neurosurgery. The neuro-oncology diagnostic service is comprehensive and includes frozen sections, histology, immune-histo-chemistry, electron microscopy and molecular diagnostics. Neuropathology, along with neuro-radiology, is the key driver of the multidisciplinary brain tumour review conference. Research into signalling pathways in high grade gliomas is undertaken in the neuropathology laboratory and studies into the chemosensitivity of gliomas is carried out in collaboration with the National Institute for Cellular Biotechnology at Dublin City University. Future developments under the National Cancer Care Programme initiative into brain tumours will include expansion of molecular diagnostics utilising highly sensitive, high throughput genetic analysis and the creation of a national brain tumour data base in conjunction with the Neuropathology Department at Cork University Hospital. An extensive range of neuropathologic analyses is provided for children and adults with muscle disease from all over Ireland. A limited mitochondrial DNA diagnostic service is provided to patients with muscle disease and also for patients suspected of having Leber’s optic neuropathy. The highly complex nature of the investigations in human muscle disease requires national and international collaborations and to this end, close links have been established with the Metabolic Unit in the Children’s University Hospital, Temple Street, and with the diagnostic unit in Newcastle University, England.

CJD diagnoses continued throughout 2009. The specialised forensic neuropathology consultancy also continues to operate successfully. The Brain Bank launched in 2008 is now successfully operating.

The department participates in the training of pathology and neuroscience residents and offers short and long term rotations through the laboratory. Undergraduate teaching is provided to medical and physiotherapy students at Trinity College, Dublin and at the Royal College of Surgeons in Ireland.

**CLINICAL IMMUNOLOGY DEPARTMENT**

The Immunology Department provides an integrated clinical and laboratory service, incorporating the Clinical Immunology Laboratory, and the National Histocompatibility and Immunogenetics Service for Solid Organ Transplantation (NHISSOT).

**CLINICAL SERVICE**

The clinical service is predominantly out-patient based, in addition to a consult service, and both home and hospital-based immunoglobulin replacement programmes. Access for non-allergy appointments continued to be satisfactory. The wait time for allergy assessments was addressed in 2009 with considerable improvements attained through the nurse led allergy clinic and the introduction of a specific clinic for angioedema.

Integration of the clinical and laboratory service, essential for managing complex cases, remains excellent and has also proved invaluable in facilitating laboratory quality improvement. Through education opportunities and working with our service users, more appropriate testing was attained.

**CLINICAL IMMUNOLOGY LABORATORY**

The department provides a service for Beaumont Hospital, general practitioners and external hospitals and has a focus on improving the clinical effectiveness of laboratory testing.

User education continued with the publication of an updated version of the user manual on the intranet in addition to interpretive reporting and clinical liaison.

**ACTIVITY**

<table>
<thead>
<tr>
<th>Request Item</th>
<th>Patient requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test sets</td>
<td>86,300</td>
</tr>
<tr>
<td>Individual tests</td>
<td>139,091</td>
</tr>
</tbody>
</table>

In total, 29,543 patient specimens were analysed.

**NATIONAL HISTOCOMPATIBILITY AND IMMUNOGENETICS SERVICE FOR SOLID ORGAN TRANSPLANTATION (NHISSOT)**

NHISSOT continues to provide a national service, supporting kidney, pancreas, heart, lung and liver transplant programmes.
From a scientific perspective, H & I is advancing rapidly and we have been able to introduce prospective molecular typing of donors, high resolution antibody identification and clinically validated flow cytometry cross-matching in recent years. These advances contribute to improved graft survival, reduced cold ischaemia (current average 15.5 hours) and fewer patients sent home due to unexpected positive cross-matches. 2009 was the busiest year both from a workload and a quality improvement perspective. The living-donor programme continued with 18 successful kidney transplants. This together with the deceased donor programme resulted in the highest number of renal/pancreatic transplants being performed in the history of the service. In total, 173 patients were transplanted. Additionally, the H&I unit supported 11 heart, 5 lung and 64 liver transplants in the Mater and St. Vincent’s Hospitals respectively.

A total of 4,317 molecular and 481 serological HLA types were performed. A total of 8,986 antibody analyses were performed, over 80% of which were high definition, single antigen assays.

Significant quality improvements include accelerating completion of work-up for patients being activated on the renal transplant waiting list (69% activated with 4 weeks of clinic review); no cases of antibody mediated rejection and only 2 renal patients sent home unfortunately because of unexpected positivity on a cross-match.

Publications: The department had three posters accepted, 2 at the EFI annual conference and the 1 at the Irish Society for Immunology.

REFURBISHMENT
Refurbishment of the laboratory was successfully completed in March, 2009. This provided the department with state-of-the-art facilities, which meet all the health and safety regulations and the requirements of CPA. It also provides the staff with a pleasant well-lit, comfortable, working environment.

The continued increase C difficile testing is a direct result of new 2008 National Guidelines, mandating screening of a wide range of patients.

A significant increase in cystic fibrosis and fungal culture in 2009 led to increasing pressures due to the highly complex and specialised nature of these investigations.

ACTIVITY/ SOURCE INCREASE

<table>
<thead>
<tr>
<th>Request Item</th>
<th>Patient Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine culture</td>
<td>35,929</td>
</tr>
<tr>
<td>Wound/swab culture</td>
<td>11,959</td>
</tr>
<tr>
<td>Blood culture</td>
<td>10,570</td>
</tr>
<tr>
<td>MRSA investigation</td>
<td>22,170</td>
</tr>
<tr>
<td>C difficile</td>
<td>3,479</td>
</tr>
<tr>
<td>VRE</td>
<td>1,216</td>
</tr>
</tbody>
</table>

A total of 109,799 investigations were completed during 2009.

MICROBIOLOGY
The Department of Microbiology is committed to offering a high-quality, integrated service to patients in the prevention, diagnosis, treatment and follow-up of infection. The department provides a CPA- accredited service to Beaumont Hospital and to the wider community, processing an ever-increasing number of specimens from GPs and other health care providers. In addition, the department provides a dedicated, out-of-hours, clinical and laboratory service 365 days a year, further enhancing service provision. As well as the ever-increasing demands on laboratory and clerical staff, there is also an extremely busy clinical service advising on the management of patients with complex infections. The surveillance of health-care associated infections such as MRSA, Norovirus, C difficile, VRE and ESBL producing Enterobacteriacae is managed on a daily basis by a dedicated surveillance scientist, in co-operation with the clinical microbiology team and the infection prevention and control team. There is also a significant role in the prevention and management of health-care associated infection and in outbreak management. The department is approved for training in microbiology by the Irish Committee for Higher Medical Training and by the Dublin Institute of Technology and Trinity College.

The major challenges during the year centred on accreditation, refurbishment, outbreak management and limitation of resources.
Clinical Services Division
Clinical Services Division
The Clinical Services Division comprises the therapeutic and diagnostic health professionals. These include the scientific staff of the laboratory medicine division, radiographers, medical measurement technicians, including neurophysiology, cardiac catheterisation/ECG, and pulmonary function, psychologists, pharmacists, occupational therapists, physiotherapists and speech and language therapists; the departments of dietetics, medical social work, medical physics and clinical engineering, neurophysiology and the non-invasive vascular laboratory; poisons information officers, audiologists, audiological scientists, orthoptists and podiatrists.

The services delivered by this division are demand-led and the yearly increase in activity has continued in 2009. This increased demand includes the transfer of breast care services from Our Lady of Lourdes Hospital, Drogheda. Some areas such as radiography and laboratories received some additional resources to manage the needs of these additional patients but others were required to try to deliver these services from within current resources. With further decisions regarding other cancer services awaited, it is critical that the full range of service requirements are considered as part of the planning for transfer of services.

The opening of a Stroke Unit at the end of 2009 was welcomed as a significant benefit for patients. For the health and social care professionals, both therapeutic and diagnostic, this initiative was introduced from within current resources. Further evaluation of this will need to take place in 2010. As part of this initiative, early, very positive discussions took place with the community services in relation to the development of greater integration between the acute and community sectors following the model of early supported discharge. It is expected to develop this further in 2010.

Maintenance of staffing levels for some departments was challenging throughout the year as a result of the recruitment moratorium. Prioritisation of services had to occur in some areas.

The planning for and construction of a new outpatient cystic fibrosis unit continued in 2009 with a high level of involvement of the clinical staff including health and social care professionals, nursing and medical staff in the design of this unit. We look forward to the opening of this unit in 2010 and an enhanced environment for this patient group and the staff working with them.

The introduction of the Nursing Home Support Scheme (Fair Deal) in November 2009 represented a completely new way of accessing long term residential care. As this was new legislation a Fair Deal Project group was established by Ann Marie O’Grady to manage the introduction of this complex legislation. The additional workload that this represented across the organisation for medical, nursing and health and social care professionals was very considerable. However, this was especially onerous for the Social Work Department as there was a new requirement to actively case-manage over 140 patients and their families through the unchartered territory of new legislation in an expeditious manner. Ann Marie O’Grady worked with the HSE at a national level assist in identifying and working through the implementation issues as they arose. Very close collaboration with colleagues from the Mater and Conolly Hospitals was critical to providing a coherent approach across North Dublin.

The development of an information technology solution for activity data capture and reporting across therapy and social work departments was initiated in 2009 to move from a completely manual system. The Department of Nutrition and Dietetics, in collaboration with the IT Department, developed an effective IT system to support activity-capture and activity-reporting. This initiative was further extended over the year across the professions of occupational therapy, physiotherapy, social work and speech and language therapy with agreed shared data sets and definitions. This will go live in 2010 across all departments. The professions of speech and language therapy and nutrition and dietetics commenced submission of data to Healthstat in September 2009 and it is intended that these will be added to the Healthstat dashboard in early 2010.

The division continued to work closely with the Organisational Development Department to design how the clinical services departments would fit within the emerging clinical directorate structures. It is the intention of finalising the new structures in 2010.

Finally, I would like to thank all the heads of department within the division for their ongoing commitment in challenging times to delivering patient-centred care and to Adrienne O’Connor who provides critical support to the division.

CLINICAL NEUROPHYSIOLOGY DEPARTMENT

Chief Clinical Neuropsychological Scientist: Geraldine Browne

The scientific staff, comprising one chief, two seniors, one junior and an assistant, work as part of the Clinical Neurophysiology Department team along with the consultant neurophysiologists and clerical staff.
The CNP Department delivers a range of tests to both inpatient and outpatients. These include:

- **EEG:** This includes portable EEGs, sleep studies and prolonged EEGs. Long-term video EEG monitoring is provided and two patients are monitored round the clock at any one time. This service is run seven days a week closing for about a week at Christmas and a couple of days at Easter. Patients spend an average of eight days on the system. In all of these surgical work-ups cased Sphenoidal electrodes are used and inserted by a member of the Neurology team.

- **Botulinum toxin clinic and EMG clinics are provided by the consultant neurophysiologists.**

The consultant neurophysiologists report on all routine, portable, prolonged EEGs and sleep studies as well as all EMG studies. Dr Norman Delanty, Consultant Neurologist, and an epilepsy fellow report on the long term video EEG monitoring.

There are other studies, eg PNC studies and evoked potential, that consideration needs to be given in 2010 as to whether these can be delivered, considering the available resources.

Our commitment to education continues, with placement of four students a year from DIT and College of Technology, Kevin Street, and ongoing continuing professional development within the department.

**COPD OUTREACH SERVICE**

**COPD Outreach Co-ordinator – Brenda Deering, MISCP**

COPD Outreach is a multidisciplinary service that continues to provide effective and safe services to patients with chronic obstructive pulmonary disease in the Beaumont Hospital catchment area. The aim of the COPD service is the avoidance of admission through early identification and education on self-management for patients. A wide range of interventions are utilised to achieve this. Two full-time staff members, senior physiotherapist and CNMII, provide extended hours of practice Monday through Friday 8am to 6pm.

The emphasis on research has gained the service national recognition with Niamh McCormack, who took the lead in developing the ‘Respiratory Passport’, receiving the Irish Medical Times Healthcare Achievements award.

Education of staff and students on the management of COPD continues to play an important role of the service.

**CLINICAL ACTIVITY**

The total number of initial assessments amounted to approximately 800 with follow-up home visits approximating 400 for the year 2009. 93% of these assessments were identified by the COPD Outreach staff. There was an increase of 55% in the number of assessments in the Emergency Department and a decrease of 30% on ward referrals compared to 2004 which suggests more patients are being captured earlier in their journey through the hospital system. January and September were identified as being the busiest months of the year.

**Early and Assisted Discharge programmes:** The estimated number of bed-days saved for these programmes amounts to an impressive 1,002 days. The average length-of-stay for the early discharge patients was 1.36 compared to 1.67 in 2008 with an estimated saving of €384,384. For the assisted discharge patients the average length-of-stay was 6 days compared to 7.7 days in 2008 with an estimated saving for the hospital of €205,178.

**Outpatient Consults and Prevent Admission:** This initiative has proven to be an effective way to identify patients who are newly diagnosed with COPD and to prevent admission and provide follow-up and support for those who present to clinic with an acute exacerbation. Of the 109 patients who received education and advice 39 required follow-up home visits (36%). It is estimated that 265 bed days were saved with a potential monetary saving of €222,760.

**Respiratory Centre Reviews:** Over 2009, twenty-eight patients who deviated from the pathway were reviewed by the medical team. With a joint effort between the COPD outreach, clinical specialist respiratory nurses service and the cystic fibrosis service, the Respiratory Centre is now able to report these patients as being seen in the hospital and capture this activity.

**Pulmonary Rehabilitation:** This is a multidisciplinary approach to care and would not be as effective without the support from all departments involved in providing talks, especially the Physiotherapy Department.

**SERVICE DEVELOPMENTS**

The respiratory passport is now provided to all patients and Niamh McCormack completed her Master of Science Degree in Nursing validating this passport.

A pulmonary rehabilitation study protocol was developed in partnership with the RCSI for a multicentred trial which led to the development by Professor Richard Costello and Brenda Deering of the ‘ITS Pulmonary Rehabilitation Research Network’ with the assistance of Suzanne McCormack.

The service is regularly audited against international guidelines using key performance indicators. Protocols for the hospital-at-home services were reviewed and the only change was to develop a priority oxygen form to help speed up home delivery thereby cutting down on length-of-stay for patients requiring long-term oxygen therapy.

The updating of the pulmonary rehabilitation protocol was commenced and changes were made to optimize exercise prescription.

The outpatient consults and prevent admission area have been identified as areas for growth and continue to be developed in such as way as to optimize the multidisciplinary team management and GP input thereby offsetting the need for patients to present to the Emergency Department. By being present in the clinic, the follow-up on hospital oxygen prescription has been identified as an area for future development.
The COPD outreach service assisted with the development of the COPD protocol for the short-stay unit.

The introduction of reporting activity levels on a monthly basis with the medical teams has enhanced the detail of data collection.

AWARDS

Niamh McCormack was awarded the Irish Medical Times Healthcare Achievement Award for her research and work into the effectiveness of a ‘Respiratory Passport’ as a self-management tool.

Beaumont Hospital Foundation: A bursary was received for the purchase of heart rate monitors for pulmonary rehabilitation.

Brenda Deering was awarded the CPRC bursary award for best research project based on her Masters.

AirProducts Bursary Award: An educational bursary was awarded to the Pulmonary Rehabilitation Study (pending 2010)

EDUCATION

Education continues to play an important role in service development and promotion.

- Brenda Deering developed two modules for the ISCP e-leaning project and presented at the advance course in respiratory physiotherapy (CPRC) 2009
- Niamh McCormack lectured in the RSCI and presented at a number of conferences including IAPR annual meeting and the ANAIL meeting at the ITS.
- In-house education was provided to nursing ED and ward staff members.

COMMITTEE INVOLVEMENT

- Brenda Deering: Committee member of the CPRC (Chartered Physiotherapists in Respiratory Care)
- Niamh McCormack: Committee member of ANAIL (Nursing committee)

LABORATORY

Laboratory Manager: Pauric Reilly

The report on the scientific service is encompassed in the Laboratory Division section

MEDICAL PHYSICS AND CLINICAL ENGINEERING

A/Head of Medical Physics and Clinical Engineering: Paul Lowe (from March), Tony Enright (January – March)

In 2009 Medical Physics and Clinical Engineering provided support to all major departments in the hospital, working closely with critical care, theatres, endoscopy and dialysis. The department also contributed to various committees and task groups within the hospital including radiation safety, vigilance and hygiene task group. Staff changes occurred throughout 2009 with the A/Head of Department Tony Enright retiring this year.

The department also contributed to new developments and initiatives throughout the hospital. These programmes include commissioning of equipment in the new high-dependency unit, assisting in the refurbishment programme for the General Intensive Care Unit. The department also provided support and advice for a new pilot home haemodialysis programme. It is envisaged that this programme will be provided as a national programme in 2010 with Beaumont Hospital involved as a major care provider of the service.

The department was actively involved in contingency planning for a possible H1N1 virus outbreak in 2009, with advice on procurement and commissioning of additional life support equipment in readiness for a possible epidemic.

2009 was a very challenging year in nuclear medicine due to problems with the high flux reactor in Petten, Netherlands, and the subsequent worldwide shortages of Molybdenum from which the daily isotope supplies for nuclear medicine scans are obtained.

A study of staff radiation doses to the eyes was carried out in the neuro-interventional suite. These results were reported to the Radiation Safety Committee. Another study was carried out with the Radiology Department involving a trial of a radiation safety drape for interventional procedures. It is hoped that this work will be presented nationally and internationally.

2009 saw the beginning of a reintroduction to laser safety. This has been initiated by Medical Physics and there has been widespread interest in the topic and support from users.

NON-INVASIVE CARDIOLOGY DEPARTMENT

Head of Department: Ms. Barbara Toole

The department comprises 12 WTE Cardiac Technicians and one Cardiac Clinical Support worker (who started in July 2009).

A range of services including ECG, exercise stress testing, echocardiography, 24 hour holter monitoring, transoesophageal echocardiography, pacemaker and ICD follow ups are provided by the department.

A total of 25,000 patients attended the department in 2009 for non-invasive cardiology diagnostics. During 2009 a non-invasive cardiology diagnostics project was established to look at optimising delivery of these diagnostics, as a result the following developments took place:

- July 2009 saw the introduction of technician-led exercise stress testing. This has led to an increase in throughput in the service with reduced waiting times for inpatient and outpatient procedures. It has also released approximately 18 hours of junior doctor time.
• Introduced a new pacemaker follow-up clinic which has reduced routine waiting lists from 40 weeks to 10 weeks.
• Preparation commenced for delivering an extended day for echocardiography to address the long waiting lists.
• Introduction of the role of cardiac support worker, by suppressing a technician post. This has improved skill-mix and releases technicians to carry out the roles that only they can do.
• 2009 also saw the opening of the St. Patrick's Short-Stay Unit. This provided many challenges to the department with respect to providing access to diagnostics within the designated time frame. The department has been very successful on this front and was an essential part of the success of this unit.
• There has also been an increase in demand for access to services such as echocardiography from areas like oncology and the preoperative assessment clinic, which have been delivered.

There was also a broad range of CPD courses and examinations undertaken by the staff within the department with two staff members successfully completing the Heart Rhythm European Pacing and Implantable cardiac defibrillator examinations.

NON-INVASIVE VASCULAR UNIT

Director: Dr Patricia Fitzgerald

The Non-Invasive Vascular Unit provides a diagnostic service using ultrasound-based technologies to investigate disease of arteries and veins. In 2009 the unit performed 7,452 examinations. Patients are referred by all specialties within the hospital as well as General Practitioners.

STAFFING

Staff levels remained static in 2009 with 5 WTE (1 medical and 4 technology) staff. In addition, administrative (1.5 WTE) and portering (0.5 WTE) support continue to remain vital to the service delivery.

EDUCATION AND TRAINING

The unit continues to provide undergraduate teaching to DIT Kevin Street BSc Clinical Measurement Science students; RCSI medical students, advanced clinical skills course, plus postgraduate training for radiology registrars in vascular ultrasound. There is continued collaboration with RCSI PhD project “Real-time 3D -Ultrasound in quantification of Vascular Disease”.

NEW DEVELOPMENTS

• Service: Commencement of the trans-cranial doppler service was facilitated by purchase of the doppler system through a donation to the Neurosurgical Department and additional funding from Beaumont Hospital Foundation. This service is provided by the NIVU staff and is currently used to aid in the diagnosis and management of patients with subarachnoid haemorrhage.
• Training: Ankle brachial index training for nursing staff in the OPD commenced in September 2009. The course includes practical experience in the NIVU, formal lectures, log book completion and is followed by theoretical and practical examination to achieve An Bord Altranais (category 1) approval. To date, twelve have completed practical training and examinations are to be held in 2010.

AWARDS

PhD: Carolyn Collins. The tromped, a means of prophylaxis for flight related deep vein thrombosis. Collaboration with DIT Bolton Street
Role model of Infection Prevention and Control Practice, Beaumont: Avril Kenny

PRESENTATIONS

Society of Vascular Ultrasound (USA):
Can vein diameter predict vascular access outcome?
D Murphy, P Fitzgerald, A Leahy, P Conlon.
Freyer 2009:
Ultrasound surveillance and risk factor management of infrainguinal bypass patients in a single vascular centre.
Sheppard 2009:
Infra-inguinal bypass patient surveillance and risk factor management - a single centre audit.

NUTRITION & DIETETICS

Dietitian Manager: Kara Cullen

CLINICAL ACTIVITY

Referral rates and clinical activity remained very high in 2009 with 28,448 inpatient and day case consultations completed. In addition there were 4,346 dietetic outpatient appointments.

DEPARTMENTAL DEVELOPMENTS

& INNOVATIONS

• PEG Replacement Training Course: In collaboration with the Department of Nursing, our department developed the policy entitled “Re-insertion of a Replacement Gastrostomy Tube for patients with an already established tract”. This policy, combined with the training and competency programme we subsequently developed, has resulted in an expansion in the
scope of practice for senior nursing and dietetic staff, enabling competent nursing and dietetic staff from Beaumont Hospital and the community to replace replacement feeding tubes. In 2009 a total of 33 people attended our two study days on PEG Replacement.

- Diabetes: Eimear Fanning, Senior Dietitian in Endocrinology, underwent training for DESMOND – an education programme for people with Type 2 Diabetes. In 2009 a total of 10 DESMOND courses were held in addition to a further six DAFNE courses.

- Surgery: In 2009, Cathy O’Neill conducted an audit of jejunostomy feeding practice in upper GI surgery patients.

- Nutrition Support Reference Guide for the Irish Nutrition & Dietetic Institute: Many department members were involved in the writing, updating and editing of this INDI document, which was co-ordinated by Carmel O’Hanlon

RESEARCH

Members of the department have been involved in various audits in 2009:

PN Audit - Carmel O’Hanlon continues to co-ordinate an audit of parenteral nutrition practices and complications in Beaumont Hospital. Two reports of the audit were presented to the PN Committee Meeting in 2009.

Aisling Lyons (Richmond ICU) and Carmel O’Hanlon (General ICU) participated in “Improving the Practice of Nutrition Therapy in the Critically Ill: An International Quality Improvement Project” which benchmarks our practice against previous experience, other sister sites internationally as well as against Canadian Clinical Practice Guidelines.

The oncology dietitians conducted audits looking at dietetic activity in the Oncology Day Ward

AWARDS

- Eimear Kelleher was awarded the EFAD (European Federation of the Association of Dietitians) Student Dietitian of the Year Award (2009) for research undertaken as part of her undergraduate degree.

- Tara Raftery was awarded the Irish Nutrition & Dietetic Institute Student of the Year award – which awarded to the best overall student from the TCD/DIT course.

- Aisling Lyons – received a High Commendation for her poster presentation at the INDI Annual Study Day 2009

- Carmel O’Hanlon received a Beaumont Hospital Foundation Grant which enabled the development of a computerised programme to help support PN Audit work in the department.

EDUCATION & TRAINING

The department continues to be a training hospital for student dietitians with three students successfully completing their training in 2009.

A wide variety of presentations were given within the hospital to groups including care attendants, nursing staff and post graduate nursing education. Presentations were also given outside the hospital to a variety of groups.

Overall 2009 was a busy and productive year for the Department of Nutrition & Dietetics.

OCCUPATIONAL THERAPY DEPARTMENT

Occupational Therapy Manager: Dearbhla Birdy

STAFFING AND ACTIVITY

There are 26.5 WTE occupational therapy staff members, offering a high level of skill-mix, ranging from clinical specialist and senior therapists to staff grade therapists, occupational therapy and rehabilitation assistants.

In 2009 the Occupational Therapy Department continued to deliver on its provision of high quality patient care, contributing to new service initiatives and educational forums both within and external to the hospital. Despite a significant reduction in staffing levels throughout the year, the department’s activity levels remained high, and a total of 7,556 patients were provided with occupational therapy input i.e. 4,385 inpatients and 3,171 outpatients. The number of inpatients seen in 2009 represents an increase of 8% in comparison to the 2008 inpatient numbers.

CONTRIBUTION TO HOSPITAL AND DEPARTMENTAL INITIATIVES

In August the department commenced its uptake of referrals from the new Short-Stay Unit (SSU), and in November, from existing resources, a dedicated senior member of staff was assigned to the new Stroke Unit on St Bridget’s Ward. The Occupational Therapy Department contributed significantly to the planning and set-up of this new Stroke Unit.

Throughout the year the department worked jointly with the other clinical services departments in planning for the set-up of the new clinical directorate structures within the hospital.

Additionally, throughout the first half of the year the department worked in collaboration with a number of other therapy departments and the IT Department, in order to design and establish a new computer-based statistical package for recording activity figures. This was introduced in September allowing for the accurate and timely recording of departmental activity figures, which had previously been recorded via paper systems only.

In St. Josephs’ Hospital Rehabilitation Unit, the occupational therapy staff contributed significantly to the commencement of a number of team-based performance initiatives e.g. falls screening tool and goal-setting for patients.

Throughout the year, the department continued to work closely with nursing colleagues in relation to the provision and governance of seating for patients, addressing in particular the safe and appropriate use of complex seating systems and pressure-relief care for all patient groups.
CONTRIBUTION TO NATIONAL AND INTERNATIONAL FORA
The department and staff continued in their commitment to and contribution to working with national and international groups, these are as follows:

- **HSE Working Group:** Guidelines for Managing Challenging Behaviours and Restraint Protocols in Residential Care – Walter Leahy, Senior Occupational Therapist
- **Neurological Alliance of Ireland:** The Future for Neurological Conditions in Ireland – A Challenge for Healthcare: An Opportunity for Change – Ger Foley, Senior Occupational Therapist
- **Occupational Therapy Advisory Group in Rheumatology in Ireland:** Development of Splinting Protocols/Guidelines for therapists working in Ireland - Alex Businos, Senior Occupational Therapist
- **American Society of Hand Therapists:** Corresponding Editor for the Journal of Hand Therapy – Mary Naughton, Clinical Specialist
- **Irish Association of Hand Therapy:** Chairperson – Mary Naughton, Clinical Specialist
- **Rehabilitation & Therapy Research Society:** Committee member/Treasurer – Ger Foley, Clinical Specialist
- **SKILL Training Modules for Occupational Therapy Assistants** – Mary Naughton
- **SKILL Training Modules for HCAs** – Walter Leahy
- **Splinting for Abnormal Tone One Day Workshop at Peamount Hospital** – Mary Naughton
- **Introduction to Splinting One Day Workshop** – Mary Naughton, Alex Businos, Carole Murphy, Paul Maloney
- **Bone Health Programme: Role of Occupational Therapy in Bone Health – Activity & Environmental Modifications** – Walter Leahy
- **School of Occupational Therapy, Trinity College:** Guest Lecturer – Ger Foley, Clinical Specialist

STAFF ACHIEVEMENTS AND AWARDS
In July 2009 Ann D’Arcy, Occupational Therapy Assistant, was awarded an undergraduate place in the occupational therapy degree course at Trinity College, Dublin. This award was sponsored by the SKILL Programme, and Ann very proudly accepted one of only two places awarded nationally for support staff. This was a phenomenal achievement on Ann's part, and all of her colleagues in the Rehabilitation Department were extremely proud and happy for Ann.

In December 2009 Patricia Delaney, Occupational Therapy Assistant, successfully completed two additional modules within the SKILL Programme i.e. the occupational therapy theory and practice modules.

ORTHOPTICS
Head of Department – Irene Reid
The Orthoptic Department consists of three orthoptists covering 2.0WTE positions. In 2009 the service increased and now covers the National Rehabilitation Hospital in Dun Laoghaire. In Beaumont Hospital and the National Rehabilitation Hospital, clinical activity remains high. Both out-patients and in-patient consults are seen, providing a growth in demand for services.

The Ophthalmology Department hosted the annual neuro-ophthalmology course, which is an international course attended by national and international delegates. The Orthoptic Department provided support in organisation and doing presentations.

CPD still remains a high priority in the Orthoptic Department, with involvement in the BIOS stroke special interest group and specific learning difficulties group. We were able to share our expertise in stroke management with presentations given across the country to a wide variety of professionals.

All of our orthoptists are now approved clinical tutors.

PHARMACY
Chief Pharmacist: Peter Jacob

STAFFING
The Pharmacy Department currently has a staff complement of 19 pharmacists, 13.5 technicians, 2 clerical staff and 2 supplies officers. Due to budgetary restrictions, there were some gaps in staffing levels last year which led to some difficulties in service delivery. However, staff worked hard to maintain standards and levels of service.

EDUCATION AND TRAINING
The department continues to be involved in further education. Together with our pre-registration pharmacist position, we have a number of people completing MSc programmes in hospital and clinical pharmacy. These programmes are part-funded by the department. The pharmacy is also involved in medication safety through medication error monitoring and actively promoting medication safety through lectures.

DISPENSARY SERVICE
The dispensary service continues to provide medications to the wards in the hospital. Due to the adverse financial position, it continues to review the cost of the hospital medications through European tendering, use of generic medications and stock control throughout the hospital.

WARD/CLINICAL SERVICE
The ward/clinical service provides a supply service and prescription review service to the wards. It was a busy year.
with new wards open and relocation of old wards. There was a particular focus on the use of antibiotics with the SARI pharmacist developing her role during the year, which led to a decrease in the costs of antibiotics and a more rational approach to prescribing of these products.

CHEMOTHERAPY SERVICE

This service provides a reconstitution service for cytotoxic agents in the hospital in a safe and economical manner. Demand on this unit remains high from the oncology and haematology units and other departments. The use of the newer agents, monoclonal antibodies, continues to increase as more developments are made in treatment.

PHYSIOTHERAPY

Physiotherapy Manager: Fiona Keogan

ACTIVITY

2009 was a busy year for the delivery of physiotherapy services. The department carried an average vacancy rate of 6-9%. There had already been a 10.4% increase in patient referrals in 2008 compared to 2007 which increased further in 2009.

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<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008% change</th>
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<tbody>
<tr>
<td>Total no patients seen</td>
<td>28,482</td>
<td>27,203 + 5%</td>
</tr>
<tr>
<td>Total visits</td>
<td>81,322</td>
<td>86,355 - 9%</td>
</tr>
<tr>
<td>New patients</td>
<td>14,226</td>
<td>13,078 + 9%</td>
</tr>
</tbody>
</table>

In particular, referrals to the oncology service significantly increased with a 30% increase from 2007 to 2008 and a further 65% increase in 2009. The cystic fibrosis service grew by 29% in 2008 followed by a further 11% increase in 2009 with 186 referrals compared to 49 in 2007. There was no additional staffing in either of these services during this period. The neurosurgery spinal service saw a 57% increase in new patient activity in 2009 with a significant increase in referral rate (55%). New services of the Short-Stay Unit and the Stroke Unit were commenced in 2009 again without additional staffing. However, this centralisation of services is positive and has improved multi-disciplinary team communication and enabled some increased efficiency. However, increased awareness of the role of physiotherapy has increased demand for services.

Breast cancer services from Our Lady of Lourdes Hospital, Drogheda, were transferred to Beaumont Hospital last year resulting in an increase in the number of breast inpatients being treated. There is an increasing trend towards reconstructive surgery, which increases the amount of inpatient and outpatient physiotherapy intervention required. No increase in physiotherapy staffing has been provided with this increase in activity. This is making it increasingly difficult to achieve service standards.

KEY PERFORMANCE INDICATORS

The department was consistently in ‘green’ on all physiotherapy-specific HSE metric targets, achieving ‘best in class’ category nationally on a number of occasions. Absenteeism was also consistently maintained below target levels.

SERVICE DEVELOPMENTS

- **Review of core working hours:** A full review was carried out. The need for change was highlighted by staff who had an understanding that timely access to services leads to improved clinical outcomes, cost-efficiency, patient satisfaction and staff satisfaction. Core hours were changed to match the service need and optimise utilisation of limited space and equipment.

- **Introduction of physiotherapy triage at consultant outpatient musculoskeletal clinics:** Currently, the musculoskeletal consultant services in Beaumont Hospital are unable to cope with the demand for referrals from GPs. Waiting times are long and duplicate referrals to other departments are common. Current waiting time can be over a year for a routine appointment and three months for an urgent appointment. This does not meet international guidelines or standards set for HSE metrics.

- **Clare Gilsenan, Clinical Specialist Physiotherapist, has established a physiotherapy-led upper limb clinic in conjunction with Mr. Mullett’s orthopaedic clinic. A care pathway was devised with the Consultant Orthopaedic Surgeon. Clare was awarded an individual prize at the Beaumont Staff Awards for 2009 for her leadership in this regard.**

- **Fiona Lenahan, Senior Physiotherapist, has developed a role in extended scope practice in lower limb triage in conjunction with Mr. Collins, Consultant Orthopaedic Surgeon. Lower limb patients are triaged and appropriate management strategies are devised in consultation with Mr. Collins.**

- **Rheumatology triage clinic:** Jenny Eadie and Rachel Egginton carried out a feasibility study on the establishment of a musculoskeletal triage service for rheumatology. The aim was to improve access to services for patients and reduce the waiting time to see a consultant rheumatologist. An audit of the consultant rheumatology waiting list was completed. Data was presented to the multidisciplinary team, Senior Executive and nationally at the ISR/IRHPs conference where it won a poster prize. It also won the team prize for demonstrating foresight at the Beaumont Staff Awards for 2009. The data was used as part of a submission to the Department of Health and Children proposing the creation of clinical specialist physiotherapist posts for all rheumatologists to assist in waiting-list management. A business plan is to be drafted to look to develop this service on an ongoing basis in 2010.

- **Fast access for spinal patients with neurology signs:** A large percentage of spinal patients referred from the Emergency Department to physiotherapy have evidence
of disc/neurology on examination and required urgent neurosurgical review and investigations both of which had significant wait times. This can be of risk to patients. Caroline Treanor, Spinal Clinical Specialist, liaised with Mr O’Brien, Consultant Neurosurgeon, and it has been agreed to trial access for the above subgroup of patients to Mr O’Brien’s spinal clinics by ring-fencing weekly urgent appointments.

- Restructuring of neurology outpatient service in line with the development of PCCC services and increased demands of specialised services in acute setting: The neurology outpatients service has seen significant change in recent years as the service has evolved in line with the HSE transformation programme. With the development of additional physiotherapy posts in the community, the physiotherapy neurology service has focused on the development of specialised tertiary level services such as MND clinic, MS clinic, vestibular rehabilitation and assessment and management of patients with complex needs. This transition has enabled the development of the following services to the consultant clinics to facilitate an improved physiotherapy service integrating with the multidisciplinary team: MND Clinic, Parkinson’s Disease and Movement Disorder Clinic, Headache Clinic

- St Joseph’s Rehabilitation Unit:
  > A multidisciplinary database of rehabilitation outcome across the therapy services was developed in 2009 through team-based performance management.
  > A multidisciplinary falls-assessment form was developed for the Rehabilitation Unit. It will be implemented in 2010 which will meet best practice guidelines.

- Development of guidelines for the care of tracheostomy patients and commencement of a multidisciplinary tracheostomy ward round: This was an ongoing development from 2008 following the development of a tracheostomy ward round with anaesthetics. In 2009, ENT started attending the round, thus ensuring all tracheostomy patients are reviewed on a weekly basis. An audit of the tracheostomy patients following commencement of the ward round found that there were no adverse effects for patients with tracheostomies – no patients were readmitted to ITU and no patients needed to be seen in the ENT clinic. A tracheostomy resource pack was introduced at ward level to ensure standardisation and reduction of risk. This initiative received a team award at the hospital achievement awards.

- Review of rehabilitation in GITU: There was a review of current practices of rehabilitation in the GITU and an audit was carried out to assess the current length of hospital stay and mobility level of a patient following treatment in GITU. Following this review, increased priority was placed on rehabilitation provided in the GITU with a dedicated physiotherapist given responsibility for this service within their caseload.

- Development of a respiratory outpatient service: Due to a service demand and lack of expertise at PCCC level a respiratory out-patient service commenced in January 2009. Patients with a history of retained secretions and recurrent chest infections can be referred to the outpatient service and are assessed with regards to their airway clearance technique. Follow-up is arranged with community physiotherapy services as needed.

**RESEARCH AND EDUCATION**

The Physiotherapy Department is committed to continuing professional development and formal postgraduate education and research. Ailish McDermott is undertaking an HRB funded PhD investigating gait disturbance in patients with cervical spondylotic myelopathy and Deirdre Murray is undertaking a Polio Society funded PhD investigating fatigue in post-polio patients. A further two PhD projects were facilitated from UCD and RCSI which enabled staff to engage in larger clinical trials. One of these was funded by a HRB partnership grant. Fiona Lanehan completed an MSc. Neuromusculoskeletal physiotherapy in UCD, Claire Egan completed a research MSc investigating the effects of pulmonary rehabilitation on physical activity levels in COPD and Jennifer Cunningham completed a research MSc investigating pain. A research group (FACT) in conjunction with RCSI School of Physiotherapy is supporting the research agenda.

The department delivers lectures to a number of universities at both undergraduate and postgraduate level and delivers a wide range of presentations and lectures to healthcare professionals, patients and the general public.

Sine Murphy, Senior Physiotherapist, is a member of Irish Society of Chartered Physiotherapists cancer oncology working group developing an education programme for Irish physiotherapists and authored two modules ‘lymphoedema’ and ‘breast cancer’ in elearning format, facilitating dissemination of knowledge in these specialist areas

**PODIATRY**

**Head of Department: Siobhan Delaney**

The Podiatry Department provides footcare and treatment to patients with a higher risk of ulceration. This includes patients with diabetes, peripheral arterial disease and rheumatoid arthritis.

The podiatrist is an integral part of the multidisciplinary foot team who hold a clinic monthly. A limited inpatient service is also provided.

**STAFFING**

There is one WTE post held by two podiatrists. Siobhan Delaney, Senior Podiatrist, returned from maternity leave in April 2009 and Siobhan Clifford was appointed as Podiatrist.

Since April 2009, 900 out-patients and 155 inpatients were treated.

**CONFERENCES**

Diabetic Foot Masterclass, Foot in Diabetes Bolton, UK December 2009.

Short Presentation to Tissue Viability Link Nurses November 2009.
POISONS INFORMATION CENTRE

Head of Department: Dr Joe Tracey
Manager: Patricia Casey

The Poisons Information Centre provides a 24 hour/seven day national telephone information service dealing with the toxicity, features and management of poisoning. Enquiries are answered by our own poisons information officers between 8am and 10pm every day, and night-time calls are automatically diverted to the National Poisons Information Service (NPIS) in the UK. We maintain close links with the NPIS: the Director sits on their Clinical Standards Group and our staff attended CPD days in the UK, TOXBASE editing group meetings and UKPiD user group meetings during the year.

The centre answered 9,838 enquiries in 2009: 7,830 (79.6%) of these enquiries were answered by our own poisons information officers between 8am and 10pm. GPs/GP co-ops and hospitals were the main callers but 25% of enquiries were from the general public. Our website, www.poisons.ie, received 15,502 visits in 2009 and the section on low toxicity substances was the most popular. A more detailed annual report can be downloaded from the website.

The centre organized a “Toxicology for Nurses” study day at Beaumont Hospital on 22 May. This was aimed at nurses triaging and caring for poisoned patients and was attended by 31 nurses, mostly from GP co-ops. Unfortunately, due to financial restrictions and staff shortages, few emergency department staff were able to attend.

The Department of Health and Children appointed the centre as the body responsible for receiving information relating to emergency health response under Article 45 of EU Regulation 1272/2008 on classification, labelling and packaging of chemical substances and mixtures (CLP regulations). This is a welcome development because it means that it is now mandatory for industry to submit information on certain products to the centre. Dr Tracey is part of a European working group developing a harmonised data set for poisons centres.

We received funding from the HSE late in 2009 to print a further 50,000 copies of the “Poisons Prevention Guidelines for your Home” leaflets. The Health Promotion Department of the HSE will continue to distribute these via their website, www.healthinfo.ie.

Staff in the centre presented three posters at the EAPCCT Congress in May, on enquiries from out-of-hours primary care, alcohol hand gels and medication errors. These were published as abstracts in the journal Clinical Toxicology. Three letters written by our staff were also published, on alcohol hand gels, ecstasy, and self-poisoning in older adults, reflecting the diversity of enquiries the centre receives.

PSYCHOLOGY

Head of Department: Dr Niall Pender

The department has seen further growth in demand for services over the past year.

We have been able to consolidate our services in most clinical areas but are still lacking provision in key areas of hospital activity. 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. The staff of the department have worked very hard to reduce waiting times and the introduction of a triage clinic for all referrals has reduced waiting times to 4-8 weeks for the initial consultation. We are planning to expand this service into 2010.

We were delighted to welcome Dr Ailin O’Dea who took up her post in living-related donor programme and the cystic fibrosis team. We also want to welcome Ms Cheryl Fynes who joined us in 2009 as our department secretary. Unfortunately, the department was under significant pressure due to staff vacancies in 2009 but it is hoped that these can be addressed in 2010. We have developed a number of multi-disciplinary initiatives to manage patient needs and these are progressing well in many areas.

Research continues to be a priority and during this year we focused on developing a firm research strategy. We have continued our collaborations with the Trinity Institute of Neuroscience examining patients with focal brain lesions as well as very successful collaborations with other colleges and institutions.

RECENT POST-GRADUATES

Sarah Howley PhD RCSI (pass Nov 2009)
Doreen Hoerold PhD TCD (pass Nov 2008 and winner of PSI medal 2008)
Garrett McDermot DClinPsych TCD (pass 2009)
Anna Hurley MSc RCSI (pass 2008)
Melane Clune MSc UCD (pass 2007 and winner of PSI medal 2007)
Andrew Magee MSc Edinburgh (pass 2009 and winner of PSI medal 2009)

CURRENT POSTGRADUATES

Helena Maher PhD UCD
Andrew Magee PhD UCD
John Paul Horgan DClinPsych TCD

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.
Niall Pender is President of the Psychological Society of Ireland, Principal Clinical Neuropsychologist and has an honorary lectureship in the Department of Psychology, Trinity College Dublin. He is also an associate member of the Trinity Institute of Neuroscience. He is the Western Europe Representative of the International Neuropsychological Society.

**PULMONARY FUNCTION UNIT**

**Chief Pulmonary Function Technician: Louise Clarke**

Three new pulmonary function testing systems including a cardiopulmonary exercising testing system were ordered towards the end of 2009. These systems will be networked to the hospital information system and for the first time pulmonary function reports will be available on the HIS.

This new equipment has many improved functional specifications including capability of measuring airway impedance using impulse oscillometry, bronchial challenge using an aerosol provocation system and respiratory muscle pressure (mouth and sniff). They will also increase the capacity in the unit for diffusion and lung volume measurements.

In 2009 the department also provided a spirometry testing service in all respiratory out patients clinics testing 700 patients.

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<thead>
<tr>
<th></th>
<th>In Patients</th>
<th>Out Patients</th>
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<tbody>
<tr>
<td>Respiratory</td>
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<td>3576</td>
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<tr>
<td>Cardiology</td>
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<td>Neurology</td>
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<td>Orthopaedics</td>
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<tr>
<td>Rheumatology</td>
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<tr>
<td>Haematology</td>
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<tr>
<td>Urology</td>
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<td>7</td>
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<tr>
<td>E.N.T.</td>
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<td>4</td>
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<tr>
<td>Anaesthetics</td>
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<tr>
<td>Geriatric Medicine</td>
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<td>34</td>
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<tr>
<td>Gastroenterology</td>
<td>42</td>
<td>15</td>
</tr>
<tr>
<td>G.P service</td>
<td></td>
<td>153</td>
</tr>
<tr>
<td>Dermatology</td>
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<tr>
<td>Infectious Diseases</td>
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<td>8</td>
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<tr>
<td>Gynaecology</td>
<td>1</td>
<td>2</td>
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<tr>
<td><strong>Total Patients</strong></td>
<td><strong>1209</strong></td>
<td><strong>4311</strong></td>
</tr>
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**RADIOGRAPHY**

**Radiographic Services Manager: Anne McMenamin**

This report will be included as part of the Radiology Division

**SOCIAL WORK**

**Acting Principal Social Worker - Annette Winston**

**Staffing:** The Social Work team currently has 26 social work staff (24 WTE) and 5 administration staff. Referral rates continued to increase significantly to the Medical Social Work Department in 2009. The primary reasons for referral included patient and family support / counselling at time of diagnosis and treatment, bereavement and traumatic events, safe discharge planning, liaison with statutory and community support services.

**Statistical Information of Clinical Activity:** A considerable amount of work has been undertaken with the Information Technology Department, into the development of a new electronic statistics package for the Social Work Department. This will allow
us capture accurately our clinical activity, including referrals and patient contact. It is in the final stages of development.

**Service Development & Hospital Initiatives:** In 2009 there was a radical change in the management of our long-stay patients with the introduction of the Fair Deal Scheme. It involved the active management of over 140 long-stay patients and had a significant impact on our resources and core social work services. We also contributed to the planning and implementation of the Clinical Directorates, the Short Stay Unit and the Acute Stroke Unit. We are active on the hospital’s Death Dying and Bereavement Committee. We also participated in team-based performance management, conducted by the senior team in 2009 in St Joseph’s Hospital in order to review and improve the service to the patients in the rehab unit. The social worker in psychiatry participated in the formulation of the hospital suicide policy.

**Education & Training:** As part of our academic commitment we continue to provide lectures and onsite training to TCD, UCC & UCD social work students, as well as the RCSI medical students and nursing, at post graduate levels.

In addition to attending and participating in many training courses to develop our own skills and practice, we provided training to hospital staff and local and national professional groups.

**SOCIAL WORK PRESENTATIONS**

- Risk assessment and self harm in an acute setting to the Irish Association of Mental Health Social Workers;
- The facilitation of the STORM training in conjunction with the HSE suicide prevention office.
- In the role of family meetings, to the Irish psycho-oncology group conference.
- In the Fair Deal Scheme, to the nursing gerontology course.
- In Bereavement Care to the post graduate Masters in Bereavement Studies, to the post graduate Oncology Nurses and to the Fetac Certificate in Palliative Care for Carers & Health Care Assistants.
- A senior social worker co-facilitated a new initiative of the Hospice Friendly Hospital Communications Training programme.

**Bereavement Service:** The first multi-disciplinary training for Beaumont Hospital staff in death, dying and bereavement took place between January and May 2009. It was attended by 50 staff from a wide range of disciplines in the hospital. It was organised by the Social Work Department and supported by the Hospice Friendly Hospitals Programme and Beaumont Foundation.

We have a continued commitment to innovation in the area of bereavement support for our patients and their families, including the annual events of Bereavement Support Programme, the Bereaved Parent’s day and the Remembrance Service for Children and Young Adults.

We assisted in working with relatives in relation to consent and the completion of the End-of-Life Audit questionnaire (conducted by the Irish Hospice Foundation), in partnership with the audit co-ordinator based in the hospital.

A member of the social work team completed an MSc in the RCSI, titled “Families experience of Organ Retention following a Coroner’s Post Mortem”. This study will help inform how the department responds to the needs of the bereaved following a sudden / unexpected death.

**Resource publication:** A booklet “Amputation: Information & Support resource” was developed by the Vascular Surgery multi-disciplinary team and with contributions from Amputee Ireland and patients of the service. It was launched on September 23, 2009. This project was developed and co-ordinated by our senior clinical practitioner. The booklet is to provide patients with support and resources at the time of their surgery.

**Group work:** We continue to develop creative and innovative ways of working with patients and their carers. In 2009 we ran the Reminiscence group on Whitworth Ward and participated in multidisciplinary group work including the Living with Cancer Programme and the SMART (stress management and relaxation) programme and a social worker participated in the "young adults with diabetes" weekend.

**Research:** In conjunction with the oncology social workers group and UCD, we carried out research into the role of family meetings in oncology. A study was also completed on the effectiveness of group work in oncology. Research is ongoing in conjunction with TCD on the role of social work with patients who self-harm and present to the Emergency Department.

**SPEECH AND LANGUAGE**

Speech and Language Therapist Manager: Dr. Rozanne Barrow

**STAFF COMPLEMENT**

The department comprises 14 WTE Speech & Language Therapists and 1 WTE Speech & Language Therapy Assistant. This includes 3 WTE SLTs assigned to Cochlear Implant, 1 WTE SLT assigned to St. Joseph’s Hospital Rehabilitation Unit, 0.5 WTE SLT assigned to the Rockfield Unit and 0.5 WTE Practice Tutor SLT.

**CLINICAL ACTIVITY**

The demand for SLT continues to be high. In the past number of years it has been difficult to determine details on clinical activity due to a lack of an IT system. However, in 2009 members of the SLT and IT departments collaborated to develop a SLT Patient IT statistics system to track clinical activity. It will greatly enhance our ability to report on patient activity and to facilitate service planning. It went “live” in July 2009 and it is currently being streamlined.
SPECIFIC DEPARTMENT ACTIVITY & INITIATIVES

The department continues to enjoy close collaboration with SLT colleagues in the hospitals and PCCC LHO areas of North Dublin, North West Dublin and Dublin North Central. This collaboration has led to more adults with acquired communication and/or swallowing difficulties being seen at home thereby significantly easing the demand on SLT out-patient services. This collaboration has been further enhanced by the joint journal club meetings with colleagues in PCCC in the North Dublin LHO area. These meetings use a CAT (Critical Appraisal of a Topic) approach which facilitates the translation of learning into practice.

SLTs within the department have been involved in the setting up of the multidisciplinary tracheostomy ward round and prior to the opening of the Acute Stroke Unit, the stroke ward round. The tracheostomy ward round won the Beaumont Hospital team innovation award.

In 2009, a second group of people with aphasia (a communication disability related to acquired brain injury) were trained to train students and healthcare workers in supporting communication with people with communication disability. These ‘trainers’ also act as a resource for the department in other roles. For example, they have been involved in the recruitment process of SLT staff with a particular emphasis on assessing the core competency of communication.

CONTRIBUTION TO EDUCATION

Members of the department continue to contribute to in-house training and to provide practice education placements for both under and post graduate SLT students. In addition, a couple of members of staff are visiting lecturers at Trinity College Dublin, University College Cork and National University of Ireland Galway. A number of invited papers and poster presentations were given at different conferences in Ireland and abroad as well as presentations to external agencies.

CONTRIBUTION TO HOSPITAL INITIATIVES

The department has been proactive in contributing to hospital initiatives. In particular members of the SLT team, together with colleagues within the Clinical Services Division, have been involved in the planning for and implementation of the clinical directorate model of patient care, as well as in the setting up of both the Short Stay Unit and the Acute Stroke Unit.

PROFESSIONAL CONTRIBUTION (NATIONAL & INTERNATIONAL)

Members of the department have contributed to professional standards and development at both national and international levels. For example, one member of the team chaired the IASLT/INDI Working Group which resulted in the publication of the Irish National Descriptors for Modified Fluids and Food. Another member of staff is an Associate Trainer for Connect – the communication disability network in the UK whereby she is involved in the development and delivery of training to a wide variety of health and social care workers on issues relating to stroke and acquired communication disability in both the UK and Ireland.

CHAPLAINCY

The Chaplaincy Department is an integral part of the multidisciplinary team. Chaplains cover the whole hospital on a 24-hour basis over two 12-hour shifts, 365 days a year. The work takes on many forms: visiting patients and their relatives, especially those in the intensive care units as well as staff and patients in the Emergency Department. Most especially, we spend a good deal of time with patients who have to face major surgery.

The chaplaincy service in Beaumont Hospital is interdenominational. We work together as a team in preparing and celebrating interdenominational services. We celebrate Mass every day at 1.00 pm, with the exception of Saturday where Mass is at 7.30 pm. We have two Masses every Sunday: at 10.00 am and 1.00 pm. We are blessed to have two outstanding folk groups and we are very appreciative to Paschal Robinson and his folk group who lead the 10.00 Mass; also, to Jun Bibat who leads the Filipino group at the 1.00 Mass.

We celebrate remembrance services for adults on November 2nd every year and the children’s bereavement service in February, in conjunction with the Social Work Department. We celebrate reconciliation services for staff and patients at Christmas and during the season of Lent. We have a service in Advent for all our volunteers, namely Eucharistic ministers, readers, pastoral associates, and music group.

During the year we had a number of interdenominational services to honour staff who passed away

Fr. Bryan Shortall, who took over the management of the Eucharistic ministers has done a wonderful job in recruiting and training new ministers of the Eucharist who bring the Eucharist on a regular basis to many wards in the hospital. Many thanks to our Pastoral Associates under the direction of the Chaplaincy Department.

We are blessed with our locums; Fr John Kennedy, and Fr Deo from Uganda, Fr Polycarp from Nigeria, and Fr Dan O’Callaghan OCarm from Whitefriar Street.

Many thanks to Fr Denis and Fr Bryan and especially to Sr Brenda and Sr. Therese.

I would like to record my thanks to all the staff for their kindness, and friendship to us in the Chaplaincy Department.
Operations
HEALTH RECORDS DEPARTMENT

Health Records Manager: Caroline Spencer

Over the last three years there has been a steady increase in the activity of the organisation. This has had a major impact on the demand for services from the department and the volume of charts that are required to be stored in the current library. Outlined below are the increases:

<table>
<thead>
<tr>
<th>YEAR</th>
<th>ADMIS- SIONS</th>
<th>OPD NEW</th>
<th>RETURN</th>
<th>DAY CASES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>22,147</td>
<td>26,575</td>
<td>108,775</td>
<td>38,219</td>
<td>195,716</td>
</tr>
<tr>
<td>2008</td>
<td>21,833</td>
<td>30,794</td>
<td>112,958</td>
<td>40,776</td>
<td>206,361</td>
</tr>
<tr>
<td>2009</td>
<td>21,789</td>
<td>36,420</td>
<td>117,080</td>
<td>45,179</td>
<td>220,468</td>
</tr>
</tbody>
</table>

Using 2007 as a benchmark there has been the following increase in demand for charts:

- **2008**: 5.5%
- **2009**: 12.5%

In 2010, as part of the Out Patient Department initiative, the new to return ratio will have a receptacle effect on the volume of charts to be stored in the current library. There is also an expected increase due to the opening of the Medical Acute Unit and the introduction of PACS.

Healthcare Records Project Group

The National Hospitals Office released the Code of Practice for Healthcare Records Management in 2007. Self-assessment against these standards took place in 2009. Following self-assessment, an audit programme was developed in relation to the content and structure of the healthcare record. Audit is to commence in January 2010. Using the results of the audits a programme for change will be developed by the Healthcare Records Project Group.

SECURITY

A/ Security Manager – Mairead Kirwan
A/Deputy Security Manager – William Judge

CCTV and access control continued to expand throughout the site and assisted both in the prevention and detection of security-related issues. At present we have 140 CCTV cameras which cover the internal and external of the hospital. The staff car parks are also covered by CCTV which is monitored by security personnel from the CCTV control room. There are also 220 access-controlled doors throughout the hospital which help to restrict access and lock-down areas out-of-hours.

Training remains a focus for the department with regular mandatory fire training and de-escalation, defensive tactics and control and restraint all ongoing.

The security management team are active members of many committees involving the development of policies throughout the hospital. The policy and guidelines for managing visitors with potential for aggression and violence are being reviewed at present and will be re-launched in 2010 along with new training which will enable staff working in the hospital to effectively manage aggressive and violent situations.

In December 2009 the Security Department began the process of introducing a personal protective vest for staff. It is hoped that by the end of January 2010 all security guards will have been issued with their personal protective vests.

Security management meet on a weekly basis with our Liaison Garda from Santry Station, Garda Stephen O’Carolan, to discuss any on-going security issues and to brief staff on upcoming Court appearances. These meetings with Garda O’Carolan have proved to be very beneficial in both the prevention and detection of crime. The Hospital Watch Committee meet bi-monthly and meetings are attended by the Gardai.

Late in 2009 the Security Department was given approval to introduce an electronic security incident logging system for the department. This system will enable the Security Department to modernise their incident reporting. The security staff would have 30 to 60 incidents a week ranging from unsocial behaviour to thefts, violence and aggression. The Fusion Incident System would give us a database for our security incidents which would be easily accessible with incident information close at hand. The database will give us invaluable information such as incident trends and types.

TELEPHONY

Head of Telephony: Carole Walsh

2009 was a year which saw many improvements/upgrades in the telephone system.

Our maintenance contract was coming to an end and this gave us an opportunity to negotiate new terms without incurring any extra costs, and to upgrade to Version 5 of the Hi-Path, which future-proofed us for IP phones and open-scape (unified messaging). This brought Beaumont Hospital once again to the fore with telephony technology. This also included the upgrade of our DAKS, DECT, Voice Mail, Ringmaster and pro-centre systems, all of which are linked to the Hi-Path.
Daks, which is used for alarms, is being utilised more and more within the hospital, and is now being used in the blood bank for the refrigerator alarms.

A voice-recognition directory was introduced in December. It has replaced the directory on the Intranet, and the printed version, which was very costly and difficult to update. Like anything new it takes time for all to accept! This has taken a considerable amount of traffic from the operators.

The switch room remains a very busy department handling approximately 2,300 calls a day, and is manned 24 hours 365 days per annum.

**HYGIENE AND GENERAL SERVICES**

**Head of Hygiene and General Services: Fiona Edwards**

**CHANGES IN STRUCTURE:**

In 2009 there was a significant focus on clinical directorates and the movement of staff groups under the management of directorate management teams in 2010. This planned movement required a new focus on how non-clinical services would be managed, while focus still remains targeted on meeting and exceeding national standards. The national standards for the prevention of healthcare-associated infections were launched and there was a requirement from the HSE to self-assess yearly against all standards and develop quality improvement plans.

Between 2006 and 2009 Beaumont had both a part time Hygiene Co-ordinator and General Services Manager. A decision was taken to amalgamate the two roles to ensure direction for hygiene over the full week and have responsibility for the standards within the department that managed most of the services, both contract and otherwise. John Ball, who had been the driving force in co-ordinating the Hygiene Task Group and responses to HIQA on the hygiene standards, returned to Catering; we thank John for the tremendous work he did over the three years and wish him well in the future. Fiona Edwards took on the role of Head of Hygiene and General Services with some non-hygiene roles moving to Patient Services.

**HYGIENE 2009**

Our multidisciplinary Hygiene Task Group, reporting to the Hygiene Strategic Group, continued to meet fortnightly and remained the driving force behind our full implementation and monitoring of national standards. We continued weekly monitoring through multidisciplinary audits, and provided training on all elements of hygiene practice to maintain the good practice that had been developed over the previous years.

The following initiatives were approved by these groups and introduced in 2009 to ensure that the hospital continues to strive to be the best we can be:

- Commenced weekly survey of patients as part of the multidisciplinary audit process following consultation with the Patient Council.
- Invited and commenced the process of members of the patients’ forum attending hygiene audits.
- Commenced retraining and training all staff on undertaking hygiene audits.
- Core group from the Hygiene Task Group undertook HACCP training and were certified.
- Training subgroup was formed to review the use of STORM for maintaining training records – the outcome has resulted in all hygiene-related training being placed on the system and in 2010 the plan will be to have access to the system locally in all areas.
- Revised agenda format for the Hygiene Task Group and revised membership including Integrated Quality and Risk, Learning and Development, the Patient Representative Department and Human Resources.
- Revised hygiene action plans which are reported on quarterly by named managers covering, cleaning, catering, sharps, patient equipment, laundry, waste management and hand hygiene.
- Ensure hygiene membership on all relevant groups including – Project Review Group, Decontamination Task Group, Non Pay purchasing group, Infection Prevention and Control Committee, Legionella Committee and the Healthcare-Associated Infection Task Group, Hospital Policies and Procedures Committee, pandemic planning and outbreak committees.
- Trended reports on audits, feedback, surveys and complaints are reviewed quarterly and actioned.
- Significant number of new and updated policies and procedures were developed and are available on the hygiene section of the Intranet for access by all staff, while a central index is maintained by the Deputy Head of Hygiene.
- Hygiene input was sought and given on all infrastructural projects including the 3-storey extension, refurbishment of St Patrick’s Ward and ICU. Full consultation with Infection Prevention and Control and Head of Hygiene Services in the design of the Outpatient Cystic Fibrosis unit due to open in 2010.
- Assist other hospitals in meeting hygiene standards.
- Continue to report quarterly to the Senior Executive and Governance and Services Committee of the Board.

**HYGIENE CONTRACTS/GENERAL SERVICES**

**CLEANING:**

Resource continued to provide the cleaning, window cleaning, wall washing and discharge team services in 2009. Daily communications between the site management team and the Hygiene and General Services Department ensure an efficient service that can respond to changed circumstances swiftly. The contractor is part of the Hygiene Task Group and the staff are very much part of the Beaumont Hospital team.
A number of new pieces of equipment were trialled and approved by the Hygiene Task Group and introduced by the contractor both to provide a better cleaning service but also a more efficient one. Resource procured a PDA audit system for use in the multidisciplinary hygiene audits by all staff in late 2009 and this will be fully commissioned in 2010. Daily cleaning audits are continued by Resource supervisors and the cleaning services management team in Beaumont Hospital, ably led by Helen Cox and Pauline Flood.

A number of new and revised policies and procedures were produced by the team in 2009 to include standard operating procedures for all cleaning tasks in the event of any type of infection outbreak, standard operating procedures for the discharge team, standard operating procedures for decant and deep cleaning, and standard operating procedures for colour coding of cleaning materials.

WASTE MANAGEMENT:
The hospital tendered for its healthcare non-risk waste in 2008 and this contract was awarded to Thornton in January 2009. Increased emphasis on training took place during the year with an open day outside the staff canteen in June emphasising recycling both from an environmental and economic perspective. This and the new contract resulted in significant savings in waste management during the year.

LAUNDRY AND HOUSEHOLD SERVICES
Following a tendering process in 2008, Celtic Linen was awarded the general laundry contract, to include a managed curtain exchange programme, in January 2009. An audit of weekly laundry stocks and trolleys from a quality perspective was introduced in 2009 and bi-monthly meetings continued with the contract management team.

A tendering specification/ process for the laundering of fire evacuation sheets was undertaken, with Kings Laundry being awarded the contract.

Two new standard operating procedures were approved: SOP on curtain exchange programme, and SOP on the removal and collection of fire evacuation sheets.

Education sessions on linen policies and procedures were introduced for Healthcare Assistants.

Household services in the areas of Theatre, Xray, Cath Lab and Boardroom continued to be managed by the Hygiene and General Services Department. Three staff members from these services commenced the SKILLS VEC Programme in 2009.

TRANSPORT SERVICES
Contracts for taxi and courier services and some ambulance services are managed by Hygiene and General Services. During 2009 regular meetings were held with our service providers to manage and improve the delivery of these services.

Costs of the taxi service provided by Blue Cabs were reduced during 2009 by working closely with the service provider. A contract specification was drawn up for fixed price journeys and this was tendered in 2009 and will be awarded early 2010.

Our courier contract was delivered by Wheels Couriers and costs were reduced by having fixed collection times. This service will be tendered in 2010.

SERVICE CONTRACTS:
General Services undertake the administration of approximately 165 service maintenance contracts for equipment throughout the organisation. This requires liaising with department heads regarding new equipment coming out of warranty and decommissioning of equipment. During 2009 the majority of service contracts were re-negotiated with companies with considerable reduction on 2008 costs. The department is represented on the non-pay group allowing for participation at purchasing time on service and lifecycle costs of equipment. In 2009 all service contracts were realigned to the calendar year and with the assistance of IT all contracts are now stored in soft copy format. The plan for 2010 will be to participate in the roll-out of a medical equipment management system.

PRINTING SERVICES:
The introduction of a digital printing system has enabled the print room to produce most of the hospital’s printing requirements. A lot of work previously outsourced at a considerably higher cost is now produced by the Printing Department. The document management system installed in 2008 has enabled the department to produce additional work in 2009 but without additional resources.

The graphics design service has grown year on year with the Printing Department producing promotional work for all services in the hospital including, patient information, health promotion, hygiene awareness, infection prevention and control, through poster campaigns, information leaflets, newsletters, screen savers, animations, presentations etc. Staff who enter or produce work for conferences rely on the talents of Colm Kavanagh, our printer, to show their work in the best possible light, often winning awards, and it is testament to Colm’s work and flexibility that he was awarded the hospital’s individual award for Innovation and Excellence in Service Quality in late 2008. The print room now also provides documentation and graphic work in digital format for use in e-learning, the hospital intranet and the website.

CATERING DEPARTMENT
The Catering Department focus for 2009 was in the areas of cost, efficiencies, training and patient satisfaction.

The Catering Department training plan was continued in 2009 ensuring that the department delivered on its commitment to ensuring that all staff were fully trained in both statutory and skills training. 14 members of the catering team participated in the SKILL/VEC programme in 2009 bringing the total number of catering staff having participated in the programme to 26.
In addition to training within the department, the department delivered HACCP training to interested staff from outside the department, particularly managers from the Hygiene & General Services Department who found this training invaluable in facilitating them to audit catering facilities throughout the hospital against the national hygiene standards.

We achieved a 5% reduction in cost whilst at the same time scoring an impressive 93% satisfaction rating in our patient survey.

We also managed to produce over 900,000 meals during the year.
Projects and Estate Management
Projects and Estate Management

Head of Department: Paul Nadin

The Estates Management group, incorporating the Technical Services Department (TSD), continues to develop and bring benefits to the hospital through this integrated approach to estates and facilities-based functions. Project management is now being closely aligned to operational processes, and helping to create the seamless approach to service delivery.

The hospital has seen many large-scale infrastructural changes through the year with sections of the main hospital ring road being relocated to the outer perimeter of the site. This has been done to maximise the available development space within the site and ensure future site development in an orderly and appropriate manner. The main road changes were associated with the development on site of the NPRO (National Plan for Radiation Oncology) building and the relocation of car parking facilities. A new car park was developed on the site of the old football pitch and this new service accommodates 308 car parking spaces in a facility to a very high standard. Further smaller car park changes have occurred at the Trim Road entrance and adjacent to the private clinic, as part of this road realignment project.

Major building development has occurred with the NPRO project progressing on site. This new build is a dedicated supra regional cancer centre, and the initial phase of works includes four new bunkers with linear accelerators. To support this project, a new energy centre was also built in one corner of the site and is a dedicated facility for the NPRO project. To facilitate this project there were multiple works around the existing site for aspergillum protection of patient areas.

The site has also seen other key construction projects with the development of a new building to accommodate finance and HR services, who were dislodged as part of clinical developments. This new build, to the rear of the private clinic is a two-storey structure with a high specification.

The area vacated by the support services in the lower ground floor of the ward block has been redeveloped to create a new cystic fibrosis centre. This project includes the formation of individual consulting rooms, each with dedicated specialist ventilation systems, to meet the needs of the CF group.

Breast care services were further developed, with the construction of a new facility at the rear of the Radiology Department, to accommodate screening equipment that was transferred from Our Lady of Lourdes Hospital, Drogheda.

Many smaller projects were completed through the course of the year, with such items as:

- New supportive heart clinic
- Upgrade of facilities for RCSI students
- Cochlear implant works
- Dialysis rooms upgrade in St Peter’s Ward
- CAPD home dialysis rooms
- Hardwicke Ward upgrade
- Adams McConnell Ward redecorated
- Whitworth Ward redecorated
- Richmond ICU redecorated
- Works to post-mortem suite to meet report requirements
- Continued programme of clinical sink upgrades
- Smoking gazebo installation
- Consultant office in St Brigid’s Ward
- Major roofing upgrades
- Rehab Physiotherapy room refurbishment
- Ophthalmology refurbishment
- Pedestrian crossings and footpath from new car park
- CEO office refurbishment
- Radiology Department refurbishment
• Cohort sliding doors in Whitworth Ward
• Cohort sliding doors in Hardwicke Ward
• Radiology Department sliding door system
• Emergency Department bereavement room

Throughout the year, the estates group carried out project works to the value of €9.566 million on HSE capital grant funded schemes. The TSD spend for the year, including maintenance and minor projects, was €10.386 million.

The estates group continues to lead the Arts Committee. This group makes bids for funding from various sources, including the ‘percent for art programme’, and use the funds to develop arts projects for the benefit of patients and staff alike. To date, the group has purchased over 200 artworks which are displayed across all areas of the hospital. These include a number of bespoke commissions that involve the staff and patients for the areas as part of the process to create the artwork. The group also funds a number of music sessions for the care of the elderly group.

Estate management is dependent on effective record management, and its use of electronic archiving systems has been key to this service. At present, the department has over 1.785 million archived data records and almost 4,000 site and project drawings, with a resultant data capacity of over 11 Gb. This service is renewed every six months, with the benefit of an extensive reduction in its on site storage space requirements.

Energy management is always a prime issue for the estates team and the hospital overall.

Electricity – Beaumont Hospital was supplied with electricity by Energia for 2009, with usage of 13,658,834 KWh at a cost of €1,438,546 (ex VAT) or an average unit price (aup) of 10.53c/KWh. During 2009 the energy contract was re-tendered and future contracts placed with ESBIE for a two-year term. This contract will deliver future energy savings of €200k in 2010 and €93k in 2011 against 2009 prices.

Natural Gas – The hospital is supplied by Vayu on a three-year contract. The usage in 2009 was 22,542,150 KWh at a cost of €579,914 or an average unit price of 2.57c/KWh. A carbon tax was introduced by EU directive, but as Beaumont Hospital participates in the Emissions Trading Scheme, it was able to realise savings of €50k per annum on its gas charges.

Our commitment to carbon trading and efforts to be environmentally friendly, with efforts to minimise the hospital’s carbon footprint, continue. Our present emissions trading position has resulted in the hospital using fewer carbon credits than its allocation, showing an efficient site, and resulting in an excess of credits that are able to be traded on the open market and realise hospital benefits.

The emissions trading scheme phase 2 operates from 2008 to 2012 and Beaumont is obliged to participate due to the size of its combustion plant. The 2009 emissions were reported and verified with no “non-compliance” issues.
St Joseph’s Hospital, Raheny
St. Joseph’s Hospital
2009 was a turbulent and personally challenging year for many people, it was also a year of unprecedented activity on St. Joseph's Hospital campus. The hospital recorded an increase in the number of patients admitted for treatment during a time when support services were operating out of temporary accommodation and staff patiently obliged in tolerating all the disruption that goes with building a new 100-bed community unit and ancillary facilities on site. If not for the strong patient focus held by all staff in St. Joseph's then none of these essential developments would have been achieved.

The appointment of a consultant radiologist and radiography staff led to the commencement of the CT Service and an increase in throughput for the ultrasound service. Work is ongoing in further developing the facilities for staff and patients in radiology and we look forward to the delivery of state-of-the-art radiology imaging and picture archiving systems. The sleep apnoea laboratory also commenced service and has received extensive coverage in the media and positive feedback for bringing such a valuable and much-needed service to the people of north Dublin.

Our commitment to improving the hospital environment for our patients saw upgrades to bathroom facilities on the medical ward and new office and work station facilities on the surgical unit. Our theatres were given new equipment and wall surfacing whilst flooring was repaired; however, further upgrading work is planned for next year. Externally we had the design and planting of the sensory garden which is a staff initiative led by Phyllis O’Carroll and Joan McCluskey. We look forward to seeing the full fruits of their labour next spring.

As part of our development we demolished the hospital store, linen, laundry and workshop. These facilities were later reinstalled in a new building which incorporated a state-of-the-art production kitchen. A fully operational service was maintained for patients during the various phases of the projects which included a sequence of decants to various locations on the site.

Over the year we said goodbye to Sr. Francis and Anne Kelly who retired from Payroll and HR, Cora Moore retired from the Household Department and Liz Leonard and Pauline McDonnell retired from the Nursing Department.

I would like to pay tribute to all the staff of the hospital, past and present, for their commitment to our patients and to supporting each other. I would like to acknowledge Ms. Moira Hazlett, Ms. Siobhan Byrne and Ms. Helen Shortt for their assistance and support. We look forward to new working relationships within the directorates and also to welcoming staff to the Community Nursing Unit in 2010.

Patrick Gargan
Hospital Manager

Moira Hazlett,
Nurse Manager
Patrick Gargan
Hospital Manager

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2009 was a very busy year for Rehabilitation Unit. The number of rehabilitation patients increased from 151 to 188.

- Two staff nurses commenced the Higher Diploma in Gerontology in September 2009.
- One healthcare assistant completed her Fetac course in July 2009.
- An article on the Rehabilitation Unit was published in the March issue of the hospital magazine Connections.
- Weekly Journal Club continues with a variety of speakers relating to care of the older person.

Team-based performance commenced in 2009. As a result:
- Goal-setting process was reviewed and revised. New process has been implemented.
- Induction folder was reviewed and revamped. New booklet is now in place.
- Outcome statistics to include all of the disciplines was piloted. We are hoping to compile results in 2010.
- Measure of quality-of-life was piloted on 10 patients admitted to the unit. Following success of this measure, it is to be implemented on the unit in 2010.
- Falls screening tool is being developed and is to be piloted in 2010.

ST JOSEPH’S NURSING DEPARTMENT

The Nursing Department continues to be a challenge during 2009 with the moratorium on staff recruitment. Nursing shortages were due to resignations, maternity leave, sick leave and retirement. Despite all of the above, St Joseph’s Hospital staff continued to deliver a high standard of nursing care to our patients. This is very much evident on the feedback from patients on cards, letters and the patient satisfactory survey.

Elizabeth Leonard and Pauline McDonnell, out-of-hours CNM2, both retired and we wish them a healthy and happy retirement.

UNIT 1 – 5 DAY SURGICAL DAY WARD

This unit is efficiently managed by Catherine McDonnell, CNM2, who was the Bed Manager before taking on this role.

The activity levels significantly increased in 2009, despite the fact that surgery was interrupted to facilitate a cohort of medical delayed-discharge patients who were transferred from Beaumont Hospital on two occasions to the unit.

UNIT 2A – MEDICAL UNIT

Pauline Connor was appointed CNM2 in May 2009. The unit had the bathrooms refurbished in the early part of the year. Also the new sleep apnoea lab was opened during the year. Education was delivered to the nursing staff by Prof. R Costello and Deirdre Long CNM2.

REHABILITATION UNIT

This unit is ably managed by Sr Liz McArdle, CNM 2.

THEATRE

The Theatre Department in St Joseph’s is managed efficiently by Nessa Murphy CNM2. Four new consultants commenced working in St Joseph’s in 2009:

- two surgical consultants, one ENT consultant and one urology consultant

The theatre activity increased by 400 cases in 2009.

Two theatre staff completed their Skills Vec Course in 2009.

Theatre was accredited as a teaching unit and student nurses rotated to the department as part of their training programme in September 2009 under the supervision of Nessa and Brid Lyons, Clinical Placement Coordinators.

Theatre refurbishments are ongoing.

Nursing staff continued to participate in various meetings: health and safety, hygiene, infection control, hospice-friendly hospitals, fire training and fire audits and the task group in Beaumont Hospital.
In-house training was provided for nursing staff on manual handling, dietetics and nutrition, wound care and haemovigilance.

A group of St Joseph’s staff completed a three-module six-hour training pilot in good communication around end-of-life care in the hospital. This training was facilitated by Hospice Friendly Hospital Co-ordinator, Ms Fran McGovern, and ‘Train the Trainers’ Staff Nurse Caroline Jordan and Social Worker Una Donnelly.

Feedback from the participants was very positive and further pilot training was arranged for 2010.

The Hospital participated in the haemovigilance audit by the Blood Transfusion Board. DGSA Audits also took place.

Staff received awards for role models in hygiene and infection control.

One staff member is pursuing a masters degree in management.

Staff arranged for the Royal College of Surgeons to have Diploma in Medicine of the Elderly in April and May 2009.

The hospital was visited in June 2009 by the Lord Mayor, Eibhlín Byrne.

Sincere thanks for all our staff for their commitment and dedication in providing quality care to our patients in these challenging times.

Moira Hazlett Nursing Manager

ST JOSEPH’S ACCOUNTS AND ADMINISTRATIVE STAFF

The role of the sub-admissions department continues to expand, increasing to supporting 18 consultants. In addition to this, the throughput of endoscopy patients being seen has also increased. Sub-admissions have also taken over the open access list.

The administration team has been reconfigured to support the new CT service which was introduced in January. Members of the team have also absorbed the payroll and HR support function due to the retirement of Sr. Frances, Payroll Officer, and Anne Kelly, HR Department.

Updating of skills continued, including the Hospice-Friendly Hospital course which was completed by four clerical staff, all of whom found this very beneficial.

Phyllis O Carroll
Royal College of Surgeons in Ireland
Royal College of Surgeons in Ireland
INTRODUCTION
As Chief Executive of the Royal College of Surgeons in Ireland (RCSI) I am honoured to submit an account of RCSI’s activity in Beaumont Hospital. Beaumont Hospital is the principal undergraduate medical training and research centre affiliated with RCSI and it has been at the forefront in ensuring the highest standards in training the future generation of medical professionals for over 20 years. RCSI’s academic departments at Beaumont play an important role in the provision of clinical services within the hospital. The following report provides an account of these departments.

There is no doubt that we are living in unprecedented challenging times, but RCSI has continued to adapt and innovate and it is these attributes which underpin the character of RCSI and its people. The patient is at the centre of everything we do in RCSI and our successes in securing research funding, our continual developments in the delivery of medical education and our innovative surgical training programmes have all been developed to provide excellence in patient care.

Our reputation as the leading provider of medical education in Ireland was further strengthened this year following a quality assurance evaluation which benchmarked all aspects of the Medical School’s activities against the World Federation of Medical Education Standards. The College achieved superb results, with standards of excellence in two-thirds of the categories. These results have led to a greatly improved learning experience for our students. The Faculty recognises that ‘Excellence’ is not a destination but a never-ending journey of continuous improvement.

2009 saw the continued strengthening of ties and collaborations between clinicians and scientists at Beaumont hospital, the Education and Research Centre and the RCSI Research Institute to support the translational or ‘bench to bedside’ research that we advocate in RCSI. Although the difficult economic climate saw a decline in research funding being granted to third level institutions, RCSI’s total spend was €22 million.

Later this year, I will step down at the Chief Executive / Registrar of the College. It was not an easy decision to take, but it is the correct one, as my career with RCSI has spanned more than 30 years and it is time for new thinking, new directions and new leadership. A new era will now begin for RCSI, under the leadership of Professor Cathal Kelly, current Dean of the Faculty of Medicine and Health Sciences, and I am confident that the new leadership team will have the commitment, energy, drive and passion to lead RCSI to many successes in the future.

I would like to take this opportunity to acknowledge the enormous contribution that the patients, management and clinical staff in Beaumont hospital make towards the College in the training and education of our undergraduate students and postgraduate trainees and to thank them for their unselfish generosity towards the College.

Michael Horgan, Chief Executive, RCSI

DEPARTMENT OF SURGERY

ACADEMIC ACTIVITIES
2009 was a busy and successful year for the Department of Surgery. Members of the Department had national and international grant success with new grants totalling almost €800,000. There were numerous publications in peer reviewed journals, several of which were with new and established collaborators. Many of the graduate students and post-doctoral researchers won prizes both at home and abroad. This year also saw graduation of several MD students and the Department’s first clinical PhD, Dearbhaille Collins.

PRIZES AND AWARDS
1st prize for oral poster presentation at IACR, Simona Donatello, PhD student
BACR travel award, Elaine McSherry, Post Doctoral Researcher
1st prize for 1st year oral presentations at RCSI Research Day, Gozie Offiah, MD student
1st prize for oral poster presentation at Mater 12th Intl BC Meeting, Elaine McSherry
1st prize for poster presentation at Waterford 2009 Surgical Meeting, Gozie Offiah
Invention was awarded Second Prize in the RCSI Invention Disclosure Awards 2009 (IDEA Prize)
Sheppard Prize, RCSI, 2009, Zahara AlHilli, MD student
Marie Curie Fellowship, Aisling Redmond, Post Doctoral Researcher

INVITED RESEARCH TALKS
World Cancer Congress, Beijing China, June 2009, Session 2-2: Tumour Pathology and Endocrinology in Oncology. ‘The developmental protein HOXC11 cooperates with SRC-1 in breast cancer: An adaptive response to endocrine therapy’ Invited Lecture
2nd Proteomic Workshop, University College Dublin, September 2009. ‘Identification of new transcriptional hosts for the
coactivator SRC-1: Defining new networks in breast cancer
Invited Lecture

GRANTS

2009-2012 Health Research Board PI: Ann Hopkins
“Lipid rafts as targets of CD44-based motility in cancer cells
€151,934

2009-2013 SFI - Research Frontiers Programme (Leonie Young, ADK Hill)
“Mechanisms of aromatase resistance in breast cancer patients”
€195,248

2009-2012 Marie Curie (Academic Supervisor Leonie Young)
”Interactions of the high mobility group protein HMGB2 with the ER-
SRC-1 complex: defining the role in endocrine resistance”
€233,535

2009-2012 Breast Cancer Campaign, UK (Marie McIlroy, Leonie Young, ADK Hill)
“Transcription factor HOXC11, a novel SRC-1 binding partner; new
pathways in endocrine resistance”
€212,570

2009-2012 Technological Sector Research Strand III. In collaboration with Waterford Institute
of Technology (Co-App: Leonie Young)
‘Biomedical Research Centre’
€437,000

THESIS AWARDED
Rachel Bowie, MSc, June 2009
Aoife Quinn, MD, June 2009
Zahara Al Hilli, MD, October 2009
Dearbhaille Collins, PhD, December 2009
Gerard Markey, MD October 2009
Emily Boyle, MD October 2009

PUBLICATIONS
McSherry EA, McGee SF, Jirstrom K, Doyle EM, Brennan DJ, Landberg G, Dervan PA, Hopkins AM*, Gallagher WM. JAM-A
expression positively correlates with poor prognosis in breast
cancer patients.

*CORRESPONDING AUTHOR

Naydenov NG, Hopkins AM, Ivanov AI, c-Jun N-terminal kinase
mediates disassembly of apical junctions in model intestinal

Collins D, Hill AD, Young L. Lapatinib: A competitor or companion
to trastuzumab? Cancer Treat Rev. 2009 Sep 10 Cancer Treat
Rev. 2009 Nov;35(7):574-81. Review. PMID: 19748186 PMID:
19748186 Cit:0

Redmond AM, Bane F, Stafford AT, Crotty TB, McIlroy M, Hill
AD, Young LS. Coassociation of ER and p160 proteins predicts
resistance to endocrine treatment; SRC-1 is an independent
predictor of breast cancer recurrence. Clinical Cancer Research,

Markey GC, Cullen R, Diggin P, Hill AD, Mc Dermott EW,
O’Higgins NJ, Duffy MJ. Estrogen receptor-beta mRNA is
associated with adverse outcome in patients with breast cancer.

Chen G, Neill TG, Chen H, Condon C, Kelly C, Hill AD,
Boucher-Hayes DJ. Attenuation of lipopolysaccharide-mediated
left ventricular dysfunction by glutamine preconditioning. J Surg

Collins AM, Power KT, Hill AD, Kneafsey B. Achilles tendon
reconstruction following excision of a malignant peripheral nerve
sheath tumour: evaluation at five years follow-up. J Plast Reconstr

Collins AM, Ridgway PF, Hassan MS, Chou CW, Hill AD, Kneafsey
B. Surgical instruction for general practitioners: how, who and
how often? J Plast Reconstr Aesthet Surg. 2010 Jul;63(7):1156-
62.

O’Daly BJ, Ridgway PF, Keenan N, Sweeney KJ, Brophy DP, Hill
AD, Evoy D, O’Higgins NJ, McDermott EW. Detected peritoneal
fluid in small bowel obstruction is associated with the need for

Falk GA, Robb WB, Khan WH, Hill AD. Student-selected
components in surgery: providing practical experience
Sep;178(3):267-72.

Ho WL, Comber H, Hill AD, Murphy GM. Malignant melanoma
2009

Doyle B, Al-Mudhaffer M, Kennedy MM, O’Doherty A, Flanagan
F, McDermott EW, Kerin MJ, Hill AD, Quinn CM. Sentinel lymph
node biopsy in patients with a needle core biopsy diagnosis of

Professor Arnold Hill,
Professor and Chair of Surgery, RCSI.

MOLECULAR MEDICINE

The Molecular Medicine Research Laboratories at Beaumont
Hospital were established in 2002 under the directorship of
Professor Brian Harvey.

The major research programmes are in the molecular
endocrinology of the actions of the major steroid hormones
aldosterone and estrogen, the physiology of bile acid actions
in inflammation and the pro-resolution anti-inflammatory effects of lipid mediators. This research spans the disease areas of breast and colorectal cancer, mesothelioma, cystic fibrosis, hypertension, intestinal and lung inflammation. Molecular Medicine has vibrant research collaborations with clinical departments in Beaumont hospital including Respiratory Medicine (estrogen and the CF gender gap, airway fluid dynamics in Alpha-1 antitrypsin deficiency), Surgery and Histopathology (estrogen’s role in cell proliferation in breast cancer and mesothelioma), Gastroenterology (bile acids and intestinal inflammation). These collaborations between scientists in Molecular Medicine and clinicians in Beaumont hospital resulted in four joint publications in the past year.

Nationally, the research collaborations are with the National Children’s Research Centre OLCH Crumlin and UCD (lipoxin and CF), Dundalk IT (calcium pacemaker signalling in vascular smooth muscle), TCD and UCD (therapeutic targeting of bile acids for intestinal diseases).

International collaborations include the Department of Endocrinology at UC Irvine (estrogen metabolic effects in breast cancer), Centro de Estudios Científicos Chile (estrogen regulation of ion channels), Dept of Chemistry, University of Illinois, Urbana (estrogen membrane receptors), Centre for Experimental Therapeutics, Harvard Medical School (lipoxin and resolvins synthesis in CF), Dept of Medicine, University of California, San Diego (bile acid regulation of intestinal transport) and the CNRS Institute of Functional Genomics, Montpellier (estrogen regulation of Kv channels in colon cancer) and the Avogadro University, Piemonte Orientale, Italy and Dell’Angello Hospital Mestre-Venice Italy (estrogen in mesothelioma).


National and international research networks co-ordinated by Molecular Medicine include the National Biophotonics & Imaging Network, the Irish Epithelial Physiology Group, Rapid Responses to Steroid Hormones International Meetings, EU FP7 Cystic Fibrosis COST network (Member of Management Committee).

Molecular Medicine research and collaborations are funded by grants from Science Foundation Ireland, the Health Research Board, the Higher Education Authority, the Children’s Medical Research Foundation, the Chilean Science Foundation and the NIH.

The Molecular Medicine Laboratories also host research teams from Molecular & Cellular Therapeutics in population genetics and cardiovascular clinical sciences. For more information visit website https://research1.rcsi.ie/pi/brianharvey/index.asp

Professor Brian Harvey, Professor of Molecular Medicine

DEPARTMENT OF CLINICAL MICROBIOLOGY

The Department of Clinical Microbiology is based at the RCSI Educational 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 healthcare-associated infection (HCAI), including that caused by methicillin-resistant Staphylococcus aureus (MRSA), bacterial biofilm and new approaches to the treatment of bacterial infections. The prevention and control of HCAI and the reduction in antimicrobial resistance is a major strategic aim of the Health Service Executive and the Department of Health and Children in Ireland. The RCSI Department and its members continue to play an important role locally and nationally in these areas.

In 2006-07, the Department was awarded a major Health Research Board (HRB) translational research grant, in conjunction with colleagues in the Dublin Dental School and Hospital, the Health Protection Surveillance Centre and in collaboration with the National MRSA Reference Laboratory. In the intervening years, the research team has assessed the comprehensive epidemiology of MRSA, traced patterns of spread, investigated possible environmental sources and evaluated the usefulness of rapid molecular detection. The use of rapid detection has been confirmed as enhancing compliance with screening strategies. Comprehensive epidemiology and molecular typing has confirmed that cross transmission may not be as common as thought. On the Children’s University and Rotunda Hospitals Campus, there is an active programme of research on neonatal, perinatal meningococcal and pneumococcal infections. On the Connolly Hospital Campus, there are research activities in the areas of bacterial biofilm pathogenesis and multi-drug resistant Gram negative bacilli.

Other research interests of the Department include the evaluation of novel antimicrobial compounds, with the School of Pharmacy, in the treatment of bacterial infections, the virulence determinants of both MRSA and antibiotic-susceptible isolates of S. aureus causing bloodstream infection and the immune response, with the Department of Medicine. In association with the Beaumont Hospital Department of Microbiology, the RCSI Department is involved in audit, stewardship and education on appropriate antibiotic use.

The Department contributes to both the undergraduate and postgraduate programmes in Medicine as well as to the Schools of Physiotherapy and Pharmacy in the RCSI. The Department has piloted the use of podcasts and carried out an evaluation of their effectiveness in improving medical students’ knowledge and comprehension of important issues in microbiology. The Department has developed links with Intuition to modify their online teaching programme on HCAI prevention, as currently used in the National Health Service, in the UK. The impact this has on the knowledge and attitudes of medical students is being evaluated.
The RCSI has the only postgraduate nursing course in infection prevention and control in Ireland and the department delivers components of three modules in this course, which is delivered by the School of Nursing and Midwifery, RCSI. Finally, Department members are active on national and other groups, and have contributed to the development of national standards for infection prevention and control.

Professor Hilary Humphreys, Head of Clinical Microbiology Department

CLINICAL RESEARCH CENTRE

The Clinical Research Centre (CRC) of the Royal College of Surgeons in Ireland continues a lead position in the integration of advanced diagnostics, basic research and clinical medicine. New collaborative projects with consultants in Beaumont Hospital, Dublin City University and University were started in 2009. This year the centre hosted 39 clinical studies ranging from device trials, registries and academic studies in the areas of cardiology, respiratory medicine and endocrinology.

In recognition of the deficits in clinical research and the serious deficits in terms of research nurses supporting clinical research in Ireland, the nurses in the Clinical Research Centre developed a Certificate in Nursing in Clinical Research course that started in September 2009 with the support of the Health Research Board and the Dublin Centre for Clinical Research.

The first cohort of nurses will graduate in November 2010 and the course will continue in 2010. One of our senior research nurses is the course coordinator, and a number of our nurses bring the expertise we have developed over the past nine years to the course, in the delivery of lectures to students. At the end of 2009 there was over 13,520 patient visits to the Clinical Research Centre.

Professor Dermot Kenny, Director, Clinical Research Centre

DEPARTMENT OF MEDICINE

The Department of Medicine continued its role in undergraduate and postgraduate medical Education in 2009. RCSI offers a 5 year standard medical course along with a graduate entry programme, the first such programme in Ireland. Beaumont Hospital is centrally involved in this work. The Department is greatly indebted to its members for their contribution to teaching recognising that the status of teaching hospital confers special recognition on Beaumont Hospital which is appreciated by patients and medical staff alike and which facilitates Beaumont in continuing to attract staff of the highest calibre. The Department of Medicine continues its very active involvement in medical education throughout all 3 cycles of the undergraduate 5-year programme and the last 2 years of the graduate entry programme. The first group of RCSI students graduated this year from the Medical University of Bahrain which is affiliated to RCSI. Professors McElvaney and Hill examined them in their final exams. Dr. Muirne Spooner, Lecturer in Medicine was selected by the final year students as Best Tutor in Beaumont Hospital...

Professor McElvaney is presently Chairman of the Medical Board of Beaumont Hospital.

The Sheppard Prize was held in February 2009. The winner of the Sheppard Prize was Dr. Zahra Al-Hilli. Dr. David Bergin won the PhD prize. The poster prizes were awarded to Dr. Gudmundur Bergsson and 2nd prize went to Dr. Niamh McCauley.

The work of the department of Medicine in cystic fibrosis continues, Professor McElvaney gave a plenary lecture at the American Thoracic Society meeting in San Diego. In October 2009 Professor McElvaney and members of his team travelled to University of North Carolina in Chapel Hill, USA to finalise the successful US-Ireland CF grant which was peer reviewed by the National Institutes of Health. This grant, the first of its kind in the area of lung disease, aims to evaluate the role of anaerobic bacteria in CF.

The Department of Medicine continued it leadership role in the area of Alpha 1 Antitrypsin Deficiency (AATD). Data concerning the prevalence of AATD in Ireland was published for the first time in the annual report of the Irish Alpha one Foundation. Prof McElvaney continued his role on the International Alpha-1 Antitrypsin Deficiency Advisory Board in Frankfurt, part of whose task is to adjudicate on the dispersal of research grants in this area throughout the European Union. Dr. David Bergin from the Department of Medicine was awarded the prestigious eALTA award for AATD research at the European Respiratory Society meeting in Vienna. The targeted detection program for Alpha-1 Antitrypsin set up by the Department of Medicine RCSI has been lauded as an international example. To date just under 4000 individuals have been screened. The RCSI AATD group was awarded a grant by Talecris Pharmaceuticals to continue its work on evaluating the risk for emphysema in the MZ population.

Professor Richard Costello’s centre for the study of anti-IGE therapy in difficult asthma in Beaumont Hospital has gone from strength to strength. Professor Costello is the National Specialty Director in Respiratory Medicine and a member of the American Thoracic Societies Assembly for Allergy and Immunology. In 2009 he oversaw the opening of the Sleep laboratory in St. Joseph’s Hospital Raheny, a state of the art facility which puts Beaumont Hospital at the forefront of treating sleep related disorders.

Professor N.G. McElvaney, Department of Medicine

DEPARTMENT OF OTOLARYNGOLOGY / HEAD AND NECK SURGERY

The Ear, Nose and Throat Undergraduate Programme has now been integrated with other disciplines. Basic skills are taught to IC3 students and teaching has been integrated with the GP Programme at SC1 level. Students continue to have a 2-week attachment in the SC11 Cycle. The Department is grateful for the input of Dr Emer Lang and Dr Mahesh Nataraj who put a great deal of work into the co-ordination of this programme.
teaching, wet tissue (operative specimens) teaching and autopsy case scenarios and discussion, tutorials, specimen assisted interactive learning and self assessment-based programmes. The Department pioneered a computer assisted undergraduate curriculum for medical students and physiotherapy students. The RCSI Pathology Department provides a clinically-based postgraduate level and clinical research.

Consequently there is integration between Beaumont Hospital and RCSI in the provision of a diagnostic histopathology and molecular diagnostic service, teaching at undergraduate and postgraduate level and clinical research.

Dr Mohamad Amin completed his MD Thesis on the study of the “Induction of Epidermal Growth Factor Receptors and Mucin Gene Expression by Eosinophil Granule Proteins in Epithelial Cells”. This project was supervised jointly with Professor Costello from the Department of Respiratory Medicine.

Paul O’Neill was awarded his MD Degree on his research work into “Anaplastic Thyroid Cancer Irish Epidemiology and Novel Chemotherapeutic Strategies”.

Dr Stephen Kieran completed his MCh research on “In Vivo and In Vitro Degradation of Tissue Engineered Collagen and Mineralised Collagen Scaffolds Used in Bone Tissue Engineering”.

Michael A Walsh, Professor and Chairman

RCSI BEAUMONT LIBRARY

The RCSI Library in Beaumont Hospital supports the academic, clinical research, and professional development needs of health care professionals, researchers and students in Beaumont Hospital and RCSI. The hospital library is funded by RCSI and Beaumont Hospital and has been in operation since 1988.

Library facilities include a collection of books and journals, quiet study spaces, internet access, printers, photocopiers and daily newspapers. The library provides a selection of electronic resources including databases, full text e-journals, e-books, and clinical digests which are accessible via the RCSI network. The library continuously assesses the quality and relevance of research resources and provides access to relevant new resources as they become available.

Library staff provide a reference service, an inter-library loan service, and information skills training to ensure that staff and students obtain the best available clinical information to inform their research and clinical decision-making.

Ms Breffni Smith
RCSI Beaumont Hospital Librarian

PATHOLOGY DEPARTMENT

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 molecular diagnostic 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. Special study modules allow students to shadow histopathologists for six week periods. This allows the student develop a much better understanding of the role of diagnostic pathology departments in patient management. An undergraduate pathology programme is also taught to physiotherapy students.

In addition to teaching undergraduate students the Department has a very active postgraduate training programme for histopathology trainees.

The Department has collaborative research links with external institutions including the Conway Institute in UCD, Queen’s University Belfast, Trinity College Dublin and the National Cancer Institute in Washington. The RCSI research laboratory is accredited by CPA UK, the UK laboratory accrediting body. The laboratory is one of only 5 laboratories in the UK and Ireland which are recognised by NEQAS as reference laboratories for Her2 analysis by FISH.

The research within the Pathology Department is translational focussed and investigates modulators of invasion in bladder carcinoma and molecular mechanisms of invasion in colorectal carcinoma. Markers of aggressive behaviour in prostate cancer and colorectal cancer are also being investigated to identify cancers which will respond to new targeted therapies. Skin cancer is also being extensively studied. A number of staff in the Department are carrying out research for 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 year.

Pathology staff examine in the surgical pathology component of the Membership Examination in Surgery (MRCS) in Dublin, Bahrain, Penang and Jordan.

Professor Mary Leader is a member of the Beaumont Foundation, the Board of Medical Education, Research and Training of the HSE and is a member of a number of editorial boards of international journals. She is an external examiner for Trinity College, University College Dublin and 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 Board of Cancer Research Ireland. She is external examiner for the UK based FRCPath examination and is a Committee Member of the Pathological Society of Great Britain and Ireland and a Council Member of the British Division of the International Academy of Pathologists.

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.
The Pathology Department is deeply indebted to all the teachers / lecturers from Beaumont Hospital and Connolly Hospital who contribute to our teaching with such dedication and commitment.

Professor Mary Leader
Professor of Pathology

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.

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 genetic and neuropsychiatric disorders.

There is close integration with the Clinical Department of Psychiatry at Beaumont Hospital with Professors Murphy, Cannon and Cotter and Drs MacHale and Cosgrave all holding joint RCSI/ Beaumont hospital appointments.

The Department has a number of RCSI 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 Finian O’Brien, funded through the Molecular Medicine Ireland HRB Clinician Scientist Programme, is undertaking a PhD on the neurobiology of non-epileptic seizures in association with the Department of Neurology. Dr Helen Barry, Honorary RCSI Lecturer is undertaking an MD exploring the psychiatric sequelae of surgery for treatment-resistant epilepsy. Dr Ronan Mulvanney returned from the Institute of Psychiatry, King’s College London to RCSI / Beaumont hospital for the second year of his RCSI/ KCL rotating Lecturer in Psychiatry post.

We have for the first time established an annual departmental publication summarizing and recording our audit findings. We also held an Annual Beaumont / RCSI Audit Medal competition involving an oral presentation at the academic meeting Department of Psychiatry. The prize was won by Dr Maurice Clancy, Hon Lecturer RCS.

Professor Kieran Murphy continues in his role of President of the Medical Council.

Dr Mary Cosgrave was elected for a two year term as Executive Clinical Director of the North Dublin Mental Health Service.

Professors Cannon, Cotter and Murphy have been awarded international research grant awards and continue to publish in high impact journals

Professor K. C. Murphy
Professor of Psychiatry

DEPARTMENT OF ACADEMIC RADIOLOGY

The Department of Radiology plays an increasing role in undergraduate teaching to IC2, IC3, SC1 and SC2 student groups. This reflects the central role that Radiology plays in patient diagnosis. The Department takes part in weekly TOSCE’s, weekly essentials of clinical practice tutorials and provide a case of the week via Moodle for final year students. The Department also embarked on an e-learning tool to inform prospective interns of the correct procedure for ordering Radiology studies. The SSC Programme continues and is now research based with students completing a research project over six weeks.

The Department has been strengthened by three new Consultants, Dr. Mark Given and Dr. Aoife Keeling in Interventional Radiology and Dr. Jennifer Kerr in Breast Radiology.

The Department continues its research activities in Interventional Radiology, MR Imaging, CT Imaging, Abdominal Radiology, NeuroRadiology, Chest and Musculoskeletal Radiology. A total of eleven abstracts were delivered in National and International Meetings over the last year, with six papers published in peer-review journals. A Book entitled “Handbook of Angioplasty and Stenting Procedures” was published as part of a Techniques in Interventional Radiology series with Professor Lee and Professor A Watkinson as series editors.

Professor Lee became President Elect of the Cardiovascular and Interventional Radiology Society of Europe (CIRSE).

Professor Michael Lee,
Professor of Radiology

DEPARTMENT OF ANAESTHESIA

The Department of Anaesthesia provided a number of teaching programmes for the Royal College of Surgeons in Ireland including

Early Patient Contact – Graduate Entry Programme
Special Study Modules – Intensive Care Medicine
One-week Clinical Clerkship
Essentials of Clinical Practice

The clerkship includes preoperative assessment, drugs in the perioperative period, major trauma, resuscitation, respiratory failure and end of life ethical considerations. The Department participates in the teaching and training of postgraduate trainees in anaesthesia rotations through the Eastern Regional Anaesthetic and the National Specialist Registrar Training Programmes.

The Department provides high quality patient care to patients in the operating theatres, especially neurosurgery, major vascular and gynaecological surgery, and in the intensive care units at Beaumont Hospital.

Professor Cunningham chaired the College of Anaesthetists of Ireland’s Academic and International Relations Committees. In addition, with Dr Deirdre McCoy, he coordinated the module “Professionalism in Practice” as part of the College of Anaesthetists
of Ireland MSc (Medical Professionalism - Anaesthesia) degree programme.

Professor Cunningham was appointed Extern Director to the College of Anaesthetists of Ireland’s overseas development programme based in Blantyre, Malawi. The programme features High-Dependency Obstetric Emergency and Trauma (HOT) courses, M.Med (Anaesthesia) training programme and Visiting Professor Programme, Obstetric and Orthopaedic Registrars and Midwives in District, Mission and Teaching hospitals in Malawi.

He led a team from the College of Anaesthetists of Ireland which received Irish Aid funding for a three-year project entitled “Educational Assistance in the Management of Trauma Related Emergencies in Malawi with a Focus on the Queen Elizabeth Medical Centre Blantyre and including Thyolo and Chiradzulu District Hospitals”.

Professor Cunningham was elected to the Medical Council in May 2008 and he chairs the Council’s Professional Competence Assessment Working Group and the Basic Medical Qualifications Working Group. He represents the Medical Council on the National Medical Education and Training Committee and chairs the Undergraduate Sub-Committee.

Dr. Rory Dwyer Senior Lecturer in Anaesthesia RCSI and Consultant Anaesthetist Beaumont Hospital completed his second 5 year term as a member of the Council of the College of Anaesthetists RCSI during which he served as Honorary Secretary and Chairman of the Training and Credentials Committees as well as representing the College on the Medical Council’s Registration Committee.

Dr Mohammad Shahzad Jamil was Lecturer in Anaesthesia RCSI from January to December 2009.

Professor Anthony Cunningham
Professor of Anaesthesia
Publications
PUBLICATIONS / LECTURES/ COMMITTEE MEMBERSHIPS

MEDICAL DIVISION

DEPARTMENT OF DIABETES


Liraglutide once a day versus exenatide twice a day for type 2 diabetes: a 26-week randomised, parallel-group multinational open-label trial (LEAD-6). Buse et al for the LEAD-6 Study Group. Lancet 2009; 374: 39-47


DEPARTMENT OF ENDOCRINOLOGY


DEPARTMENT OF PSYCHIATRY


Neelam Afzal, Kurt Buhagiar, Joanne Flood, Mary Cosgrave. Quality of end-of-life care for dementia patients during acute hospital admission: a retrospective study in Ireland. General Hospital Psychiatry 2010 March/ April Pages 141-146 Published on line November 2009


Cannon M. Invited guest speaker. Symposium on Early Intervention in Psychosis, Halifax, Israel, June 2009

Cannon M Invited speaker, Youth mental Health meeting, St Patrick’s Hospital, Dec 2009

Cannon M. Invited speaker, Improving Outcomes in Psychoisis, International meeting, St John of God Hospital, October 2009

Cotter D. St Patrick’s Hospital Founders Day Lecture. November 27th 2009. Proteomics and Psychosis; an overview.

DEPARTMENT OF GERIATRIC MEDICINE


Diagnostic usefulness of the ABCD2 score to distinguish transient ischemic attack and minor ischemic stroke from noncerebrovascular events: the North Dublin TIA Study. Sheehan

DEPARTMENT OF RHEUMATOLOGY

DEPARTMENT OF RADIATION ONCOLOGY

Presentations
Radiotherapy Planning for Rectal Cancer –a comparison of clinical target volume coverage and dose to organs at risk with 2-dimensional, virtual simulation and 3-dimensional conformal planning methods.
Walsh L, O’Neill L, O’Neill B. Oral presentation, Faculty of Radiologists in Ireland Annual Scientific Meeting, Royal College of Surgeons in Ireland, 26th September, 2009.
Active Surveillance for Low-Risk Prostate Cancer in Ireland. Walsh L, Power R, O’Neill B. Oral presentation, Faculty of Radiologists in Ireland Annual Scientific Meeting, Royal College of Surgeons in Ireland, 26th September, 2009.
Y Shum, P Davenport, C Faul Poster presentation, Faculty of Radiologists in Ireland Annual Scientific Meeting, Royal College of Surgeons in Ireland, 26th September, 2009.
Use of Cone Beam Computed Tomography to establish institutional setup errors in patients immoblised in Orfit thermoplastic shells P Kelly, B Oft, M Dunne, C Faul. Poster presentation, Faculty of Radiologists in Ireland Annual Scientific Meeting, Royal College of Surgeons in Ireland, 26th September, 2009.

DEPARTMENT OF DERMATOLOGY


Moran B, Murphy GM. Recurrent tongue swelling: an unusual manifestation of allergic contact dermatitis. Contact Dermatitis. 2009 Feb;60(2):114-5.


DIVISION OF LABORATORY MEDICINE


McMahon Tone J, Agha A, Sherlock M, Finucane F, Tormey W, Thompson CJ


R Hughes, A Treacy, C Gulmann. The search for lymph nodes; does a second search influence the staging and/or management in mesorectal cancer excisions? Histopathology (2009) 54: 768-70


Book chapter (by invitation) in 2009: C Gulmann, C Buckley, R Cummins. Antibody based research in protein research in Medical Biotechnology – Fundamentals. UNESCO-EOLSS 2009


Lectures:
Viamedica Symposium, “Infection control-research perspectives for the next decade,” Freiburg, Germany. “New technologies to control infection - evidence based?”
September 2009

October 2009
10th Congress of the International Federation of Infection Control, Vilnius, Lithuania. “Screening for VRE - a cost effective approach?”

October 2009

October 2009

Committees & Memberships
Dr. Fidelma Fitzpatrick: SARI North Dublin, Regional Committee (Chair) Department of Health and Children, National Influenza Expert Group (member) Strategy for the control of Antimicrobial Resistance in Ireland (SARI), National Committee (Hon Sec) SARI Subcommittee on HCAI Surveillance (Chair) SARI Prevention of Intravenous catheter related bloodstream infection sub-committee (chair) SARI Prevention of ventilator associated pneumonia sub-committee (Member) SARI Prevention of MRSA – revision of 2005 national guidelines (member) SARI MRSA in ICU Surveillance Steering Group (chair) Advisory Group developing national standards on infection prevention and control, convened by the Health Information and Quality Authority (Member) HSE HCAI Governance Steering group (member) Panceltic surveillance steering group (member) ESCMID Study group for C. difficile (member) ECDC National HCAI Focal Point Prof. Hilary Humphreys: Strategy for the control of Antimicrobial Resistance in Ireland (SARI) Surveillance of MRSA in ICU Sub-Group (member) Committee to update National Guidelines on MRSA (chair) Royal College of Physicians of Ireland Council (member) Policy Group on Healthcare-Associated Infection (Chair), 2008 - Hospital Infection Society (UK) 7th International Conference 2010, Scientific Committee (member) Working Group developing guidelines for minimally invasive surgery (co-chair) Royal College of Pathologists (UK) Examiner Editorial Boards The Journal of Hospital Infection Clinical Microbiology and Infection Dr. Christian Gulmann: Member of Beaumont Hospital Ethics committee, Secretary of Division on Laboratory Medicine in Beaumont Hospital.

Prof. Elaine Kay: Faculty of Pathology; Histopathology sub-committee; British Division of International Academy of Pathology, Council Member; Pathology Society of Great Britain & Ireland, Board member; National Cancer Control Programme, Colorectal Cancer, Quality Assurance Committee.

Dr Tony Dorman: Academy of Clinical Pathology Great Britain & Ireland: Histopathology Committee. Member of the Medical Executive of Beaumont Hospital.

Prof. Mary Leader: member of the Editorial Boards for Diagnostic Pathology. Member of the Medical Educational Training & Research Board; undergraduate training subcommittee; consultant appointments advisory committee.

Ms G. Collier: Council of the Association of Clinical Biochemists of Ireland (ACBI) Chair of the Republic of Ireland Association of Clinical Biochemistry (ACB) (UK). Chair of the Biochemists Vocational Group (IMPACT). Member of Lab Tests on Line Committee in the UK. Member of the ACB Work Force Planning of the ACB Council in UK. Member of the Pathology Modernisation Group set up by the HSE.

Ms Helen Moore: member of the HST committee for the implementation of the Standardisation of HbA1c measurement in Ireland

Mr P Reilly: Council of Academy of Medical Laboratory Sciences. Member of National Laboratory Information Systems Procurement Group.

Mr. Derek O’Neill: Member of British Society of Histocompatibility and Immunogenetics. Academy of Medical Laboratory Sciences member of the Transfusion and Transplantation Advisory Body. Member of the European Federation for Immunogenetics. Member of the International Society for Heart and Lung Transplantation, Invited to Co Chair and present at the 2009 Annual EFI Conference in Germany. Invited to take a morning seminar in Glasgow on Antibody Screening Strategy and Developments in Highly Sensitised Renal Patients. Invited to Chair the morning session on Antibody Screening at the Gene probe Users’ Meeting in Portugal.

Nephrology/Urology/Transplantation Directorate
The department has continued to maintain a strong academic interest. Recently published peer reviewed articles are outlined


Improved graft survival in highly sensitized patients undergoing renal transplantation after the introduction of a clinically validated flow cytometry crossmatch.


RADIOLOGY

Original Publications


Interventional Radiology in the Diagnosis, Management, and Follow-up of Pseudoaneurysms. CVIR:Vol 32(1);2009:2-18.

Evaluation of a New Balloon Catheter for Difficult Calcified Lesions in Infracrural Arterial Disease: Outcome of a Multicenter Registry. CVIR: Vol 32(1);2009:132-135.


Abstracts Published

Pennycooke KA, Thompson EM, Lee MJ. Recurrent GI Bleeding caused by Gastric Arterial Malformation treated by Embolisation. CIRSE, Lisbon, Portugal 2009.

Quateen AS, Given MF, Lee MJ. Spontaneous SMA Dissection treated by Endovascular Stenting. CIRSE, Lisbon, Portugal 2009.


Invited Talks and Lectures

Foundation Course: Gastrojejunostomy:Indications: Gastrostomy versus Gastrojejunostomy, Conclusion: CIRSE, Lisbon, Portugal, September 2009.


IVC Filters: The Evidence. BSIR, Brighton, November 2009.

Categorical Course: Vascular Intervention, BSIR, Brighton, November 2009.

Moderatorship


CLINICAL SERVICES DIVISION

COPD

Research and Publications

Article ‘Factors that predict relapse following an acute exacerbation of COPD’ accepted for publication in Thorax.

Brenda Deering graduated in her Masters of Science in Physiotherapy Degree ‘A Pilot Study Investigating the Impact of Acupuncture as an Adjunct to Standard Treatment for Chronic Obstructive Pulmonary Disease’.

Niamh McCormack graduated with her Masters of Science Degree in Nursing ‘Evaluation of the Effectiveness of a Respiratory Patient Passport for patients with Chronic Obstructive Pulmonary Disease (COPD)’
Claire Egan from the physiotherapy department completed her Masters of Science in Physiotherapy Degree in a joint COPD Outreach and Physiotherapy departmental project. “Physical Activity in COPD”.

NUTRITION AND DIETETICS

Beaumont Hospital Publications:
Policy on the Re-Insertion of a Replacement Gastrostomy Tube for patients with an already established tract
Multidisciplinary ICU Nutrition Support Guidelines for Adults
Multidisciplinary ICU Nutrition Support Guidelines for Infants & Children
Guideline for the Supplement of Folic Acid for Renal Patients

External Publications:
INDI Nutrition Support Reference Guide:
Prime author of chapter on ICU – Carmel O’Hanlon
Prime author of chapter on AKI – Carmel O’Hanlon
Abstract publications and poster presentations at the Irish Nutrition & Dietetic Institute Annual Study Day 2009:
‘Integrated Care Pathway (ICP) for Elective Open Abdominal Aortic Aneurysm Repair – Pilot Project’
‘Enteral Nutrition Post Upper Gastrointestinal Surgery’ – Cathy O’Neill
‘Effects of soy isoflavones and metabolites on invasion of MDA-MB-231 breast cancer cells through matrigel’ – Aisling Lyons

PHYSIOTHERAPY

Publications and Presentations

“Profiling of MS database as part of PIMS profiling project” Poster Presentation at MS Ireland Study Day September 2009. Author: Deirdre Murray

“Occupational Therapy and Physiotherapy at an Irish ALS Centre: An Audit to Review Care Links with Community Care Services”. Oral presentation at the MND/ALS international conference in Berlin, Dec 2009. Presented by: Deirdre Murray & Roisin Moloney

“Profile of referrals into Beaumont Respiratory Physiotherapy service – Who do we see?” Poster Presentation at ISCP conference November 2009. Author: Pedro Vasquez


“Exploring the provision of Lymphoedema Services in Ireland” Author: Pamela Gallagher. Sine Murphy.

“Gap Analysis of Beaumont Oncology/Breast care service”. Author: Sine Murphy.

“A systematic review on the role of Physiotherapy in the surgical and conservative management of full-thickness rotator cuff tears” Author: Fiona Lenehan

PODIATRY

NEUROPSYCHOLOGY

Publications/ Posters/ Seminar & Conference Presentations


Pender, N. (2009), Psychology and Human Rights. Irish Psychologist, October, 388-389


