# Beaumont Hospital Annual Report 2014

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Chair Report
Chair Report

2014 was my first full-year as Chair of the Beaumont Hospital Board and it was another busy year for the hospital.

Activity levels continue to rise, further stretching financial resources and putting increased demands on Beaumont Hospital. In addition, the nature of healthcare is changing, with service provision and patient care expanding beyond the walls of the hospital into the community.

I would like to commend the staff of Beaumont Hospital for how they have responded positively to these changes and the resulting impact on their working lives.

The region served by the hospital has the fastest growing population across Ireland, putting ongoing pressure on staff and facilities to deliver enhanced services with constrained resources. The nature of the health service is changing as we move to a more integrated, patient-focussed approach where continuity of care is to the forefront. This has an impact, not just on our people and our buildings, but also on our IT systems, processes and work structures.

The specific issues facing Beaumont Hospital in its catchment area should not be understated, particularly in relation to how Beaumont Hospital answers the complex needs of older patients. In both the national population and in Beaumont Hospital’s catchment area, the proportion of older people continues to increase, and as a result, we need to reformulate our approach to healthcare for the over-65 group. The implementation of the National Clinical Programme for Older Persons has resulted in the significantly increasing demand for geriatric services. I want to ensure that Beaumont Hospital offers a positive patient experience to all.

Collaborating with Age Friendly Ireland, we held consultation sessions this year with older service users from both the local community as well as the wider regional area that Beaumont Hospital serves. The results from these consultations are being fed back to the Senior Management Team and relevant departments as we continue to plan towards becoming a more age-friendly healthcare centre.

There is an ongoing need for specialist geriatric services in our local community and Beaumont Hospital is responding to this need through investment in dedicated healthcare initiatives.

In June 2014, I was delighted to attend the official opening by the Taoiseach, Enda Kenny, of the Day Hospital for Older People on the St. Joseph’s Hospital Campus. This Day Hospital will allow us to offer improved interventions for elderly persons and supports our strategy of bringing healthcare initiatives outside the hospital walls into the community. Having an appropriate environment for older patients where they can undergo a full multidisciplinary assessment is vital, as they often have complex medical problems including stroke, dementia, Parkinson’s Disease and hip fracture.

Beaumont Hospital also established a formal link between Beaumont Hospital and Clontarf Hospital in February 2014, with the opening of a dedicated rehabilitation unit for Beaumont Hospital patients. The commencement of this service has allowed older adult patients with more complex rehabilitation and discharge planning needs to be managed at Clontarf Hospital, freeing up resources in Beaumont Hospital.

Within the Dublin North-East Hospital Group, Beaumont Hospital needs to play a leadership role and provides support to smaller hospitals in the management of complex patients.
The establishment of Hospital Groups is potentially a key enabler for reorganisation of services across hospitals, with associated benefits in terms of providing care in the most appropriate setting, and delivering a safe, quality-led service. Nowhere is this more valuable than in the support of older patients and I hope that Beaumont Hospital can lead the Group to achieving best practice through new ways of providing patient management.

Having a culture in Beaumont Hospital of strong governance and stewardship is very important to me and I would like to acknowledge the Board for their support in this regard. Our patients are our first priority and we must assure them of quality, safe and compassionate care. The Board and I want to support our staff in providing this care and continuing the exceptional work of the hospital.

I would also like to acknowledge and thank Liam Duffy, Chief Executive, and Claire Tyrrell, Board Secretary, for their support to me since I took up the role of Chair of Beaumont Hospital Board.

Ann Fitzgerald
Chair
Beaumont Hospital Board
# Beaumont Hospital Board members - Meeting attendance

<table>
<thead>
<tr>
<th>Name</th>
<th>Nominated by</th>
<th>Term of office</th>
<th>Board Meetings attended in 2014</th>
<th>Expected no. of meetings to attend 2014</th>
<th>No. of meetings attended 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Fitzgerald, Chair</td>
<td>Minister for Health</td>
<td>17.12.13 – 16.12.16</td>
<td>11</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Dr Raphaela Kane</td>
<td>Dublin City University</td>
<td>17.12.13 – 16.12.16</td>
<td>11</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Dr Ursula O’Brien Counihan</td>
<td>Corrigan Faculty of Royal College of General Practitioners</td>
<td>17.12.13 – 16.12.16</td>
<td>11</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Prof Fergal Malone</td>
<td>RCSI</td>
<td>23.12.13 – 16.12.16</td>
<td>11</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Ms Laura Cuddihy</td>
<td>Chair</td>
<td>03.02.14 - 02.02.17</td>
<td>10</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Mr William Early</td>
<td>Chair</td>
<td>16.01.14 - 15.01.17</td>
<td>11</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Dr Stuart Evans</td>
<td>Minister for Health</td>
<td>26.02.14 - 24.02.17</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Mr Brian Healy</td>
<td>Chair</td>
<td>12.02.14 - 11.02.17</td>
<td>10</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Mr Mel Greaney</td>
<td>Minister for Health</td>
<td>09.04.14 - 08.04.17</td>
<td>8</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Mr Tom Kelleher</td>
<td>Minister for Health</td>
<td>09.04.14 - 08.04.17</td>
<td>8</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Ms Geraldine Robbins</td>
<td>Minister for Health</td>
<td>09.04.14 - 08.04.17</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>
CEO Report

Every year, Beaumont Hospital aims to deliver the highest quality of care to our patients, excellent training to our students, and a friendly, stimulating and professional environment for our staff. In this report, I am delighted to identify some of the highlights of what was again a very busy and challenging year for the hospital.

RCSI Group

In 2014, the Minister for Health reaffirmed the Government’s commitment to progressing the implementation of Beaumont Hospital Group structure as a key part of the reform of our health services.

Beaumont Hospital is part of the Dublin North-East Hospital Group, which also includes Cavan & Monaghan Hospital, Connolly Hospital, South County Hospital, Our Lady of Lourdes Hospital Drogheda and the Rotunda Hospital supported by our academic partner the Royal College of Surgeons Ireland.

Working within the newly formed Hospital Group will help us to deliver high quality, safe patient care in a cost effective manner. We offer a huge breadth of services across the group and we hope that the structure will facilitate the sharing of best practice in all disciplines. In addition, our academic partnership with the RCSI is an opportunity to foster an essential culture of learning and openness to change, as the demands on the health services increase and as patient care becomes increasingly complex.

Activity

The tables accompanying this report indicate hospital activity for 2014, along with comparisons with prior years. Although growth in admissions slowed in 2014 compared to 2013, the upward trend continues, meaning additional resources continue to be required to service increasing numbers of patients.

Admissions in 2014 rose 1% to 24,890, which was a total increase of 14% since 2009, with 30% of patients admitted coming outside the Beaumont Hospital catchment area.

Day cases also saw continued growth with an increase of 4% compared to 2013. There has been an overall increase in day cases since 2009 of 43.2%, illustrating the challenges that Beaumont Hospital has undergone.

BeaumontHospitalEmergencyDepartment(ED) provided serviced 51,277 attendances in 2014 which was on a par with 2013’s total of 51,045. The very significant and ongoing challenge of ED overcrowding continued to be the case in 2014 and our medical and administration staff continue to provide service in this challenging environment. The hospital experienced high levels of demand through the ED, resulting in the cancellation of a significant amount of surgical activity due to resource shortages.

We continue to explore initiatives that will improve delivery of services. A Surgical Directorate initiative to ‘ring-fence’ a day ward for emergency orthopaedic day case surgery resulted in a 196% increase in orthopaedic day case activity from 521 cases in 2013 to 1540 cases in 2014.

In May, the opening of the Acute Psychiatric Inpatient Unit on the grounds of Beaumont Hospital was associated with a particularly rapid increase in the numbers of referrals. The opening of the Ashlin Centre means that there is now a 24/7 psychiatry service to Beaumont Hospital ED.

The achievement of the 8 month wait time at the end of December 2013 was difficult to sustain in 2014. This was due mainly to the use of day wards for unscheduled admissions during escalation. At the end of the year, there were 1093 patients waiting greater than 8 months.
In an attempt to allow for access and planning of scheduled day case admissions, we reconfigured the day ward by redirecting unscheduled patients to the unopened beds and we reallocated staff to support this.

This allowed day cases to be planned on the theatre list first which, combined with ensuring patients were ready for theatre, reduced the delays in start time by 56%.

**National Kidney Transplant Service**

The National Kidney Transplant Service (NKTS) which is based in Beaumont Hospital celebrated its 50th anniversary in 2014. It is the longest established and largest transplant programme in Ireland and during the 50 years from 1964 to 2014, over 4,500 renal transplants have taken place. In 2014, there were a record number of paediatric kidney transplants (20), resulting in an all-time low of just sixteen children remaining on dialysis.

The NKTS also runs the Living Kidney Donor Programme and, to date, over 200 renal transplants have taken place because of living donors. Furthermore, the kidney living donor programme continues to expand, achieving 40 living donations in 2014 which is the highest number to date.

We are delighted in this anniversary year to be celebrating, not just the history of the service, but also developments for the future. We established a new early post-transplant clinic this year, focussed on offering continuity of care to recent transplant patients. The clinic is solely dedicated to recent transplant patients, and ensures continuity of care and improvements in the quality of care offered.

In 2014, the rapid access living donor assessment clinic has continued to expand, with 1-3 potential living kidney donors seen per week on average.

**ESCAPE Trial**

Beaumont Hospital participated in the ESCAPE trial, a major international study which commenced in January 2014 to examine the role of endovascular thrombectomy in acute stroke.

The results of the study were published in February 2015 in the *New England Journal of Medicine*, which showed that endovascular treatment results in a dramatic improvement in patient outcomes and a reduction in disability and deaths from stroke. Beaumont Hospital is currently the only hospital in the Republic of Ireland offering this treatment on a 24/7 basis.

**Quality and Safety**

Investments in safety strongly support the quality we deliver to our patients and staff, and contribute to a positive hospital experience for all.

The 3rd Annual Clinical Audit & Patient Safety Meeting took place on May 1st which was an opportunity for over 200 staff to learn about how the hospital is continuously striving to improve the care provided to our patients. Keynote speakers Ms Margaret Murphy, Patient Safety Advocate, and Dr Peter Lachman, International Lead Faculty and Associate Medical Director (Patient Safety) from Great Ormond Street Hospital, both delivered excellent presentations to those attending.

In 2013, the HSE launched the National Policy for Safe Surgery. In February, in line with this policy, the hospital introduced the safe surgery checklist into practice in theatre, led out by the Critical Care & Anaesthetics team. This was followed by the development of an audit plan with the first audit of the checklist use completed in Q2 2014; followed by further staff education and awareness, and a further audit is planned.

The focus of the Falls Group this year was the implementation of the ‘Inpatient Falls Prevention Policy’, with completion of Falls Risk Assessments for patients of 65 years or older.
on admission increasing from a baseline audit of approx. 48% to approx 80% in Q3 2014.

Employee safety is also a key focus of the Quality and Safety Team and the trend in this regard is very positive. There has been a 30% reduction in employee-related incidents reported since 2011, and a significant reduction of 40% over the past five years. The number of HSA reportable incidents has decreased by 39% since 2013 with 5% of the total number of incidents reported by employees this year requiring a report to the HSA.

A Patient and Staff Safety Week was held in December where learnings from critical incidents were disseminated in the various information sessions.

AUDITS

A total of 77 hygiene audits were carried out with an average score of 90%. This compared to 94 audits undertaken in 2013, as the auditors used the audit times in the month of June for hygiene education sessions at local ward level.

HIQA

On October 30th, HIQA carried out an unannounced monitoring assessment in the hospital against the National Standards for the Prevention and Control of Health-Care Associated Infections. The areas assessed were St Mary’s Ward (Medical), St Bridgid’s Ward (Neurology) and St Martin’s Ward (Chronic Outpatient Renal Dialysis Unit).

We are pleased that the authority recognises the priority levels assigned by both the management and the Board to the matter of hand hygiene and we note that the hospital has achieved good levels of hand hygiene to date. In line with the Authority’s recommendations and our own objectives, we will continue to ensure that good hand hygiene practice is improved and maintained and national targets are attained.

The authority did find opportunities for improvement in the management and maintenance of some patient equipment and the patient environment on both St Mary’s and St Brigid’s Wards as well as in the general maintenance of St. Martin’s Ward.

In response to the audit, we published a Quality Improvement Plan on our website on the 27th January 2015, aimed at addressing any issues highlighted and we will continue to implement this ongoing to meet our quality and safety objectives.

Finance Report

The financial situation in 2014 remained challenging, as service demands increased while funding remained static.

The significant financial pressures, particularly in working capital, remained from an opening deficit of €19 million. There were increases of 3% in both pay and non-pay costs, alongside an increase in income of 12%. These combined with the sustained budget funding the 2011 brought forward deficit closed 2014 at €17.184m. However, despite these pressures, our commitment to patient care and quality required continued investment in staff, supplies and patient support.

The revenue allocation for the year was €250.060m, which was marginally down €0.426m from 2013. The capital allocation, at €2.996m, was up by €0.830m.

During the year, the Finance Team prioritised a number of projects including the development of a Hospital Procurement Strategy; a review of the entire procurement to payment cycle; an operation of effective cost, revenue and cash management controls; and a patient level costing in advance of the planned national system which is due to commence in 2015.

The hospital continues to work to reduce costs through a rigorous procurement process. As an example of the types of savings to be achieved, we achieved savings during the year of €318,601.41 on laundry services due to a new pricing structure implemented with our new supplier.
Information and Communications Technology

We continue to be challenged by the legacy IT system, the Beaumont Hospital Information System (BHIS), which has been in operation for 26 years. The system suffers from ongoing performance issues which are a significant obstacle in the hospital achieving our strategic objectives.

While we have seen investments in both software and hardware across individual departments, the requirement for a complete overhaul of our overall system is critical.

To mitigate against the business continuity issues that would incur in the event of a complete failure of the BHIS, we undertook a number of measures during the year, including the migration of our systems to newer hardware technology, including a new server, in an effort to improve system stability.

Other IT developments in 2014 centred on creating more efficient ways of working which will allow staff spend more time caring for patients. An example of this approach is the move to a single sign-on in oncology where the end user does not need to keep entering their username and password but simply taps their ID card, speeding up the process to access the system.

Capital Development

Capital investment was predominantly in the areas of equipment replacement and infrastructural reconfiguration.

Further significant service developments for the medical equipment replacement programme were witnessed in 2014, with an additional allocation of €3m added to the €7m allocation from 2013. This enabled the hospital to replace key items of medical equipment in a number of areas.

It is key that we have a comprehensive management policy for equipment once purchased and we continue to work on the development of a Medical Equipment Management Policy for the hospital. This policy is being developed in line with relevant components of the standards published in Safer Better Healthcare, HIQA 2012.

The last quarter saw the complete development of the Nuclear Medicine Department in Beaumont Hospital. The old department was replaced by a modern state of the art facility housing two 16 slice spect CT gamma cameras providing enhanced imaging capabilities and ‘hybrid’ scanning, which previously had been unavailable.

Coupled with this, the building of two injection rooms, a patient waiting area and new radiopharmacy facilities including a separate blood labelling room all occurred within the new Nuclear Medicine footprint. Although the outsourcing of the service was required during the three month duration of the build and did lead to some disruption, the project was completed on time and the new department welcomed its first patients in early January 2015.

We are proud of our achievements in the area of transplant medicine and of the improvements we have achieved in the outcomes and quality of life of our transplant patients. These improvements require ongoing investment in facilities and following a tendering process with the National Renal Office and HSE procurement, the Dialysis Unit introduced new dialysis machines and consumables to the department this year giving our patients access to latest technology.

HR Strategy

This year was the penultimate year of Beaumont Hospital’s HR Strategy. There has been significant progress to date in achieving the objectives of that strategy, including a greater focus on staff engagement, the introduction of a performance enhancement framework and investment in integrated IT systems to deliver more efficient working practices.

The introduction of a performance management policy in Beaumont Hospital, followed discussions in 2013 under the Haddington
Road Agreement in relation to a Performance Management Policy for the Health Services. As a consequence, the Project Team in Beaumont Hospital refined and amended our policies and framework to align it to the nationally agreed policy. Within any performance management system there must be coordination of objectives across Beaumont Hospital and the individual objectives set must support overall hospital objectives and, ultimately, Beaumont Hospital's strategy. To achieve these aims, extensive time has been invested in the setting of performance objectives during the first half of the year which were signed off in May.

We held the 1st round of performance management meetings with all Grade VIII (and above) personnel and subsequent meetings took place with this cohort of staff to review performance against objective setting and to plan for the coming year. The performance management policy will be extended to all grades and disciplines in 2015.

A focus on staff engagement has led to improved levels of attendance, staff health and staff morale. The focus on absence management has been one of prevention, promotion and rehabilitation. The result has a significant reduction in the level of absenteeism in the hospital in 2014; since April, the hospital absenteeism rate each month has consistently been below the 3.5% target, resulting in an annual average of 3.29%.

I would like to commend the HR function for their achievements in implementing the HR strategy to date and I look forward to a full review of the strategy and the planning process to begin for the next phase in 2015.

The number of staff in post at year-end was 3028.52 whole-time equivalents (wte) as set out in the table below. It should be noted that we have seen an increase of almost 11% in levels of nursing staff since 2011, bringing numbers of wte back to numbers employed in 2009, before the moratorium on recruitment was declared. We look forward to increased recruitment across all categories in 2015.

<table>
<thead>
<tr>
<th>Category</th>
<th>wte (Dec. 2014)</th>
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<tbody>
<tr>
<td>Medical</td>
<td>468.38</td>
</tr>
<tr>
<td>Nursing</td>
<td>1076.12</td>
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<tr>
<td>Health &amp; Social Care Professionals</td>
<td>438.98</td>
</tr>
<tr>
<td>Management / Administration</td>
<td>492.92</td>
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<tr>
<td>General Support Staff</td>
<td>384.71</td>
</tr>
<tr>
<td>Other Patient and Client Care</td>
<td>167.41</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3028.52</strong></td>
</tr>
</tbody>
</table>

**Awards**

Beaumont Hospital won first place for Waste Management Initiative in the Dublin Citywide Neighbourhood Awards run by Dublin City Council. The award was given to Beaumont Hospital in recognition of the waste segregation system introduced into the staff restaurant in 2013, which has now been fully integrated into the operation.

Beaumont Hospital also won the Dublin North Central Category for Shop Front and Business Environment Initiative. As it was the first year that Beaumont Hospital had entered the awards, three category wins and an overall first place was a great achievement.

Former patient, Joseph O'Dowd, was nominated for an Adult Bravery Award in the Annual Irish Heart Foundation Stroke Awards. He received his award in the Gibson Hotel in December.

**Beaumont Hospital Foundation**

The continued support of the Beaumont Hospital Foundation in their funding of essential projects throughout Beaumont Hospital cannot be understated.

Included amongst the projects they supported this year was an award for the development of the Early Intervention in Chronic Pain Management Workshop in partnership with the Department of Pain Medicine. The neuro-physiotherapy service was successful in their
application to Beaumont Hospital Foundation for a €15,000 grant towards a de-weighting treadmill while the foundation also awarded a grant of €5,000 to purchase weighing scales and height measures for use at ward level, which will facilitate easier nutritional screening of all patients.

**Improving Hospital Nutrition**

Offering patients a healthy diet during their hospital stay is a key priority for Beaumont Hospital and is strongly supported by the Nutrition Services Working Group. Their work this year has led the development and implementation of an intensive training programme for catering staff in the areas of patient diets, including modified diets and menu types.

The group has also facilitated the trial of a Malnutrition Universal Screening Tool (MUST) on two wards. An audit of the implementation trial was conducted in 2014 and showed an overall reduction of 0.79 days in length of stay hospital-wide, with screened patients on the medical ward having on average 3 days less length of stay and the screened patients on the surgical ward having a reduction of 1.55 days length of stay. This is a positive benefit to patient recovery times but also translates to a potential saving of between €1,550 and €3,000 per patient. The implementation of the MUST screening tool is scheduled to be rolled out across all wards in the hospital in 2015.

The year 2014 also saw the staff restaurant retain the Happy Heart Award which continues to demonstrate the commitment to healthy eating, integral to the staff restaurant service.

**Emergency Preparedness**

As a major health centre supporting Dublin, it is essential that we are prepared for emergency scenarios.

The outbreak of the Ebola Virus Disease in a number of countries in West Africa in 2013 led to preparations at Beaumont Hospital for the possibility, albeit unlikely, of a suspected or confirmed case of EVD. This involved a multidisciplinary team of stakeholders developing a plan to ensure Beaumont Hospital is fully prepared and that the staff are aware of their roles and responsibilities in the event of a crisis.

The Emergency Planning function planned and delivered exercises to simulate the evacuation of a critical care unit and to test the hospital’s plan for managing a suspect case of Ebola.

In October, Beaumont Hospital took part in the planning and running of the Dublin Airport bi-annual live exercise which involved multiple agencies across the emergency services.

**Acknowledgements**

Finally, I wish to thank all the staff of the hospital for their continued commitment to delivering the highest quality care to our patients in the challenging environment in which we work. I would also like to express a sincere thank you to the staff in my office during 2014, Claire Tyrrell, Tracey McDonald and Dee Mooney, for their ongoing support and efforts.

Liam Duffy
Chief Executive
Finance Report

Introduction
The financial situation in 2014 remained challenging as service demands increased while funding remained static. The budget was initially set at €233.409 million, a decrease of €17.076 million below the final amount of funding allocated in 2013. The final amount of funding allocated in €250.060.

![Graph of Allocation Spend Activity 2008-2015]

The significant financial pressures, particularly in working capital, remained from an opening deficit of €19 million, significant delays in cash received from private insurers and the costs associated with operating at full capacity. Our commitment to patient care and quality required continued investment in pharmaceutical supplies, medical and surgical supplies, clinical staff costs and patient support costs.

Financial Outcome
The year culminated in increases in Pay of 3%, in Non-Pay of 3% and in Income of 12%, and, combined with the sustained budget funding, the 2013 brought forward deficit closed in 2014 at €17.184m.

Gross expenditure in the year increased by €9.082m. This increase was largely attributable to:
- Pay Cost Increases €5.469m
- Pension & Lump Sum Increases €1.015m
- Non-Pay Increases €2.598m

Income increased by €6.905m compared to 2013, due to legislative changes relating to charges for private patients, and all of these factors contributed to an overall increase in Net expenditure of €3.038m.

Funding
The hospital receives separate allocations from the HSE in respect of revenue and capital expenditure.
The revenue allocation for 2014 was €250.060m, which was marginally down €0.426m from 2013. The 2014 capital allocation, at €2.996m, was up by €0.830m.

**Capital Funding**

Capital investment in 2014 was predominantly in the areas of equipment replacement and infrastructural reconfiguration. The majority of these projects are due to be completed in 2015 or beyond and they still have funds to be drawn down against them. The funding summary of the projects as at 31st December 2014 is contained in the following table.

**Service Developments**

The largest service development for 2014 was the commencement of the Bilateral Implantation Programme with the allocation of €1.752 million in revenue funding.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Allocation</th>
<th>Draw down to date</th>
<th>Draw down remaining</th>
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<tbody>
<tr>
<td>Minor Capital 2014</td>
<td>€ 0.300</td>
<td>€ 0.300</td>
<td>€ Nil</td>
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<tr>
<td>National Equipment Replacement Programme</td>
<td>€ 7.699</td>
<td>€ 6.156</td>
<td>€ 1.543</td>
</tr>
<tr>
<td>2nd Cath Lab</td>
<td>€ 1.500</td>
<td>€ 1.070</td>
<td>€ 0.430</td>
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<tr>
<td>St Damiens Ward and H&amp;I Ward</td>
<td>€ 3.000</td>
<td>€ 0.097</td>
<td>€ 2.903</td>
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<tr>
<td>Cochlear Implant Expansion</td>
<td>€ 1.000</td>
<td>€ 0.007</td>
<td>€ 0.993</td>
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</tbody>
</table>

**Significant Issues**

Infrastructural redevelopment of the hospital campus will require significant funding to modernise the building, information technology and equipment. The Hospital Board and Senior Management Team continue to actively engage with HSE and RCSI Group to attract the requisite funding and mitigate associated risks.

**Finance Developments**

The 2014 development priorities for the finance function were:

- Development and finalisation of a Hospital Procurement Strategy. This formalised an ambitious plan to embed compliance and improve value for money for the hospital.
- During 2014, the Hospital commenced a Lean review of the entire procurement-to-payment cycle, this work will continue in 2015 to ensure best practise in all our processes.
- Operation of effective cost, revenue and cash management controls; in the context of continually reducing allocations, this is the over-riding priority and will remain so for the foreseeable future.
- Activity Based Funding and Patient Level Costing: The finance function delivered patient level costing in 2014. The data sources continue to be improved and Beaumont Hospital is now capable of delivering business value from the system. Beaumont Hospital will be ready to adapt to the planned national system which is due to commence in 2015.
## Financial Statements

### Income and Expenditure Account

<table>
<thead>
<tr>
<th>Description</th>
<th>2014 €’000</th>
<th>2013 €’000</th>
<th>% change 2013 to 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STAFF COSTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>211,964</td>
<td>206,495</td>
<td>3%</td>
</tr>
<tr>
<td>Superannuation</td>
<td>13,960</td>
<td>12,945</td>
<td>8%</td>
</tr>
<tr>
<td><strong>NON-PAY EXPENDITURE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Patient Care</td>
<td>61,530</td>
<td>57,565</td>
<td>7%</td>
</tr>
<tr>
<td>Support Services</td>
<td>29,392</td>
<td>29,153</td>
<td>1%</td>
</tr>
<tr>
<td>Financial &amp; Administrative Costs</td>
<td>13,268</td>
<td>14,874</td>
<td>-11%</td>
</tr>
<tr>
<td><strong>Expenditure for the Year</strong></td>
<td>330,114</td>
<td>321,032</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Income for the Year</strong></td>
<td>-64,390</td>
<td>-57,485</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Taxation</strong></td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Net Expenditure for the Year</strong></td>
<td>265,724</td>
<td>263,547</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Allocation for the Year</strong></td>
<td>-261,733</td>
<td>-262,594</td>
<td>0%</td>
</tr>
<tr>
<td><strong>DEFICIT FOR THE YEAR</strong></td>
<td>3,991</td>
<td>953</td>
<td>319%</td>
</tr>
</tbody>
</table>

Cumulative Revenue Deficit (Surplus) from Previous Year
- Cumulative Revenue Deficit (Surplus) from Previous Year: 19,303
- Fair Deal Funding: -6,110

**CUMULATIVE REVENUE DEFICIT/ (SURPLUS) AT END OF YEAR**
- 2013: 19,303
- 2014: 17,184
- % change: -11%
### Hospital Statistics

#### Admissions

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>810</td>
<td>632</td>
<td>552</td>
<td>560</td>
</tr>
<tr>
<td>ENT</td>
<td>1,274</td>
<td>1,423</td>
<td>1,394</td>
<td>1,254</td>
</tr>
<tr>
<td>Medical</td>
<td>8,272</td>
<td>8,783</td>
<td>10,963</td>
<td>11,461</td>
</tr>
<tr>
<td>Nephrology</td>
<td>1,400</td>
<td>1,199</td>
<td>1,104</td>
<td>1,069</td>
</tr>
<tr>
<td>Neurology</td>
<td>1,069</td>
<td>826</td>
<td>731</td>
<td>770</td>
</tr>
<tr>
<td>Neurosurgical</td>
<td>2,477</td>
<td>2,478</td>
<td>2,455</td>
<td>2,626</td>
</tr>
<tr>
<td>Surgical</td>
<td>5,338</td>
<td>5,665</td>
<td>5,819</td>
<td>5,491</td>
</tr>
<tr>
<td>Urology</td>
<td>1,453</td>
<td>1,568</td>
<td>1,616</td>
<td>1,659</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22,093</strong></td>
<td><strong>22,574</strong></td>
<td><strong>24,634</strong></td>
<td><strong>24,890</strong></td>
</tr>
</tbody>
</table>

#### Admissions Graph

![Admissions Graph](image-url)
### Catchment Area Information

<table>
<thead>
<tr>
<th>2014</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>11,032</td>
<td>4,194</td>
<td>602</td>
<td>414</td>
<td>1,205</td>
<td>17,447</td>
</tr>
<tr>
<td>Non-Catchment Area</td>
<td>1,759</td>
<td>1,297</td>
<td>652</td>
<td>2,212</td>
<td>1,523</td>
<td>7,443</td>
</tr>
<tr>
<td>Total</td>
<td>12,791</td>
<td>5,491</td>
<td>1,254</td>
<td>2,626</td>
<td>2,728</td>
<td>24,890</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 Dublin North County / Fingal.*
Bed Days

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical</td>
<td>43,005</td>
<td>44,823</td>
<td>40,458</td>
<td>42,408</td>
</tr>
<tr>
<td>Neurosurgical</td>
<td>24,933</td>
<td>25,470</td>
<td>25,339</td>
<td>24,382</td>
</tr>
<tr>
<td>Urology</td>
<td>8,639</td>
<td>8,644</td>
<td>8,533</td>
<td>8,711</td>
</tr>
<tr>
<td>ENT</td>
<td>6,225</td>
<td>5,729</td>
<td>5,704</td>
<td>5,031</td>
</tr>
<tr>
<td>Medical</td>
<td>102,850</td>
<td>106,552</td>
<td>116,507</td>
<td>119,711</td>
</tr>
<tr>
<td>Nephrology</td>
<td>11,814</td>
<td>10,613</td>
<td>10,505</td>
<td>11,525</td>
</tr>
<tr>
<td>Cardiology</td>
<td>13,198</td>
<td>12,092</td>
<td>10,978</td>
<td>11,669</td>
</tr>
<tr>
<td>Neurology</td>
<td>12,423</td>
<td>9,897</td>
<td>9,934</td>
<td>10,800</td>
</tr>
<tr>
<td>Unallocated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>223,087</td>
<td>223,820</td>
<td>227,958</td>
<td>234,237</td>
</tr>
</tbody>
</table>

Please note St. Joseph’s Hospital activity is included in above information.
### Day Cases

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARDIOLOGY</td>
<td>1,036</td>
<td>1,150</td>
<td>1,268</td>
<td>1,110</td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td>1,432</td>
<td>1,986</td>
<td>1,740</td>
<td>1,699</td>
</tr>
<tr>
<td>ENT</td>
<td>4,195</td>
<td>4,746</td>
<td>5,400</td>
<td>4,983</td>
</tr>
<tr>
<td>GYNAECOLOGY</td>
<td>402</td>
<td>1,143</td>
<td>1,201</td>
<td>978</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>27,151</td>
<td>30,789</td>
<td>31,132</td>
<td>33,092</td>
</tr>
<tr>
<td>NEUROSURGERY</td>
<td>261</td>
<td>247</td>
<td>248</td>
<td>175</td>
</tr>
<tr>
<td>NEUROLOGY</td>
<td>382</td>
<td>347</td>
<td>516</td>
<td>697</td>
</tr>
<tr>
<td>NEPHROLOGY</td>
<td>685</td>
<td>791</td>
<td>944</td>
<td>913</td>
</tr>
<tr>
<td>ORTHOPAEDICS</td>
<td>424</td>
<td>687</td>
<td>523</td>
<td>1,574</td>
</tr>
<tr>
<td>PAIN RELIEF</td>
<td>587</td>
<td>813</td>
<td>652</td>
<td>547</td>
</tr>
<tr>
<td>SURGICAL</td>
<td>5,778</td>
<td>9,256</td>
<td>9,972</td>
<td>9,919</td>
</tr>
<tr>
<td>UROLOGY</td>
<td>3,443</td>
<td>4,265</td>
<td>4,372</td>
<td>4,535</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>45,776</td>
<td>56,220</td>
<td>57,968</td>
<td>42,059</td>
</tr>
</tbody>
</table>

**-27.4%**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemodialysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>31,007</td>
<td>26,009</td>
<td>25,324</td>
<td>25,689</td>
</tr>
</tbody>
</table>

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

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

Day case activity excluding Geriatric Day hospital (St. John’s ward) 2012

![Day Case Procedures Chart](image-url)
Outpatients

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>45,873</td>
<td>49,128</td>
<td>51,677</td>
<td>48,088</td>
</tr>
<tr>
<td>Return</td>
<td>121,747</td>
<td>125,904</td>
<td>129,712</td>
<td>128,416</td>
</tr>
<tr>
<td>Total</td>
<td>167,620</td>
<td>175,032</td>
<td>181,389</td>
<td>176,504</td>
</tr>
</tbody>
</table>

The Diabetic day centre is not included in the above activity.

Accident & Emergency

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>45,459</td>
<td>48,005</td>
<td>47,500</td>
<td>47,403</td>
</tr>
<tr>
<td>Return</td>
<td>3,883</td>
<td>3,291</td>
<td>3,545</td>
<td>3,874</td>
</tr>
<tr>
<td>Total</td>
<td>49,342</td>
<td>51,296</td>
<td>51,045</td>
<td>51,277</td>
</tr>
</tbody>
</table>

*With effect from November 2011 A&E figures include the Acute Medical Assessment Unit attendances*
Laboratory Activity

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Requests</strong></td>
<td>2,050,034</td>
<td>2,125,324</td>
<td>2,264,207</td>
<td>2,389,403</td>
</tr>
<tr>
<td><strong>G.P. Referrals</strong></td>
<td>684,757</td>
<td>765,021</td>
<td>833,560</td>
<td>861,705</td>
</tr>
<tr>
<td><strong>Beaumont Private Clinic</strong></td>
<td>28,017</td>
<td>26,712</td>
<td>26,289</td>
<td>26,076</td>
</tr>
</tbody>
</table>

**Lab Requests**

![Lab Requests Chart]

- **Total Requests**: YEARLY RISE.
- **G.P. Referrals**: Shows a steady increase.
- **Beaumont Private Clinic**: Remained relatively constant.
## Theatre Activity

### Beaumont Hospital Theatre Activity

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>3,146</td>
<td>3,075</td>
<td>2,853</td>
<td>2,819</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>1,191</td>
<td>1,379</td>
<td>1,337</td>
<td>1,196</td>
</tr>
<tr>
<td>Urology</td>
<td>1,675</td>
<td>1,803</td>
<td>1,680</td>
<td>1,701</td>
</tr>
<tr>
<td>ENT</td>
<td>1,255</td>
<td>1,269</td>
<td>1,126</td>
<td>1,068</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>1,931</td>
<td>2,073</td>
<td>2,093</td>
<td>2,163</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>257</td>
<td>282</td>
<td>260</td>
<td>250</td>
</tr>
<tr>
<td>Breast Surgery</td>
<td>215</td>
<td>222</td>
<td>259</td>
<td>291</td>
</tr>
<tr>
<td>Medical Spec</td>
<td>360</td>
<td>323</td>
<td>320</td>
<td>329</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,030</strong></td>
<td><strong>10,426</strong></td>
<td><strong>9,928</strong></td>
<td><strong>9,817</strong></td>
</tr>
</tbody>
</table>

### St. Joseph's Theatre Activity

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENDOCOPY</td>
<td>1,113</td>
<td>881</td>
<td>313</td>
<td>184</td>
</tr>
<tr>
<td>GENERAL</td>
<td>583</td>
<td>771</td>
<td>869</td>
<td>819</td>
</tr>
<tr>
<td>UROLOGY</td>
<td>447</td>
<td>567</td>
<td>502</td>
<td>537</td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td>125</td>
<td>168</td>
<td>141</td>
<td>154</td>
</tr>
<tr>
<td>PLASTIC SURGERY</td>
<td>189</td>
<td>199</td>
<td>198</td>
<td>279</td>
</tr>
<tr>
<td>PAIN RELIEF</td>
<td>182</td>
<td>282</td>
<td>256</td>
<td>289</td>
</tr>
<tr>
<td>ENT</td>
<td>377</td>
<td>470</td>
<td>426</td>
<td>437</td>
</tr>
<tr>
<td>LOCALS</td>
<td>907</td>
<td>924</td>
<td>848</td>
<td>945</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,923</strong></td>
<td><strong>4,262</strong></td>
<td><strong>3,553</strong></td>
<td><strong>3,644</strong></td>
</tr>
</tbody>
</table>

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### Beaumont Hospital Theatre Activity

![Beaumont Hospital Theatre Activity](chart.png)
Public Waiting Lists

<table>
<thead>
<tr>
<th>Speciality</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgery:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENT</td>
<td>186</td>
<td>135</td>
<td>135</td>
<td>437</td>
</tr>
<tr>
<td>General</td>
<td>183</td>
<td>123</td>
<td>163</td>
<td>375</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>25</td>
<td>6</td>
<td>28</td>
<td>75</td>
</tr>
<tr>
<td>Maxillo facial</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>338</td>
<td>193</td>
<td>155</td>
<td>391</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>20</td>
<td>18</td>
<td>16</td>
<td>68</td>
</tr>
<tr>
<td>Pain</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Plastic surgery</td>
<td>63</td>
<td>16</td>
<td>28</td>
<td>98</td>
</tr>
<tr>
<td>Urology</td>
<td>71</td>
<td>19</td>
<td>36</td>
<td>77</td>
</tr>
<tr>
<td>Vascular surgery</td>
<td>35</td>
<td>8</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td><strong>Medicine:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrinology</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>40</td>
<td>2</td>
<td>10</td>
<td>28</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephrology</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Neurology</td>
<td>155</td>
<td>7</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Respiratory medicine</td>
<td>1</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,138</td>
<td>538</td>
<td>594</td>
<td>1,604</td>
</tr>
</tbody>
</table>

Above information represents a snapshot of patients waiting > 3 months in December of appropriate year. 2011 public and private patients displayed above. From 2012 public patients only.
Whole Time Equivalents

<table>
<thead>
<tr>
<th>Category</th>
<th>No of whole-time equivalents (December 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>468.38</td>
</tr>
<tr>
<td>Nursing</td>
<td>1076.12</td>
</tr>
<tr>
<td>Health &amp; Social Care Professionals</td>
<td>438.98</td>
</tr>
<tr>
<td>Management / Administration</td>
<td>492.92</td>
</tr>
<tr>
<td>General Support Staff</td>
<td>384.71</td>
</tr>
<tr>
<td>Other Patient and Client Care</td>
<td>167.41</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3028.52</strong></td>
</tr>
</tbody>
</table>

Average Length of Stay

<table>
<thead>
<tr>
<th>Year</th>
<th>Ave LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>10.1</td>
</tr>
<tr>
<td>2012</td>
<td>9.9</td>
</tr>
<tr>
<td>2013</td>
<td>9.25</td>
</tr>
<tr>
<td>2014</td>
<td>9.4</td>
</tr>
</tbody>
</table>
Human Resources & Medical Administration Department

Introduction

The Human Resources (HR) & Medical Administration Department provides a key service in supporting clinicians, 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 ongoing change programme and the implementation of Beaumont Hospital Strategy, it is clearly recognised that staff are the key resource in implementing and sustaining change. The HR & Medical Administration 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 & Medical Administration Department provides 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.

HR Strategy

2014 was the penultimate year of Beaumont Hospital’s HR Strategy. At this time, it is opportune to reflect on what progress has been made and what work remains to be completed by end of 2015. At the outset, the Strategy incorporated 5 key strategic objectives as follows:

- To generate excellence in HR practice, providing higher quality support to managers to enable the transformation of their people management role. To generate effective leadership and management of staff aimed at improving the quality of working life for all staff, and continually improving operational efficiencies and service outcomes for patients at Beaumont Hospital.
- To create a high performance workplace by managing people in the organisation so that the performance of all staff is linked to the organisation’s goals and by introducing a performance enhancement framework to embed a cycle of planning, review and development aimed at ensuring that the needs of the organisation and the individual are addressed.
- To develop a systematic approach to managing Beaumont Hospital’s HR using workforce planning as a mechanism to integrate service and people planning so Beaumont Hospital anticipates and responds to change flexibly, creatively and in a timely manner.
- To develop and embed a practice of staff engagement, recognising that staff are Beaumont Hospital’s most valuable asset and that their input into solution design and decision making needs to be facilitated in order to enable transformation of services to patients and their families at Beaumont Hospital.
- To implement and utilise HR best practice, streamlined processes and integrated IT systems to release the capacity of HR staff to apply a wider range of HR expertise in more value added activities, reducing bureaucracy to support line managers and staff to deliver continuously improving services in terms of efficiencies and quality.

Beaumont Hospital has introduced the role of the HR Relationship Manager or Business Partner and this role is a key support for line
managers in enabling them to carry out their line management functions and responsibilities. The Relationship Manager has a significant focus on issues affecting staff within the directorates and Departments across Beaumont Hospital, such as staffing levels, attendance management, staff turnover and consistent policy implementation. Throughout 2014, this team established the HR/Line Manager Forum providing an interface for discussion and education between frontline managers and the HR Team. The most significant challenge faced by Beaumont Hospital in developing this role to its full potential is the continuing requirement of these staff to provide an administrative as well as an advisory role. Plans are in place to commence a project to implement an integrated HR/Payroll system in the second half of 2015 and as this system's functionality becomes available, the separation of these two roles will become possible.

The HR Team, in consultation with managers and staff across all disciplines, designed and developed Beaumont Hospital’s Performance Enhancement Framework. The Framework enabled the introduction of performance management review to all Grade VIII personnel and above in 2014, with a plan to extend to all grades and disciplines in 2015. The Framework also provided for the development of a policy and practice within the hospital on the effective management of staff on probation, the introduction of the performance improvement plans and the effective use of procedures to address performance concerns. The use of these policies and methodologies has enabled managers to maintain the highest standards of performance within their teams. The framework further included a focus on the importance of recruitment and, as public service organisations come towards the end of the moratorium on public service recruitment, Beaumont Hospital will be placing a renewed emphasis on quality recruitment to ensure that Beaumont Hospital attracts and recruits the highest calibre of healthcare professionals.

Throughout the first four years of the strategy, the HR Team have led a number of workforce planning initiatives aimed at ensuring that the hospital had the right people in the right place at the right time to ensure the safe delivery of hospital services. Key examples are as follows:

- Reduction in administrative staff associated with the introduction of the PACs project.
- Hospital-wide review of Administration / Support staff and consequential change initiatives to address vacancies arising from the Voluntary Early Retirement and Voluntary Redundancy Schemes in December 2010. A total of 65 staff were reassigned to maintain critical patient services.
- Restructuring of the Catering Management function, merging tiers of management to create a single management structure and generating a reduction in headcount and payroll savings to Beaumont Hospital.
- Restructuring of the night service in the Catering Department, reassigning staff to other critical patient-facing roles while ensuring no diminution of services.
- Review and regularisation of nursing posts and staff in 2014 aimed at retaining nursing staff in the wake of national retention issues arising from pay cuts in recent years.
- Introduction of extended working day/week for Phlebotomists, Neuropsychiological Measurement Technicians, Radiographers, Medical Scientists and Biochemists to enable greater throughput of patient activity within the constraints of year on year budgetary reductions.
- Hospital-wide review of NCHD staffing to identify opportunities to support achieving compliance with the maximum working hours as set out in the European Working Time Directive.
Throughout the last four years, Beaumont Hospital has made significant investment in staff engagement initiatives. Opportunities to showcase high quality work have been availed of through the staff recognition events such as the Staff Awards and the Quality & Safety Awards, as well as projects that have been nominated to external award events. Together with these events, Beaumont Hospital has also invested in internal communications within Beaumont Hospital, establishing a cascade system for the dissemination of information to teams across Beaumont Hospital and developing the monthly team briefing practice throughout the organisation. Beaumont Hospital participated in the HSE staff survey in 2014 and, at the time of writing, we await the outcome of that survey.

During the four years of the HR Strategy, the HR Team has utilised IT systems available to maximise efficiency and to minimise administration on line managers wherever possible. Introduction of new LEAN methodologies has also assisted in reducing administrative workloads. This is evident in the following projects which have been introduced:

- A web-based tool to assist staff to calculate their own annual leave entitlements was introduced. This has been of particular assistance to managers and staff when dealing with entitlements of staff working atypical hours.
- Direct entry by departmental returning officers of absence data directly onto the HR system. This new process has eliminated the requirement for the double entry of data.
- Revised process for the management of increments was developed by the HR Department in consultation with the Finance Department and line managers. The new procedure was approved for implementation and significantly reduced administration work for line managers, HR and Finance staff while maintaining the highest standards of accountability.
- Transfer of staff from weekly to fortnightly pay, delivering efficiencies in the Salaries Department and reducing administration for line managers and HR staff.
- Diver Reporting– The HR Team successfully completed automation via email of monthly absence reports to Managers and Senior Executive members. In addition, monthly reports for increments, probations, temporary contracts etc., are also sent to managers via Diver Reporting. This has eliminated many manual processes and is clearly a valuable tool for the HR Team and Line Managers. In addition, the HR Team automated the census reports for HSE through Diver and this initiative, together with the capability of this reporting tool to generate urgent reports required both internally and externally, has proven to be very efficient and time saving.
- Sharepoint - In 2013, the HR Team introduced Sharepoint, a web-based application which is used for the sharing of information, documents and collaboration, thus improving productivity and efficiency throughout the hospital. Sharepoint was designed and created to replace the existing manual method of submitting ECMG applications for approval. This has eliminated the many tedious processes, saves time, avoids duplication and ensures accuracy and efficiency.
- NCHD Rostering – The HR Team are currently working on the introduction of a new rostering system for NCHDs to support achievement of compliance with European Working Time Directive. As part of this project, the new system will be integrated with the HR, Time & Attendance and Payroll systems. This will enable the seamless processing of NCHD salaries, with individual clocking determining individual pay. It is
envisaged that the project will be complete by the summer of 2015 and will eliminate all manual processing in Medical Administration and Payroll associated with NCHDs.

As Beaumont Hospital enters the final year of the HR Strategy, it is important to recognise the achievements of the past four years but also to acknowledge that these achievements were sustained against a context of reducing headcount and budget with increased demands on services. As we now commence planning for our next HR Strategy, it is worth taking account of those areas that should be further enhanced and developed, the changing context for delivering acute health services and the finalisation of the new Hospital Strategy. It is our clear intention to further develop the HR Business Partner role to support the people strategies of Beaumont Hospital, to implement a fully integrated HR/Payroll system enabling efficient administration of staff benefits and providing high quality data to managers and the organisation, supporting the requirements of the new Hospital Strategy and to work to support the delivery of healthcare across the newly formed Hospital Group. The HR Team, in collaboration with all our stakeholders, welcomes the new challenges that face us all and are optimistic that once again we will rise to the challenge, together with staff at Beaumont Hospital.

**Performance Enhancement Framework**

During 2013, discussions took place under the Haddington Road Agreement in relation to a Performance Management Policy for the Health Services. As a consequence, the Project Team in Beaumont Hospital refined and amended our policies and Framework to align it to the nationally agreed policy. In addition, the team worked to design and develop a training plan for managers in preparation for the implementation of performance management on a hospital-wide basis in 2014.

Extensive planning for the setting of performance objectives took place in Q1 and Q2 of 2014 which resulted in sign-off from the Senior Management Team in May. The purpose of this exercise was to ensure that individual discussions between employees and immediate managers resulted in objectives that were aligned to organisational goals. This was a crucial step to ensure that there was coordination of objectives across Beaumont Hospital and to avoid situations where individual objectives were not aligned to the organisation or were contrary to Beaumont Hospital’s objectives. It was recognised that Beaumont Hospital's Strategy would play a crucial role in setting objectives and, as a result, the rollout of the Performance Management system became dependent on the implementation of the strategy.

Throughout the month of June the HR Department led a number of workshops with representatives of the Allied Health Professionals group, Business Managers and Directorate Nurse Managers to road-test the suitability of the objectives identified and to sense-check if this was applicable to managers in their area of activity. The HR Department, in association with our colleagues in OD/Learning and Development, held a half day training session with all of the managers who would be participating in the first Performance Cycle Review process. Over the following months, one-on-one meetings were held under the process to facilitate the setting of objectives for Tier 1 Managers (as defined in the national policy as Grade VIIIs and equivalent up to CEO).

The first round of performance management meetings were held in 2014 and subsequent meetings have taken place with this cohort of staff to review performance against objective setting and to plan for the coming year.
HR Business Information & Data Management

E-Docs: Human Resources Electronic Employee File Management System

In 2013, following a recommendation from the HR Team, a business case was accepted to commence a project to scan all HR records. In January 2014, the project commenced and current HR files were scanned and uploaded to the document viewing system known as eDocs ED3. This involved some 10,466 employee files. The eDocs ED3 document viewing system was designed and configured to meet the HR Department's requirements, allowing for instant viewing access to employee files, thereby creating a HR electronic filing system.

The system provides document import functionality from the users’ shared drives and desktops to an employee’s file, plus the option to scan and index documents to the employee’s file via USB scanners. The system was installed in April 2014 and was configured and tested to meet the department’s requirements.

An automated interface has been set up to export daily employee updates and changes to eDocs ED3 from the core HR system. This automation of data between systems ensures that new employees’ details are updated on the eDocs system, which in turn allows the HR Team to create and scan new employees’ documents into their e-file.

Quality audits were conducted to verify and ensure correct scanned HR files matched the correct employee name and number from the HR system plus page for page accuracy audits on a number of files were carried out to ensure hard copy file matched electronic file. Further quality audits will be carried out as the project progresses to the next phase.

Phase II of the scanning exercise has now commenced with the project due to be completed by the end of Q2 2015. Phase II of the HR Scanning project consists of scanning over 6,000 HR files for former employees. Further quality audits will be conducted upon the completion of scanning and downloading of these files to the eDocs system.

With the introduction of the eDocs ED3 system, the following benefits have been realised to date:

- Instant access to data contained within live scanned HR files,
- Safeguarding the management of HR records and files following the transfer to electronic format,
- Progression towards a lesser dependency on paper within the department,
- An additional benefit following the removal of HR files for scanning was the effective use of office space. In August 2014, the Medical Administration Team relocated to their new office which otherwise would have continued to house paper HR files and records.

HR Record Management Policy and Standard Operating Procedures (SOPs) have been created to ensure that the team adhere to data protection legislation and record management best practice.

NCHD Rostering Project

Beaumont Hospital established an NCHD Forum in 2013 aimed at enhancing NCHD training and learning experiences whilst in Beaumont Hospital, creating the conditions for ensuring better integration of NCHDs within the overall hospital and developing structures and processes for ongoing engagement and involvement to fully realise and value the NCHD contribution. As part of the work of this Forum, it became clear that there was also a need to review the role and rostering arrangements of NCHDs to achieve compliance with the European Working Time Directive (EWTD) and in this context, the Executive approved a project to introduce an electronic rostering system.

The introduction of the new rostering system provided an opportunity for Beaumont Hospital to integrate the rostering system with the existing HR, payroll and time and attendance systems. This newly integrated system will assist Beaumont Hospital.
Hospital in developing optimal rosters, utilising the right staff in the right place at the right time, ensuring compliance with EWTD and facilitating the electronic payment of NCHDs.

Since March 2014, data cleansing exercises and detailed integration work has been carried out between the rostering system (Softworks) and the core HR system (STORM). This integration work provides for daily data exports from STORM to the Softworks system, facilitating accurate capture of real time data. Extensive work has been carried out to build the rostering rules to facilitate EWTD compliance and also to the pay rules to ensure accurate payment in accordance with the NCHD national contract. While the pay rules are now complete, it is envisaged, that as each specialty roster is implemented onto the system, some variances to roster rules may still emerge.

Beaumont Hospital commenced testing of the rostering rules by introducing NCHDs in Neurosurgery to time and attendance and by building that roster within the system. This pilot area has been successful and Beaumont Hospital is currently in the process of testing the pay rules for this group. It is anticipated that the pay rules will be fully tested by end of Q2 2015 and all rosters will be live on the system by the beginning of Q3 2015.

Our Workforce

Resource Management

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 minimising 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 27th March, 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. This moratorium continued throughout 2014, however, flexibility was secured within the continuing government moratorium on public sector recruitment to replace essential frontline posts on an exceptional basis in 2013 and this continued to be the case for 2014.

All decisions to recruit by exception were subject to the following minimum set of criteria:

- Vacated post was a critical front-line post,
- Redeployment and re-organisation of workloads were exhausted prior to be filled as an exception,
- Adherence to budget and approved employment ceiling as well as the achievement of end-of-year approved employment ceiling/target reduction.

Management/Administration grades were not encompassed by this process and required approval from the National Director of Human Resources

The Employment Control Monitoring Group, which was established in 2012 comprising of the Director of Human Resources, Director of Finance, relevant Senior Executive member and the Employment Control Manager (ECMG), continued to meet on a monthly basis to review and approve where necessary all applications/business cases.

Staffing Levels against Approved Ceiling

The ongoing significant cuts received in the Employment Ceiling from 2007 to 2014 resulted in Beaumont Hospital being in excess of 257.00 wte over headcount at year end 2014. In May 2014, the ceiling allocated from the HSE for 2014 included an increase of 106.49 wte. A further national cut of 17.72 wte was applied from our ceiling figure in October, 2014.

Table 1 below shows the variance against approved ceiling from January to December 2014, inclusive of all adjustments.
Table 1

<table>
<thead>
<tr>
<th>Month</th>
<th>Actual wte</th>
<th>Approved Ceiling</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>2954.44</td>
<td>2690.29</td>
<td>-264.15</td>
</tr>
<tr>
<td>Feb</td>
<td>2970.48</td>
<td>2690.29</td>
<td>-280.19</td>
</tr>
<tr>
<td>Mar</td>
<td>2971.39</td>
<td>2690.29</td>
<td>-281.10</td>
</tr>
<tr>
<td>Apr</td>
<td>2974.89</td>
<td>2799.78</td>
<td>-175.11</td>
</tr>
<tr>
<td>May</td>
<td>2967.91</td>
<td>2799.78</td>
<td>-168.13</td>
</tr>
<tr>
<td>June</td>
<td>2976.20</td>
<td>2799.78</td>
<td>-176.42</td>
</tr>
<tr>
<td>Jul</td>
<td>2988.41</td>
<td>2785.06</td>
<td>-203.35</td>
</tr>
<tr>
<td>Aug</td>
<td>2998.69</td>
<td>2785.06</td>
<td>-213.63</td>
</tr>
<tr>
<td>Sept</td>
<td>3028.08</td>
<td>2785.06</td>
<td>-243.02</td>
</tr>
<tr>
<td>Oct</td>
<td>3016.89</td>
<td>2771.53</td>
<td>-245.36</td>
</tr>
<tr>
<td>Nov</td>
<td>3016.98</td>
<td>2771.53</td>
<td>-245.45</td>
</tr>
<tr>
<td>Dec</td>
<td>3028.52</td>
<td>2771.53</td>
<td>-256.99</td>
</tr>
</tbody>
</table>

During 2014, the Executive accepted proposals for the stabilisation of the Nursing Workforce to include the regularisation of Nursing and HCA Bank staff. Approval was also granted for the recruitment of additional nursing to support increased bed capacity, additional NCHDs posts to achieve EWTD compliance, additional administrative staff to address clinic secretary deficits and various other grades to eliminate agency costs. These staffing increases began to impact Beaumont Hospital's performance against approved ceiling in Q3 and Q4 2014. In addition, Beaumont Hospital was allocated an additional 19.25 wte for service developments e.g. Cochlear Implant Programme, Living Donor Programme and other Clinical Care Programmes.
Figure 1 below shows HSE Ceiling vs Actual Returns 2014.

Table 2 below identifies the actual numbers in posts per category at year end for the years 2009–2014.

### Table 2

<table>
<thead>
<tr>
<th>Category</th>
<th>WTE December 2009</th>
<th>% of Total December 2009</th>
<th>WTE December 2010</th>
<th>% of Total December 2010</th>
<th>WTE December 2011</th>
<th>% of Total December 2011</th>
<th>WTE December 2012</th>
<th>% of Total December 2012</th>
<th>WTE December 2013</th>
<th>% of Total December 2013</th>
<th>WTE December 2014</th>
<th>% of Total December 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>416.39</td>
<td>13.81</td>
<td>412.40</td>
<td>14.18</td>
<td>425.02</td>
<td>15.00</td>
<td>430.49</td>
<td>14.81</td>
<td>438.73</td>
<td>15.07</td>
<td>468.38</td>
<td>15.47</td>
</tr>
<tr>
<td>Nursing</td>
<td>1,084.15</td>
<td>35.95</td>
<td>1011.39</td>
<td>34.77</td>
<td>971.97</td>
<td>34.30</td>
<td>1022.09</td>
<td>35.17</td>
<td>1003.81</td>
<td>34.47</td>
<td>1076.12</td>
<td>35.53</td>
</tr>
<tr>
<td>Health and Social Care Professionals</td>
<td>403.61</td>
<td>13.38</td>
<td>393.92</td>
<td>13.54</td>
<td>400.54</td>
<td>14.14</td>
<td>399.36</td>
<td>13.74</td>
<td>420.35</td>
<td>14.43</td>
<td>438.98</td>
<td>14.49</td>
</tr>
<tr>
<td>Management / Administration</td>
<td>543.25</td>
<td>18.01</td>
<td>538.46</td>
<td>18.51</td>
<td>496.02</td>
<td>17.51</td>
<td>487.28</td>
<td>16.77</td>
<td>481.45</td>
<td>16.53</td>
<td>492.92</td>
<td>16.28</td>
</tr>
<tr>
<td>General Support Staff</td>
<td>451.64</td>
<td>14.98</td>
<td>328.82</td>
<td>11.30</td>
<td>411.39</td>
<td>14.52</td>
<td>400.61</td>
<td>13.78</td>
<td>393.00</td>
<td>13.50</td>
<td>394.71</td>
<td>12.70</td>
</tr>
<tr>
<td>Other Patient &amp; Client Care</td>
<td>116.51</td>
<td>3.86</td>
<td>223.79</td>
<td>7.69</td>
<td>128.64</td>
<td>4.54</td>
<td>166.31</td>
<td>5.72</td>
<td>174.72</td>
<td>6.00</td>
<td>167.41</td>
<td>5.53</td>
</tr>
<tr>
<td>Totals</td>
<td>3,015.55</td>
<td>100.00</td>
<td>2,908.78</td>
<td>100.00</td>
<td>2,833.58</td>
<td>100.00</td>
<td>2,906.14</td>
<td>100.00</td>
<td>2,912.06</td>
<td>100.00</td>
<td>3,028.52</td>
<td>100.00</td>
</tr>
</tbody>
</table>

### Absence Management

In 2014, the HR Department continued to support managers in improving levels of attendance, staff health and staff morale by working closely with Occupational Health, Health and Safety, Health Promotion, Staff Counselling, Learning and Development, Line Managers and Trade Unions.

The focus on absence management has been one of prevention, promotion and rehabilitation. Monthly reports were issued to all managers outlining their performance against the maximum level of absenteeism for each department of 3.5% and quarterly reports were issued to the Senior Executive in those departments exceeding the 3.5% maximum level. In addition, back to work interviews and more detailed analysis of
trends of absence reasons and data from the HR system continue to be generated to support line managers to proactively manage and assist employees back into the working environment.

The year 2014 saw the introduction of the new sick leave scheme for all employees within the hospital, agreed at national level under the Haddington Road Agreement. For some employees, this resulted in a reduction of entitlement to paid sick leave however, additional schemes e.g. Critical Illness Protocol and Temporary Rehabilitation Remuneration were introduced to assist those employees on long term sick leave. Managers, Occupational Health and HR Teams continue to work closely together in order to provide rehabilitative measures to staff such as phased returns from long term sick leave, adjustments to duties for short periods and, in certain instances, re-assignment was considered where possible.

The cumulative effect of these measures has resulted in a significant reduction in the level of absenteeism in the hospital, and this reduction is evident when comparing 2014 absenteeism rates against previous years. In fact since April 2014 the hospital percentage each month has consistently been below the 3.5% target, resulting in an annual average of 3.29%.

Figure 2 below represents the absence % rate per month for 2014.

<table>
<thead>
<tr>
<th>Staff Recruitment &amp; Retention</th>
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</thead>
<tbody>
<tr>
<td>Recruitment and retention of staff in the public health service is a priority for Beaumont Hospital. In order to provide high level specialty services to an existing and ever growing range of national and supra-regional specialties, it is vital that we attract and retain the highest calibre of staff. Obviously, we are competing in a market...</td>
</tr>
</tbody>
</table>
often categorised by skill shortages relative to overall demands for some categories of staff, and we continue to operate within the confines of the Moratorium on Public Service Recruitment which has been in place since 2009. Despite these pressures, the HR Team worked tirelessly in collaboration with line managers to ensure that Beaumont Hospital succeeded in minimising vacancies throughout the year and in filling new posts established under Beaumont Hospital’s Service Level Agreement with the HSE. In the context of the strict financial constraints under which Beaumont Hospital must operate and in the context of the continuing restrictions on recruitment, HR and line managers rose to the challenge of cooperating with measures put in place by the Executive to manage pay costs within allocated budgets while maintaining our existing service levels and developing new agreed services.

Medical Recruitment

2014 was a very busy year for medical recruitment at Beaumont Hospital as the hospital was successful in securing additional resources under various clinical care programmes as follows:

- Consultant Dermatologist – Cancer Care Programme
- Consultant Otolaryngologist – Bilateral Cochlear Implant Programme
- Consultant Immunologist – Transplant Programme
- Consultant Microbiologist – HCAI/AMR Regional Committee
- Consultant Anaesthetist – Cancer Control Programme
- Consultant Neuropathologist – National Cancer Control Programme
- Consultant Histopathologist – Living Donor Transplant Programme
- Consultant Urologist – Living Donor Transplant Programme
- Consultant Cardiologist – Acute Coronary Care Programme

In addition to seeking to recruit to the above posts, Beaumont Hospital is also engaged in recruitment activity for replacement of retiring consultants and consultants on short term leave arrangements. Particular challenges have been experienced in seeking to fill urologists posts associated with the Living Donor Programme and Beaumont Hospital has engaged in both national and international advertising and we are hopeful for a resolution of this issue early in 2015.

The appointment of interns is coordinated nationally following their final exam at the end of May each year. NCHDs are recruited bi-annually for the January and July changeover periods. In addition to recruiting the NCHDs, Medical Administration manages the rotation of 232 doctors through approximately 56 surgical and medical training schemes. This is a complex undertaking and is carried out in cooperation with the various Colleges and the NCHD coordinators.

The year 2014 was also a particularly challenging one for recruitment of Non-Consultant Hospital Doctors (NCHDs). Beaumont Hospital invested in significant additional NCHD resources to give effect to European Working Time Directive (EWTD) compliant rosters. This pattern of using additional resources was evident in most other hospitals throughout the country who sought to achieve EWTD compliance. In that context, it was obvious from an early stage that Beaumont Hospital was competing for resources against a background of skill shortages in this area. Beaumont Hospital ran national and international public advertising campaigns and we were largely successful in filling all posts from July 2014.

Particular challenges emerged in filling posts in Emergency Medicine and Care of the Elderly services. However, with the assistance of external agencies, Beaumont Hospital did succeed in filling these posts. Further challenges emerged later in the year, however, as vacancies arose and in the context of the staff shortages across the country, it proved impossible to fill senior NCHD positions in the Respiratory and Endocrine Services. This is a problem that we anticipate will continue to be a pattern throughout 2015 and beyond.
Nurse Recruitment

Nursing staff make up approximately one third of the workforce of Beaumont Hospital and recent pay cuts, together with the introduction of the reduced entry level pay for new graduates, has resulted in national shortages for certain nursing cohorts. Working closely together, the HR and Nurse Management Teams have undertaken a number of initiatives to minimise the impact of the national context on delivery of patient care at Beaumont Hospital as follows:

- National and international advertising campaigns,
- Regularisation of all temporary nurses,
- Regularisation of all nursing graduates,
- Participation at Recruitment Fairs in Glasgow and Belfast,
- Christmas campaign at Dublin Airport to attract returning holiday visitors, attracting strong media attention and coverage,
- Flexibility and deployment of staff in order to ensure that services could be maintained,
- Judicious and targeted usage of agency staff.

Intern Scheme for Health Support Staff

Under the Haddington Road Agreement, the intern scheme for Health Support Staff allowed for the introduction of an initiative to recruit up to 1,000 Intern Health Care Assistants, Multi-Task Attendants and other Support Grades on a 2 year programme to be employed at 85% of the first point of Band 3 salary in Year 1, progressing to 90% of same in Year 2. This initiative was advertised by Beaumont Hospital in October 2013 and, in 2014, 41 Intern Healthcare Assistants were appointed. 17 Intern Catering Assistants were appointed and 11 Porters/Household Interns were appointed. In light of the many support staff posts lost throughout the Staff Recruitment Moratorium, this initiative was greatly welcomed by managers and staff across the support grades and made significant contribution to reducing pay costs within these groups.

Service Developments

The HR Team were pleased to work with managers from relevant directorates to support recruitment to new posts associated with the expansion of the Bilateral Cochlear Implant Programme, the expansion of the Living Donor Programme and other Clinical Care Programmes. The success of these teams in securing additional funding for the development of new services was greatly welcomed within Beaumont Hospital and will contribute significantly to the quality of care being provided to patients here at Beaumont Hospital.

Staff Turnover

Table 3 below shows overall staff retention was 94% and 93.5% for 2013 and 2014 respectively, with most leavers being attributed to medical, nursing and clinical staff moving to gain further experience as part of their natural career development. Overall retention levels between 2013 and 2014 were generally stable with only a slight decrease of 0.58% in 2014 compared to the previous year. The nature of staff turnover, however, means that Beaumont Hospital will often become a beneficiary of such movements in the future, gaining from the enhanced experience of these staff when they return.
Table 3

<table>
<thead>
<tr>
<th>Category</th>
<th>2013 Turnover</th>
<th>2014 Turnover</th>
<th>Yearly Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Social Care</td>
<td>9.04%</td>
<td>9.63%</td>
<td>0.58%</td>
</tr>
<tr>
<td>Management Administration</td>
<td>2.71%</td>
<td>1.49%</td>
<td>-1.22%</td>
</tr>
<tr>
<td>Medical</td>
<td>8.86%</td>
<td>7.80%</td>
<td>-1.06%</td>
</tr>
<tr>
<td>Nursing</td>
<td>7.11%</td>
<td>8.34%</td>
<td>1.23%</td>
</tr>
<tr>
<td>Other Patient and Client Care</td>
<td>1.64%</td>
<td>6.65%</td>
<td>5.00%</td>
</tr>
<tr>
<td>General Support</td>
<td>3.46%</td>
<td>3.32%</td>
<td>-0.14%</td>
</tr>
<tr>
<td>Total</td>
<td>5.92%</td>
<td>6.50%</td>
<td>0.58%</td>
</tr>
</tbody>
</table>

Table 4 below provides the seven primary reasons for leavers, with these accounting for over 90% of all reasons in total. Where turnover has occurred, the number one reason at 35% was taking up work elsewhere which, given the nature of many of the roles within the hospital, is to be expected as staff look to gain further experience as part of their ongoing career progression. Retirement and personal reasons account for approximately 25% of turnover, as employees reach the end of their working career or move to re-focus on other issues. Natural leavers and resignations account for 15% and employees looking to seek travel and overseas work opportunities accounts for just over 10%. Finally, ongoing training or education accounts for just over 4%, reflecting the positive emphasis many of us place on personal growth and development– we wish all our leavers the best in their future endeavours.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Rank</th>
<th>Percentage of all leavers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working Elsewhere</td>
<td>1</td>
<td>35.13%</td>
</tr>
<tr>
<td>Retirement</td>
<td>2</td>
<td>15.00%</td>
</tr>
<tr>
<td>Personal Reasons</td>
<td>3</td>
<td>10.50%</td>
</tr>
<tr>
<td>Resignation/Natural Leavers</td>
<td>4</td>
<td>15.00%</td>
</tr>
<tr>
<td>Travel</td>
<td>5</td>
<td>6.10%</td>
</tr>
<tr>
<td>Work Abroad</td>
<td>6</td>
<td>4.44%</td>
</tr>
<tr>
<td>Education &amp; Development</td>
<td>7</td>
<td>4.44%</td>
</tr>
</tbody>
</table>

**Staff Engagement**

**NCHD Forum**

In 2013, Beaumont Hospital established an NCHD Forum aimed at:

- Enhancing NCHD training and learning experience whilst in Beaumont Hospital,
- Creating the conditions for ensuring better integration of NCHDs within the overall hospital,
- Developing structures and processes for ongoing engagement and
HR Business Partnering supporting HR Best Practice

The HR Relationship Managers offer first line support for all Human Resources requirements to deliver HR solutions aligned with business directorate/area performance goals and strategy. The team provides HR guidance and support to business units with HR professional knowledge and expertise, including employee relations, resourcing, change management and professional and organisational development.

The HR Team continued to convene the HR/Line Manager Forum established in 2013 to provide information and address queries on a range of HR topics. This forum proved popular with managers and provided opportunities to discuss matters such as information on the implementation of the new sick leave scheme, Occupational Health Referrals, Protected Disclosures Act, Temporary Remuneration Rehabilitation Pay and Critical Illness Protocol Scheme, Complaint Handling and the Staff Code of Business Conduct.

During the year, the Team reviewed the operation of the Dignity at Work policy and sought new nominees for the role of the Support Contact Person under this policy. A new team of Support Contact persons is now in place and they have received appropriate training and support to carry out their roles. In addition, 26 Managers and Supervisors were provided with Investigation Training, to question, fact-find and report on issues that require further exploration. Further training is planned for next year including training for administration support to investigators.

Throughout the year, the HR Relationship Manager team supported managers on the implementation of a number of key national initiatives and circulars including:

- Annual Certification for Social Workers (CORU),
- CORU Registration for Radiographers,
- Increment Freeze under HRA,
• Performance Management System (Grade8+),
• 2013 Payscale Assimilation,
• 2015 Certification of Registration of Nurses and Midwives with the Nursing and Midwifery Board of Ireland.

Throughout 2014, the HR Department (in collaboration with Senior and Line Management) has introduced individual and group change, flexibility, managing grievances and complaints. Most of the issues have once again been resolved locally and a small number have been referred for third party consideration to resolve the issues.

The HR Department continue to engage with managers to support in the management of redeployment of staff to cover vacancies created by the moratorium and to enhance management flexibility and meet organisational business needs.

The HR Team has been central to the implementation of the Haddington Road Agreement, continuing to advise and provide guidance to employees and management since its introduction and during the changes and amendments to the agreement following LRC or HSE Circulars.

At year end, the HR team are planning a number of new initiatives and projects to commence in 2015:

- New Sick Leave Calculation Report which will significantly reduce the time taken to process sick leave,
- Training new and current sick absenteeism Returning Officers,
- Development of the Relationship Managers to partner with the business,
- Staff Awards and Recognition Events,
- Performance Management Evaluation for Grade 8+ and continuation of roll out to remainder of Beaumont Hospital employees,
- Review of governance surrounding allowances and how to manage HR Metrics & KPI's to measure hospital performance,
- Introduction of exit interviews.

**Staff Benefits and Entitlements**

Throughout 2014, a significant number of changes to staff terms and conditions were agreed at national level, which required accurate application to relevant employees at Beaumont Hospital. Across the HR Team, these matters received considerable attention and all were successfully implemented. The main changes are outlined below:

**Haddington Road Agreement**

During 2014, Beaumont Hospital continued to implement changes arising from the Haddington Road Agreement, 2013-2016. This agreement covers a series of pay and productivity measures to be implemented in order to achieve the necessary savings in the cost of the pay and pensions bill and to reduce government deficit.

**Additional Working Hours**

The implementation of Additional Working Hours was successfully reviewed at the start of the year to ensure the extra hours being utilised across the hospital were maximising productivity and cost savings.

**2013 Merged Pay Scales**

In 2011, a 10% reduced pay scale was introduced for all new entrants to the health services. As part of the national discussion on the Haddington Road Agreement, this new scale was merged with the pre-existing scale for entrants pre-2011. This resulted in a requirement to realign all employees affected by the new scales and to provide for appropriate incremental credit for all new entrants since 2011.

**Increments and related balancing measures**

The Haddington Road Agreement also provided for the freezing of the first incremental payment for various categories of staff. All increments are reviewed and appropriate adjustments made on a monthly basis.

**Work Permits**

With effect from 1st March 2014, new arrangements were agreed between the
Irish Naturalisation and Immigration Service (INIS), the Department of Health, the Department of Jobs, Enterprise and Innovation and the Health Service Executive regarding the immigration and employment permits regime to be applied in respect of Non-EEA doctors.

The practice of granting permission for a two year period ceased on 1st January 2014. The duration of the immigration permission issued by INIS is now linked to the duration of the Employment Permit. Doctors therefore will be granted an immigration permission of either 6 months or one year subject to the duration of the contract as stated on the Employment Permit. In addition, Work Permits are now location specific.

Changes to Sick Pay Scheme for NCHDs

HSE Circular 05/2014 sets out the provisions of the new public service sick leave scheme and supersedes the provisions in Section 9(f) of the NCHD contract. This provision provides for interns and doctors who have qualified abroad to sick leave during their first year whereas previously they had to complete 6 months service before any entitlement accrued.

Clinical Course & Examination Refund Scheme for NCHDs

This scheme provides for a contribution towards HSE approved clinical courses and examination and is available to NCHDs from the HSE’s Medical Education and Training Unit. A change in relation to this scheme was agreed between the HSE and IMO with effect from 1st March 2014. All applications are submitted to the HSE-MET Unit where they are processed via a national database. One of the key changes allowed NCHDs a refund of fees irrespective of whether or not they have successfully passed the course / exam.

Clinical Course & Examination Refund Scheme for Consultants

With effect from 17th April 2014 a revised arrangement for Continuing Medical Education supports for Consultants was introduced following discussions and agreement with the IMO. Key elements of the new arrangements are:

- All claimants must be registered on a Professional Competence Scheme with the relevant postgraduate training body in Ireland.
- Only activities which have or are seeking formal CME / CPD credits / content associated with them are eligible for funding.
- Claims must be submitted within 6 months of the financial liability being incurred by the applicant.
- A total funding amount of €3,000 per annum per consultant applies irrespective of whether they hold whole-time or part-time posts. Non-permanent consultants are entitled to claim to a funding amount pro-rata to the duration of their appointment.
- Rollover of funding held by consultants as of 1st January 2014 on a once-off basis.

Payment of Night Duty Hours to NCHDs

From July 2014, EWTD rosters scheduled NCHDs for duty through the night as part of core hours. HR Circular 003/2014 provided for the payment of a night duty payment to all NCHDs working such arrangements.

Career Breaks for NCHDs

Since 2008, Specialist and Senior Registrars have been eligible to apply for a career break, the primary purpose of which is to facilitate further training abroad prior to return to employment as a specialist in the Irish public healthcare system. Further to HSE HR Circular 010/2014, these standard career break terms are now being extended to all NCHDs who have completed a minimum of two years service.

NCHDs wishing to avail of a career break under this arrangement must apply in sufficient time before the expiry of their current contract. NCHDs participating in a Specialist Training Scheme must also apply to the relevant postgraduate medical training body and obtain the formal written
approval of the relevant postgraduate medical training body.

In addition, HSE HR Circular 011/2014 provides for NCHDs who are required to work in the private sector in Ireland as part of their training to avail of career breaks for this purpose. This allows the NCHD to take up such a training post without creating a break in service which would impact their pension rights.

Consultant Rest Days

Following national discussions under the auspices of the Labour Relations Commission, notification issued to all health sector employers in relation to new rest day provision for Consultants on 1:3 and 1:4 rotas. Key Elements of the new arrangement which took effect from 5th May 2014 are as follows:

- Rest to differ depending on the when the on-call incident occurred – before or after midnight or on a weekday or weekend – and the amount of time spent providing the service;
- Rest to differ when a telephone consultation is utilised and the consultant is not required to attend on-site;
- Recognition for the impact that onerous rotas have on personal and family life - in recognition of this, a minimum number of rest days associated with the rotas;
- Total compensatory rest due to the consultant calculated at the end of each calendar month and taken by the end of the following month or at the latest, within 8 weeks. Where it is not possible to take rest in that period, payment to occur in lieu of same.

The settlement of this national dispute was welcomed by Consultants and Hospital management and the forbearance of those who carried onerous rotas while resolution of the matter was awaited, was greatly appreciated.

Medical Administration

In addition to the medical recruitment outlined in this report, the Medical Administration Department is focused on supporting the induction and training and development of the hospital’s NCHD and consultant staff, together with providing a range of HR services including administration of staff pay and other terms and conditions for medical staff. In undertaking this work, the unit is required to comply with Beaumont Hospital policies, as well as with the standards set out by the various external training bodies and the Irish Medical Council regulations.

Medical Induction

A comprehensive Intern Induction Programme is coordinated in partnership with the RCSI to support new interns from a clinical and corporate perspective. In addition, Beaumont Hospital provides bespoke induction training for all junior doctors at the January and July intake. NCHD staff who join the organisation outside of those intakes are included in the normal induction training for all new entrants to Beaumont Hospital. Consultant staff who join Beaumont Hospital are also included in this induction programme.

Medical Training and Education

The postgraduate team in Medical Administration, in partnership with the Postgraduate Coordinator, manages, coordinates and arranges the teaching programmes for NCHDs preparing for MRCPI part 1 and part 2 exams. The programmes are supported by Consultants and SPR’s or Registrars who present tutorials twice weekly. Weekend revision courses and mock clinical exams are organised for these NCHDs. In addition, Medical and Surgical Grand Rounds and intern tutorials are held weekly.

An annual GP Study Day is organised, encompassing plenary and interactive sessions presented by our consultant staff. This event maintains important links to the community and serves to keep the GPs up to
date with recent clinical developments in the hospital.

Support for Medical Staff

Medical Administration works closely with the Intern Tutor, the SHO Coordinator and the Postgraduate Coordinator to manage the quarterly assessments process for junior doctors. In addition, regular meetings are organised with the Intern and NCHD Representatives and administrative support is provided for the Medical Board, the Medical Executive, the Medical Cogwheel, the Surgical Division and the Neuroscience Cogwheel.

The general medical and surgical on-call rotas for the consultants and NCHDs are manually produced in the department and published daily on the hospital’s CIA system. This is a labour intensive task, resulting in significant administration to ensure appropriate payment to junior doctors. Much of the administrative work associated with the management of these rotas will be reduced and/or eliminated with the introduction of the integrated e-rostering system outlined under the section entitled ‘NCHD Forum’ above.

On behalf of the hospital, the unit maintains regular contact with a number of external agencies including the Irish Medical Council, the Department of Enterprise, Trade and Innovation, the Garda Vetting Unit, the RCSI, the RCPI, the IMO and the IHCA. The ICHMT visited the hospital on a number of occasions to inspect our facilities for trainees.

SUPERANNUATION

Throughout 2014, the Department of Expenditure and Reform introduced changes to public sector pension schemes such as the revised rate of compound interest for use in the calculation of refunds/repayments which was decreased to 3.5% with effect from 1st December, 2014.

The Minister also made an Order under the Financial Emergency Measures in the Public Interest Act 2013 which extended the ‘grace period’ from 31st August, 2014 to 30th June, 2015. This allows staff who retire on or before 30th June, 2015 to have their superannuation benefits calculated by reference to the salary scales applicable before the pay cuts under the Haddington Road Agreement which was implemented on 1st July, 2013.

Budget 2014 also made sweeping changes to Maximum Allowable Pension Fund on Retirement for Tax Purposes (Standard Fund Threshold – SFT). Among the changes were:

- A reduction in the value of the SFT from €2.3 million to €2 million from 1st January, 2014,
- A change in the method of establishing the capital value of the pension accruing after 1st January, 2014,
- An extension and amendment of reimbursement options for public servants affected by chargeable excess tax.

In 2014, a total of forty-one staff retired whilst twelve ex-staff members claimed preserved retirement benefits. As at 31st December, 2014, there were a total of 678 pensioners on the hospital’s payroll.

To assist staff in preparing for retirement, a pre-retirement course was held in May in the Marino Institute of Education. In total, 34 employees attended the course.

The Superannuation Staff act as Secretary and Treasurer of the Beaumont Hospital Active Retirement Association. In 2014, they travelled to Lake Garda in Italy for the annual holiday. Several day trips were organised, both in Dublin and around the country and were very well attended. The A.G.M. was held in October and the year ended with the annual Christmas party.
Organisational Development

‘Valuable conversations take place at the borderline of what we understand and what we don’t understand, with people who are different to ourselves.’

Theodore Zeldin

Since 2008, the Organisational Development (OD) Department has taken a lead role in driving and supporting organisational change, development and learning.

A key feature of this values-based approach is recognition of the power of collective thinking and, further, using this thinking to collaborate and improve our system of care. In 2014, we continued to build on this approach.

Refining the new Hospital Strategy

In a busy healthcare environment, with many urgent and immediate needs and priorities, it can be very challenging to keep a focus on developing long-term planning and strategy. Despite this, throughout 2014, the OD team continued to hold responsibility for moving the development of the new Beaumont Hospital strategy forward.

In the early part of the year, following consultation with staff, managers and members of the community, the OD Team compiled and drafted the suggestions, ideas and feedback generated through consultation process. These inputs were worked into strategy content, including key strategic directions and identified priorities for the hospital over the following years.

In July of 2014, Beaumont Hospital Board and Senior Management Team members came together in a facilitated joint session to review the drafted strategy content and discuss strategic principles and priorities. The outputs of this session were incorporated into further discussions with the Senior Management Team and at Beaumont Hospital’s ‘Heads of Department’ forum, which took place over the latter part of the year. Throughout these discussions, the OD team worked to ensure that concerns, and suggestions raised were reflected in the strategy drafts.

By the end of 2014, the core strategic theme of ‘A Hospital Without Walls’ emerged strongly, reflecting the identified need for greater integration with primary and continuing care, as well as our wish for a stronger collaboration and connection with members of our local community. This theme was further supported by the recognition that advances in technology and the rising use of social media in healthcare provide enormous potential for engaging and supporting patients and their families. The reach of this extended far beyond the boundaries of our hospital campus.

Engaging with staff, patients, families and our local community

In parallel with strategy work, the OD department continued to look for ways to bring diverse groups of people together to collaborate on ideas to improve our services of care.

In 2014, the Medical Directorate and Organisational Development Department collaborated with Age Friendly Ireland to see how the hospital could complement the work happening in local communities through the development of age-friendly towns and villages. Our first step was to involve older people who had experience of using our services to ask them how we could move towards becoming an age-friendly hospital. To this end, we were supported by Age Friendly Ireland to conduct a ‘walkability’ survey where we asked volunteers to come into the hospital and give us their feedback on how easy/difficult it was for them to make their way around the hospital, from our front door to a
number of key departments around the hospital.

We built on this work by holding facilitated consultation sessions with older service users from our local community, from the wider Dublin North Area and, going wider again, from the regional North East area, including representatives from Cavan, Monaghan, Louth and Meath. From these consultations, the clear message for the hospital was that, while there were a number of key suggestions around signage, facilities and transport, most of the other improvements did not involve a large cost but they centred on how patients and families were communicated with and welcomed. The results from these consultations are being fed back to the Senior Management Team and relevant departments as we continue to plan towards becoming a more age-friendly healthcare system.

In this year, under the ‘Beaumont Listening’ initiative, the department also supported the involvement and engagement of service users who were connected to Transplant, Urology and Nephrology services. Together with Integrated Quality and Safety and the Learning and Development Department, the OD Department supported a multidisciplinary group of staff working with these patients and the patients’ family members in the set up and facilitation of a staff-patient discussion forum. The aim of the forum was to understand more about patient and family members’ experiences of using their services.

Through facilitated group conversations between patients and staff, the group was able to build a picture of what was working well within the service and what could be improved. The outputs from this event are currently visually displayed in the Renal Department and a number of initiatives are being looked at to help bring about the improvements that were suggested on the day. The overall feedback from staff and patients was extremely positive and it was clear that the event gave them a rare opportunity to interact and communicate with the hospital in a different way, outside of a clinical setting.

In addition to these developments, the OD Department continued to support staff to look at their services from a whole hospital perspective and identify opportunities for improvement. Working closely with the team of Out of Hours Nurse Managers, the OD Department supported a large piece of work investigating how the hospital could improve its services to patients at night and at weekends. In a similar way, the department supported the work of the hospital’s Nutrition Steering Group in bringing a hospital-wide group of staff together to raise awareness and create a joint ownership around the nutrition needs of patients accessing our hospital services. Both pieces of work were successful in creating a collective understanding of the issues to be addressed and the need to collaborate to make improvements going forward.
Learning, Development & Education

The ongoing commitment to and prioritisation of education and development opportunities for our staff is what sets us apart from our competitors and sustains us during times of change and uncertainty. In 2014, the second cohort of Beaumont Hospital Managers and Community Colleagues successfully completed the MSc in Organisational Change & Leadership Development Programme, culminating in the awards ceremony at the Helix in DCU last November. (Picture) The MSc programme was designed to promote the development of a high performance culture by releasing leadership potential and enabling change responsiveness. A ‘whole systems’ independent evaluation was carried out at the end of the second cycle (2012-2014), to examine the contribution of the programme and the approach to individual growth and organisational performance.

Essentially, the programme has been good value for money from the individual and collective leadership development and the cultural impact for the hospital and this is evident in the successful implementation of a major restructuring to directorate/Business Units. Significant improvements in operational efficiencies and patient pathways have been delivered at individual and organisational project levels. Some examples of the change projects are: the introduction of a visual hospital management system to improve patient flow; the design and rollout of an innovative patient engagement framework across Clinical Directorates; and the rollout of patient safety walkrounds.

In total, 100% of the participant interviewees admitted to having developed greater leadership & change management competencies, which they put into practice on a daily basis, with just over 50% reporting either a role change or a promotion since the commencement of the programme. Executive Management interviewees mentioned the extent of organisational benefit in terms of distributed leadership at directorate level, strategic and operational change delivered and overall, less resistance to change e.g. consistent use of project management methodology and use of meaningful data to inform decision-making. Non-participant colleagues reported greater self awareness among participants and improved approaches to managing & developing staff while all have brought the change management tools and methodologies into their team environments. In terms of engagement with others, all participants referred to having greater confidence in using their networks inside and outside the programme.

Management interviewees referred to the positive impact of new networks and partnerships evidenced at project delivery level e.g. primary care collaborative to improve the patient experience. From the HSE’s Head of Transformation perspective, there is potential for this programme in the broader hospital group network and an opportunity for Beaumont Hospital to take a strategic role in Organisational Development across the network.

We continue to develop & support collaboration with external partners and industry through our inter-disciplinary education programmes. In 2014, community Public Health Nurses from the locality took part in our bi-annual, project-based Organisational, Personal Skills Development programme. Together with Beaumont Hospital colleagues, participants completed a joint hospital-community project aimed at improving patient flow across the care continuum. A second cohort of senior managers took part in the UL Lean
Leadership Programme in association with Lean Business systems and the IMDA network to support the delivery of hospital and directorate priorities e.g. improving pre-assessment, DOSA and flow in diagnostics.

LDE, in conjunction with managers from across the organisation, supported a range of quality improvement initiatives such as staff and patient engagement, process improvement and project management support.

The complexity of the environment we work in is reflected in the diversity of work supported by Organisational Development and Learning, Development and Education. Looking back over 2014, it was again not without its challenges, both for the wider organisation and for the staff working every day to make a difference for patients. Despite these challenges, however, we continue to see staff motivated to look for solutions, make changes and collaborate in the best interest of patients, families and our services. We are privileged to be able to support this work as we all continue to seek ways to understand how we work currently and to use this understanding to move more confidently towards the future.
Integrated Quality and Safety Department

Introduction
The Integrated Quality and Safety (IQS) Department continues to provide support and lead on the quality and safety management programme in Beaumont Hospital.

The ethos of the department is informed by Lord Darzi by which quality is defined by the three dimensions:

- Safety – which is avoiding harm from the care that is intended to help,
- Effectiveness – aligning care with science and ensuring efficiency,
- Patient Experience – including patient-centeredness, timeliness and equity.

All of these dimensions count, but one among them – safety – emerges repeatedly as the most expected by our patients and our staff.

Advice is provided to the teams by their nominated IQS relationship manager. Due to the interdisciplinary nature of the IQS Team, specialised clinical support services and advice are provided on risk and legal services, quality management systems, systems analysis and root cause analysis, human factors, legislative overviews and wellness programmes.

Chair of Clinical Governance/Deputy CEO, Head of Organisational Development

Head of Integrated Quality & Safety

Clinical Governance
Quality & Standards Manager
Risk & Legal Services Manager
Health & Safety Coordinator

Neurocent Directorate
Surgical Directorate
Medical Directorate
Critical Care & Anaesthetics
TUN Directorate
Radiology Services Directorate
Laboratory Services Directorate

Relationship Managers support quality, patient safety and risk within the Clinical Directorates, working with Directorate Management teams and their Clinical Governance committee on an agenda of complaints, adverse events, incidents, quality improvements plans, learning and risk registers.
The ongoing agenda tabled at the IQS Committee still requires full attention for the team and the members of the committee. A wider range of committees continue to provide reports with developments and ongoing quality improvements to the committee; Drugs and Therapeutics/Medication Safety, Blood Transfusion, Emergency Planning, Occupational Health, Radiation Safety, Health and Safety, Clinical Governance, Healthcare Records Group, Point of Care Testing, IPC, Vigilance Committee, Discharge Planning, and Decontamination.

There were seven meetings held at which all quality related data were discussed as well as audit, incident reviews and reports, staff feedback and patient satisfaction surveys. Learnings from critical incidents were used as part of the Patient and Staff Safety Week that took place in December. Information sessions were held on Risk and Legal Services and Q-Pulse. The committee continuously supports such activities and strives to improve the quality program of the hospital as well as monitoring compliance to the statutory bodies pertinent to safety and risk. The Sub-Committees provide quarterly (or bi-annual) reports to the IQS Committee. The Committee reports to the Governance and Risk Committee of the Board.

Clinical Governance and Audit

The Clinical Governance department, together with colleagues in IQS, continues to support the systematic, sustained approach to quality improvements in delivering safe and effective care in the hospital.

The Department continues to work to support and engage staff across Directorates/Departments in the development and delivery of good clinical governance.

Clinical Governance Committee

The Clinical Governance Committee continues to meet on a bi-monthly basis, chaired by Professor Edmond Smyth, Chair
of Clinical Governance. The Committee continues to work towards ensuring that the hospital identifies and puts in place mechanisms to review and monitor the effectiveness and quality of care and, as a result, actions are taken to address areas that require improvement.

A wide range of reports providing updates on developments and quality improvements are tabled for discussion at the committee, as well as areas of patient safety concerns. Included in these are: Review of Critical Incidents and Learnings, Medication Safety, Falls, Consent, Nurse Metrics, Safe Surgery, Documentation, Clinical Handover, the Early Warning Score Project and Management of Post-Operative Care.

The Chair of Clinical Governance and the Clinical Governance Manager continue to engage, support and facilitate the Directorate Management Teams in setting up structures and ensuring systems are in place to promote a culture of quality and continuous improvement.

**Annual Clinical Audit & Patient Safety Meeting**

The third Annual Clinical Audit & Patient Safety Meeting took place on Thursday May 1st 2014. The meeting provided an opportunity to over 200 staff to learn about how the hospital is safeguarding standards of care and continuously striving to improve the care provided to our patients.

The keynote speakers were Ms Margaret Murphy, Patient Safety Advocate and Dr Peter Lachman, International Lead Faculty and Associate Medical Director (Patient Safety), Great Ormond Street Hospital.

Ms Murphy delivered an inspirational presentation ‘The Patient as a Catalyst for Change’ which centred on the care delivered to her son and an error that occurred in his care and subsequently led to his death. This excellent presentation concluded with a standing ovation.

Dr Peter Lachman demonstrated in his presentation how quality improvement is being driven, progressed and achieved in Great Ormond Street Hospital.

Prizes were awarded for the best oral and poster presentations.

**Best oral presentations:**

Ms Linda McEvoy, Audit and Research Manager, Neurocent Directorate – 'Improving the Standards of Intravenous Medication Management in Neurocent Directorate'

Dr Eilish Galvin and Ms Carol Steyn, St Joseph's Hospital – ‘St Joseph’s Hospital Pre-admission Screening Service’

**Best poster presentations:**

Ms Sharon Dwyer, Head of General Services – ‘A Balanced Approach to Environmental Decontamination’

Nutrition Screening Steering Group – ‘Implementation of a Nutrition Screening Tool in a Dublin Acute Teaching Hospital’

Overall, sixteen oral presentations were heard and over 35 posters were presented, reflecting the ongoing work and commitment of staff across departments/directorates/disciplines to improve the systems they work in and the care they deliver to their patients.
Best oral and poster presentation winners – Clinical Audit & Patient Safety Meeting, May 2014

Left to Right:
Ms Debbie McNamara, CD Surgery; Mr Liam Duffy, CEO; Dr Ailish Galvin; Prof. Ed Smyth; Ms Sharon Dwyer, General Services Manager; Dr Peter Lachman, Guest Speaker; Ms Carmel O’Hanlon, Winner; Ms Linda McEvoy; Ms Marie Hennigan; Ms Elaine Bradley.

National Policy and Procedure for Safe Surgery

The National Policy for Safe Surgery was launched in September 2013. This purpose of this document is to help ensure that patients undergoing surgical procedures do so safely. By providing guidance for safe practice throughout the surgical pathway and introducing key safety steps that can be incorporated into the operating theatre routine, the most common and avoidable risks associated with surgical error can be minimised.

This policy was approved for implementation at the Clinical Governance Committee. The implementation of procedures in relation to safe surgery i.e. the introduction of the safe surgery checklist into practice in theatre was led by the Critical Care & Anaesthetics Directorate, with Clinical Director Dr Josh Keaveny and Directorate Nurse Manager, Ms Judy McEntee, playing a key role. This was supported by the Clinical Governance Manager and, following the introduction of the checklist in February 2014, an audit plan was developed and an audit of documentation and observation of practice was completed in Q2 2014.

The audit demonstrated good practice in relation to the ‘Sign In’ and ‘Time Out’ phases of the process with some improvement required in the ‘Sign Out’ phase. Following a plan for further education, awareness and engagement with the relevant staff, it is proposed to re-audit in Q1/Q2 2015.

Falls Group

The Falls Group is chaired by the Clinical Governance Manager and the membership of the group includes representatives from Nursing, Health & Safety, Nurse Education, St Joseph’s Raheny, Risk Management, Occupational Therapy and Physiotherapy. Following the review, updating and implementation of the ‘Inpatient Falls Prevention Policy’ the group focused on monitoring the implementation of the policy. It was agreed that criteria with respect to interventions to identify patients at risk of falling and the management of those patients would form part of the data collected by Nursing Metrics in 2014, which commenced in February 2014. It was noted there was significant improvement in the completion of Falls Risk assessments for patients of 65 years or older on admission from the results of the baseline audit of approx. 48% completion to approx. 80% completion in Q3 2014.

Ms Mary Rose, Risk and Legal Services Manager presented a Serious Fall Review to the Group in 2014 based on data for the year 2013. The report showed that serious falls (serious fall: significant injury requiring medical treatment) account for 1.6% of the total falls reported for that year. The group reviewed the report and agreed on a number of quality improvement plans, one of which was to design and test a serious fall review form. The form was designed, a consultation
process took place and it was tested at ward level. It is planned that this will be approved in Q1 2015 and subsequently implemented hospital-wide.

The Clinical Governance Department are involved in, work with and provide support to other areas such as Decontamination, the Early Warning Score Project, End of Life Care, Hand Hygiene Compliance, Induction (Corporate, Intern and NCHD), Education, Nursing Metrics, Development of Risk Registers and Healthcare Record.

**Freedom of Information/Routine (Direct) Access/Death Certificates**

This year saw a very challenging period for the IQS Department with an increase in the volume of requests, queries and the introduction of the new FOI Bill and Code of Practice.

The new Freedom of Act 2014 and Code of Conduct came into effect in October 2014. It implemented changes in fees, changes in sections of the Act, and the introduction of a Publication Scheme and disclosure log of non-personal requests which will be coming into effect in 2015.

Under the Freedom of Information Act, a requester has the following statutory rights:

- A legal right for each person to access information held by the public body.
- A legal right for each person to have official information relating to him/her amended where it is incorrect, incomplete, or misleading.
- A legal right for each person to obtain reasons for decisions affecting him/her.

These rights are subject to exemptions, as per legislation.

The ethos of the Freedom of Information Act is one of openness and transparency and it confers on all persons the right of access to information held by public bodies, to the greatest extent possible, consistent with the public interest and the right to privacy.

FOI requests can be requested as follows:

**Personal Information:** These requests can include records of the deceased, incapacitated patients and minors. They can also include requests for the amendment of records that the FOI Body retains. These can be requested by the next of kin, legal profession, Coroner, Ombudsman, Medical Council, Insurance Companies, etc.

**Non-Personal Information:** These requests include queries from members of the public, media, etc. looking for information of a non-personal nature. There is no longer an application fee applied to these requests.

The aim of Beaumont Hospital is to minimise the need to treat all requests as official FOI requests.

A routine (direct) access is available which enables patients, etc. to gain access to their medical records.

**Death Notification Forms**

This presents an increased challenge for the staff in trying to ensure that these forms are completed as quickly as possible for the deceased relatives.

Below is a total of Death Notification Forms which were administered through the Freedom of Information Office.

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOI</td>
<td>844</td>
<td>856</td>
<td>729</td>
</tr>
</tbody>
</table>

**Activity**

The total number of requests received and processed through the FOI/Routine Access Department were:

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requests</td>
<td>3770</td>
<td>2081</td>
<td>1902</td>
</tr>
</tbody>
</table>
Trend of total requests 2012-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total requests</td>
<td>1902</td>
<td>2081</td>
<td>3770</td>
</tr>
</tbody>
</table>

F.O.I. Internal Reviews:

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

There was 1 appeal to the Information Commissioner during 2014.

Total Funds taken in through F.O.I: €354

Total Funds taken in through Routine (Direct) Access: €23,621

Breakdown of FOI Requests: January 2014 – December 2014

<table>
<thead>
<tr>
<th>Type</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>155</td>
<td>216</td>
</tr>
<tr>
<td>Live Cases</td>
<td>103</td>
<td></td>
</tr>
<tr>
<td>No. of cases b/f from 2013</td>
<td>216</td>
<td></td>
</tr>
</tbody>
</table>

Breakdown of Access can be seen below
Breakdown of Routine Access Requester Type for 2014

![Routine Access 2014 Requester Type](image)

Trend for Routine Access 2013-2014 – Type of Requester

![Trend for Routine Access 2013-2014](image)

Plans for the future within the FOI Department:
- Review of Information Governance/Compliance with FOI & Data Protection Legislation;
- The new Bill and Code of Conduct will involve updated training for FOI Officer and internal reviewers;
- Publication Scheme to be prepared and placed on Beaumont Hospital Website with continual updating;
- Disclosure Log to be available on website of non-personal requests;
- Standardised information with each request for clinical records;
- Revising of standardised schedule of records;
- Updated/Revision of Standard Operating Procedures for FOI, Routine Access and issuing of Death Notification Forms.

Health and Safety Department

The Health and Safety Department (H&S), as a function of the Integrated Quality and Safety Department, provides appropriate and effective support to facilitate Beaumont Hospital’s attainment of its core objective of safe patient care whilst preserving the highest quality of health and safety practice across Beaumont Hospital's wide spectrum of activities.

The Health and Safety Department's fundamental mission is to assist and advise Beaumont Hospital in ensuring, so far as is reasonably practicable, the health, safety and welfare whilst at work of all employees, patients and the safety of authorised visitors and members of the public entering Beaumont Hospital.

In 2014, the core services provided by the H&S Department were as follows:

Risk Registers & Departmental Risk Assessments

The completion of risk assessments is a statutory requirement under the Safety Health & Welfare at Work Act 2005. To support the hospital in compliance with this the health & safety department concentrated on the delivery of training, provision of guidance and facilitation of H&S workshops on the development of a risk register for the following departments/services:

- Decontamination Risk Register (in conjunction with the Clinical Governance Manager and Decontamination Manager)
• Out of hours service (in conjunction with the Clinical Governance Manager)

• Technical Service Department

The H&S Department continues to work closely with many directorates and departments on risk issues raised by utilising the risk assessment process to rate a risk issue and develop an action plan.

Auditing

Fire Safety Auditing: Fire safety auditing measures the hospital’s performance against set standards and legislation such as the Fire Services Act 1981, Safety Health & Welfare at Work Act 2005 and the Safety Health & Welfare at Work (General Application) Regulations 2007. A fire safety audit plan was developed and directorates were audited on a quarterly schedule.

DGSA Audit: A DGSA audit involves the auditing of the procedures and processes involved in the segregation, storage, handling, transport and disposal of Dangerous Goods.

In 2014, a cross-section of areas/departments were assessed during the audit which identified two non-conformances and eleven observations.

System Analysis Investigation

In 2014, the Health and Safety Department conducted 38 Systems Analysis Investigations. The principle of carrying out such investigations is to establish the root cause of the incident and to identify recommendations and learnings so as to reduce reoccurrence of such incidents. The Health and Safety Department carry out System Analysis Investigations for Health & Safety Authority (HSA) Reportable Incidents, Serious Near Misses, Dangerous Occurrences (as prescribed by the HSA), fires and non-clinical needlestick injuries. A HSA reportable incident is an incident where a staff member is out of work for greater than 3 days as a result of an incident at work (in turn this must be reported to the HSA). The following graphs provide an overview of the number, type and location of HSA reportable incidents for 2014.

Employee Incidents in 2014

• There has been a 30% reduction in employee related incidents reported since 2011, and a significant reduction of 40% over the past five years (since 2009).

Ref: Risk Legal Annual Report 2014

In total, 5% of the incidents reported by employees in 2014 were HSA reportable incidents. This equates to 23 HSA reportable incidents in 2014. The number of HSA reportable incidents have decreased by 39% since 2013.
The top three types of incidents in 2014 were Violence & Aggression, Slip/Trip/Falls and Manual Handling. However, there was a significant decrease in all three types of incident in 2014.

In relation to HSA Reportable Incidents in 2014, there was a:

- 37% decrease in the number of manual handling incidents.
- 64% decrease in the number of slip, trip, and falls incidents
- 100% decrease in the number of equipment incidents.
- 100% decrease in the number of sharp incidents
Violence & Aggression
The Managing Challenging Behaviour Steering Committee recently launched the revised Prevention & Safe Management of Aggression & Violence Programme for Beaumont Hospital staff. The purpose of the programme is to maximise safety & minimise risk for all staff when dealing with behaviours that challenge. The programme is 1½ - 2 days in duration with two main components: a theoretical element and practical sessions. These include an awareness of customer care, de-escalation strategies and breakaway techniques. The programme is suitable for all staff, with a particular focus on staff working in acute clinical areas.

In 2015, it is also anticipated that the group will roll out the E-Learning package on Management of Aggression Core Skills Hospital-wide.

Slip/Trips Falls
In Beaumont Hospital, there was a 64% decrease in the number of HSA reportable incidents involving slip, trip, and falls during 2014.

Patient Moving & Handling
There has been a slight increase in the number of Patient Moving and Handling HSA Reportable incidents. In 2013, there were a total of three notifiable incidents and in 2014 this increased to four notifiable incidents.

Mandatory H&S Training
A key performance indicator for directorates and departments hospital-wide is compliance with attendance at mandatory health and safety training. Mandatory health & safety training includes Inanimate Manual Handling, Patient Moving and Handling, and Fire Safety Training. The directorate management teams and department heads should have available to them the timely, clear, concise and graphical information that they need to enable the monitoring of staff attendance at mandatory health and safety training.

Taking this into consideration, the Health and Safety Department worked closely with
the Information Technology (IT) department on the development of the Diver Reporting system to demonstrate compliance with attendance at mandatory health & safety training. The data validation was completed in December 2014.

Each directorate management team will be in receipt of three graphs for their respective directorate, one for the wards, one for the departments and one for the consultants/specialties. An automatic report will be circulated to all directorate (directorate management team) and department heads on a quarterly basis starting in 2015 (end of Q1).

Directorate and department heads can use this data to monitor their staff attendance at mandatory health and safety training and subsequently organise training for staff members as appropriate.

Liaison with Enforcing Authority

The Department liaises regularly with the Health and Safety Authority with regard to accidents or incidents, complaints or other compliance issues. In 2014, the H&S Department facilitated and coordinated the response to two complaints and one Request for Information (RFI).

Capital, Major and Minor Projects

The delivery of construction projects within the statutory parameters of the Safety Health & Welfare at work (Construction) (Amendment) Regulations 2012 is a key role of the Health & Safety Department. The department continues to work closely with the TSD and appointed design teams, for capital projects and were also in attendance at the construction progress meetings from the start-up phase through to completion. Areas of monitoring included fire certification, statutory appointments (PSDP & PSCS), completion of statutory documentation, reviewing method statements and the commissioning of systems.

Completed projects for 2014 include:

- Room 6 Fluoroscopy
- CT replacement
- Lift replacement
- Cardiac Cath Lab
- MRI
- St Joseph’s Hospital – lead lining of theatre

The H&S Department continue to work closely with the Technical Services Department minor projects coordinated through these offices.

Communication and Consultation

Staff Safety Committee

The primary method of communication in respect of hospital-wide health, safety and welfare issues is the Staff Safety Committee. Beaumont Hospital Staff Safety Committee was established as part of Beaumont Hospital’s health & safety consultation arrangements under the Safety, Health & Welfare at Work Act, 2005, Part 4 Section 26. The Committee has a multidisciplinary membership (Staff Safety Representatives) who raise and discuss workplace health and safety issues at committee meetings and provide feedback to their represented division.

The committee is chaired by the Health & Safety Coordinator and its reporting relationship is to the Integrated Quality & Safety Committee.

Hospital Committees

The H&S Department are active representatives at the following Committees - IQS, Hygiene Services, Radiation Safety Committee, Decontamination, Project Review and Legionella.

Voluntary Hospital Group - Health & Safety Advisory Group

Beaumont Hospital is represented on the Voluntary Hospital Group through the H&S Department - Health & Safety Advisory Group.
European Health and Safety Week

European Health and Safety Week (20th-24th October) focused on the theme 'Stress in the Workplace'. The Department coordinated a week long awareness campaign reflecting the European theme called 'Mind Ourselves/Manage Stress'.

The Patient Representative Department

The Patient Representative Department continues to provide support and assistance to patients, relatives and staff in the management and resolution of complaints. The Proactive Patient Engagement role within the department supports patients and relatives by telephone, a ‘drop-in service’ to the office and visits to the clinical areas in response to a patient, relative or staff request. In tandem, the department continues to provide advice and support to both complainants and staff with regard to the management and response to formal written complaints (acknowledged as the Reactive Patient Engagement role of the department).

During 2014, the department dealt with approximately 782 written complaints (an increase of 30% on 2013) and 3206 telephone and office interactions (informal complaints which have been resolved at source - an increase of 23% on 2013). The significance and comparison of the formal and informal number of complaints is outlined in Figure 1.

![Informal and Formal Complaints Received 2014](image)

Figure 1: Informal (Telephone/Walk in) Complaints received in 2014 recorded by the patient representative staff against Formal Complaints (Written) received per month in 2014 recorded by the Respond system.

Complaint types are categorised into ‘8 Pillars of Care’ as set out by the HSE and Figure 2 outlines the categories of formal complaints during 2014, under each of these headings.
### Complaint Type Breakdown 2014 Under HSE Pillars

<table>
<thead>
<tr>
<th>Complaint Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>45%</td>
</tr>
<tr>
<td>Safe and Effective Care</td>
<td>34%</td>
</tr>
<tr>
<td>Patient Care</td>
<td>10%</td>
</tr>
<tr>
<td>Admissions</td>
<td>4%</td>
</tr>
<tr>
<td>Appointments</td>
<td>6%</td>
</tr>
<tr>
<td>Property</td>
<td>1%</td>
</tr>
<tr>
<td>Hygiene</td>
<td>1%</td>
</tr>
<tr>
<td>Health</td>
<td>0%</td>
</tr>
<tr>
<td>Skills</td>
<td>0%</td>
</tr>
</tbody>
</table>

Figure 2: Breakdown of formal complaints received in 2014 under Complaint Type categories from HSE Pillars

As can be seen from Figure 2, the largest percentage of complaints 45% (n=342) were categorised under the HSE pillar ‘Access’ and this reflects a similar trend to 2011, 2012 and 2013. These were mainly in relation to:

- Admission delays (48%)
- Appointment delays (35%)
- Other appointment issues (6%)

There were a total of 258 (34%) complaints categorised under the HSE pillar ‘Safe and Effective Care’ and this category also reflected similar prominence, to previous years as highlighted above.

- Treatment and Care issues (68%)
- Health and Safety issues (6%)
- Hygiene issues (5%)
- Patient Property issues (5%)

A total of 74 complaints (9%) were categorised under the HSE pillar Communication and these related to:

- Delay and Failure to Communicate (39%)
- Communication Skills (27%)
- Information (11%)

The remainder of the 2014 complaints related to the following HSE pillars:

- Dignity and Respect (6%)
- Accountability (5%)
- Improving Health (1%)

- Participation: shared decision making (0%)

Other activity in the Patient Representative Department, included the establishment of ‘Patient Engagement Workshops’ for Clinical Nurse Managers. The workshops focused on the concept of positive and negative patient and family engagement, using anonymous ‘real complaints' to support and guide staff in their responses. The issue of using actual complaints as part of the ‘learning process’ in the clinical area was also explored within the workshops.

In conclusion, the activity of the Patient Representative Department is increasing. However, our aim is to always support our patients and staff in a timely, non-judgemental manner with care and compassion.

### Quality and Standards

The Quality and Standards Department works with the other departments in the Integrated Quality and Safety Division and across the hospital to foster and facilitate a culture of continuous quality improvement and patient safety.

Key areas which the Quality and Standards Department were involved in 2014 include the following:

- In early 2014, a self-assessment against the National Standards for Safer Better Healthcare (NSSBH) (2012) was submitted to the HSE. As a result of this self-assessment, Beaumont Hospital has identified a number of quality improvement measures which are being progressed.
- Beaumont Hospital has also been cognisant of the implementation of the standards at a practical level and the need for them to impact on the way we do our business. Therefore, in 2014 the Quality & Standards Department, linking in with Organisational Development Department and the Learning & Development Department, produced a number of workshops on the NSSBH...
with multidisciplinary frontline staff from the Directorates and Corporate services.

- The Quality & Standards Manager chairs Beaumont Hospital Discharge Planning Group. A key project for 2014 involved a focus on the process of discharge planning for patients transferring between Beaumont Hospital and Area B. A number of quality improvements were identified and progressed, including a revision of the public health nurse referral form, a flow chart for each ward outlining the patient discharge pathway, provision of information to patients and families, and a resource folder of discharge information made available to each area.

- The Quality and Standards Department continues to provide ongoing training on policy development and Beaumont Hospital Document Management (Q Pulse) system.

- The work of the Consent Group in 2014 has included a hospital-wide Consent Audit & a revision of the existing Consent Forms was also commenced.

- The Quality and Standards Department, in conjunction with Organisational Development, Learning and Development and the TUN Directorate carried out a Patient/Staff Engagement Initiative in October 2014. This very successful workshop brought together staff and patients across the patient modalities and staff in the directorate continue to work on improvements identified during the exercise and provide ongoing feedback to patients.

- Other key inputs for Quality and Standards included the Healthcare Records Committee, Hygiene, Hand Hygiene, Compliance with PCHAI Standards, Clinical Governance & the IQS Committee.

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**Risk and Legal Services Department**

The Risk & Legal Services Department have five distinct roles in the hospital:

1. The assessment and follow up of clinical and non-clinical incidents;
2. The preparation and management of Coroners’ cases;
3. The coordination of clinical and non-clinical legal claims;
4. The overall coordination of the hospital insurance programme.

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**Risk Management**

The department was involved the collation of incident information through the risk management occurrence report forms. There are approximately 5,000 incidents reported annually. All of these incident report forms are reviewed by the Risk and Legal Services Manager and are rated according to the severity of the incident.

These individual incidents are then inputted by the staff in the department onto the Clinical Indemnity Scheme’s (CIS) Starsweb* reporting system, which is an integrated risk management and claims management system.

Incidents rated as ‘high’ are discussed by the team and a preliminary investigation is conducted by the Risk & Legal Services Manager with relevant team members. High risk incidents are then reported to the Chief Executive Officer and Senior Management Team. Some incidents are then escalated to a high level review process and further investigation.

A report is prepared annually for the individual directorate teams, senior management team and the hospital board.

**Coroners’ Court Activity**

The department worked closely with clinicians in their preparation for Coroners’ Court:

In summary:
• There were 205 deaths reported to the Coroner in 2014, an increase of 9% since 2013;
• The Coroner requested 115 medical reports in 2014;
• 94 reports have been sent to the Coroner;
• 23 inquests were attended by clinician staff.

Preparation for Inquest
Coroner’s Court / Inquests are an extremely vulnerable area for any hospital because, unlike litigation, there is no Personal Injuries Summons or Statement of Claim available and issues for the hospital often only come to the surface during the actual inquest. Therefore, careful preparation is necessary.

1. The process
The Death Notification Office copy all deaths notified to the Coroner to the Risk & Legal Department and a log is maintained.

The Coroner reviews all reported deaths and will request the following from the hospital:

• The medical record.
• A medical report from the clinician who last saw the patient or who had significant dealings with the patient. In addition, he has also asked for nursing reports in three cases.
• An incident report or relevant investigation.

On the basis of the above information, he will either sign the death certificate or hold an inquest. All letters from the Coroner’s Office to clinicians are copied to the Risk and Legal Department.

All consultants are written to by the Risk and Legal Department and asked to send copies of their reports to the department. Legal advice is sought prior to submitting the report to the Coroner’s Office, if deemed necessary.

In addition, consultants will ring the department directly if there has been an unexpected death which will lead to an inquest. A systems review is then undertaken in preparation.

2. The Inquest
When the date for an inquest is set, the Risk and Legal Services Department will coordinate meetings with the legal team appointed by the Clinical Indemnity Scheme and with the consultants involved. There may be a need for one or more meetings, depending on the case.

Prior to these meetings, the medical record is reviewed and a detailed clinical profile is prepared by the Risk Manager, which will identify any issues of concern. Additional information is also requested at this stage, including:

• Patient Representative reports
• Freedom of Information requests
• Microbiology reports
• Radiology reports
• Hygiene audits
• Policy and procedures documentation

A copy of the autopsy and any depositions to the Coroner are requested from the Coroner’s Office. The registrars will often inform the department of any issues the family have either raised verbally or in writing.

On the day of the inquest, there is another meeting between the consultant, legal team and the risk manager.

3. Issues Emerging from Inquests
Issues specific to clinical specialties are always followed up with the teams involved in the care of the patient and other concerns are discussed at the Clinical Governance Meetings and IQS meeting.

Clinical Negligence / Employee Liability & Public Liability Claims
The number of active claims being managed at year end has significantly increased due to the number of new claims received in the last three years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of Claims at year end</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Claims</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>2009</td>
<td>173</td>
</tr>
<tr>
<td>2010</td>
<td>128</td>
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<tr>
<td>2011</td>
<td>139</td>
</tr>
<tr>
<td>2012</td>
<td>136</td>
</tr>
<tr>
<td>2013</td>
<td>161</td>
</tr>
<tr>
<td>2014</td>
<td>172</td>
</tr>
</tbody>
</table>

There has been a significant change in the management of legal claims in the past 5 years.

The number of new claims being received annually has significantly increased and the number of older claims being managed is reduced (many of the claims were over five years old and some dated back to the 1980s period).

A substantial amount of time has been spent in actively managing historical claims in order to reduce insurance costs, etc.

Currently, over 90% of claims are active and have been received in the past four years, which has changed the work of the department to a large extent.

**Insurance Portfolio**

The department also negotiates and is responsible for the insurance portfolio for the hospital. This also involves coordinating claims against the insurance policies, for example, replacement costs for lost dentures.

**Staff Counselling Service**

**Mindfulness Based Interventions**

The growth of mindfulness exponentially within society as an empirically proven intervention continues to be mirrored within Beaumont Hospital. Six years on, Morning Mindfulness sessions continue three times per week with steady attendance, perhaps dipping around holiday periods. 2014 saw the completion of the ninth 8 week MBSR course; these courses have been running successfully now since 2011. Pauline King completed Level 1 training and delivered the September group.

Presentations of the outcome assessments results for the first four MBSR groups, showing significant improvement on the Five Facet Questionnaire, were delivered at two conferences during this year. The first of these was the All Ireland Safety Conference in Belfast, the notion being that the practice of mindfulness can enhance employee awareness and in turn be translated into safety behaviours. The second was the International Health Promotion Conference held in Barcelona. The emphasis in this conference was the provision of a proven intervention to employees in relation to enhancing wellbeing.

The first off-site weekend retreat was held in March and 14 employees attended and amazed themselves by being silent all weekend! A second retreat is planned for 2015.

Both Barbara and Pauline King continue with indepth CPD in regard to these interventions, as alongside the increased popularity of mindfulness, there are contraindications and considerations to be taken into account to ensure an ethical and safe practice.

**One-to-One Counselling**

The service is well established with a consistent demand for appropriate referrals from employees themselves, management and Occupational Health. Some of the challenges presented during this year involved the assessment of psychological risk for employees and the duty of care obligations arising out of this for the organisation.

**Other activities**

The service continues to deliver Raising Staff Awareness Programmes, with a total of ten delivered during 2014 to a variety of groups, from Year 4 student nurses to specialist nursing groups, to Allied Health Professionals. The Dignity & Respect Group remains a continued presence and it retains its involvement in offering supervision to the Support Contact Persons (SCPs).The SCS are also involved in new ventures being actively rolled out during 2015, these include the
coaching Initiative and the Resilience Plus training programme.
Information and Communications Technology

Introduction

Modern and reliable Information Communications & Technology (ICT) are a critical enabler of Beaumont Hospital’s strategy underpinning clinical, managerial and operational decision-making. At the heart of this is a fit-for-purpose Hospital Information System (HIS) that will support the business in the delivery of an efficient, collaborative and innovative healthcare system going forward.

Beaumont Hospital’s current Hospital Information System (BHIS) has been in operation for 26 years and has significant functional, usability and performance issues which are causing operational disruption and preventing Beaumont Hospital achieving its strategic agenda. Indeed, this was tested to the system’s limits this year with a 37 hours hardware failure in July 2014, which resulted in massive inconvenience.

In 2014, we finalised our business continuity strategy to cope with the potential failure of the BHIS, where each patient-facing department which deals with patients now has clear Standard Operating Procedures (SOPs) for how to continue their service in such an event. These plans take into account the impact of how the management of patient information impacts on other departments and what information can be accessed during downtime. As part of this strategy, downtime systems were developed to allow access to patient information and to minimise the disruption caused to staff and patients during such outages.

Aside from the business continuity strategy, we also had to focus on reducing the risk of failure to both the BHIS software and HP hardware (on which the hospitals systems run). While we await decisions about replacing the software, we moved our systems from old HP machines to newer technology, in an effort to stabilise the BHIS and improve its robustness. The new systems developed are are quite intuitive and look similar to what the staff are accustomed to using and include:

- Patient Search system providing access to patient demographics.
- New laboratory tests which can be ordered through the Lab Labelling button within Patient Search and results accessed through the Lab Archive within Patient Search.
- Downtime Emergency Department (ED) System, for non-BHIS related information on patients in ED, i.e. moves, triage, etc.
- Admissions / A&E have an Interim Patient Tracking System (Tracker) where new patients can be registered, and will then be visible in the Patient Search system.

On the hardware side, we migrated our systems onto an N-Class Server (which is
newer technology than the current BHIS hardware) and, although it provides more stability, it only reduces the hardware risk. This was a huge change management project and involved the entire hospital committing to 40 hours downtime.

We continue to be dedicated to minimising the risk of the BHIS failing and we are doing all we can in terms of our monthly maintenance plans and continue to develop robust systems for use by staff.

Other developments in 2014 centred on supporting the clinical care programmes and the SDU requirements.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Benefit to Beaumont</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology System</td>
<td>Implementation of National Horizon Cardiology system (Cathlab Module). It incorporates a single Cardiology record for Echo, ECG and Cathlab procedures. All cardiology results are now available to all Nimis Cardiology hospitals. Stock catalogue now used to record all items used during procedures aiding patient costing</td>
</tr>
<tr>
<td>Diabetes System Upgrade</td>
<td>This upgrade greatly enhances the workflow in the Diabetes Day Centre and OPD. It generates appointment reminder letters, displays Patient Lab results, shortens waiting times for patients and improves auditing/reporting.</td>
</tr>
<tr>
<td>HR Scanning Solution</td>
<td>Introduction of electronic HR Scanning System for holding all employee information transferred from file onto electronic system.</td>
</tr>
<tr>
<td>Care Of The Elderly (COTE) System</td>
<td>This system allows AHC staff to electronically capture patient interventions to give more effective and coordinated patient care. The system captures the interventions on behalf of our elderly community in St Joseph's Hospital.</td>
</tr>
<tr>
<td>Palliative Care System</td>
<td>Introduction means effective management of patient's palliative care record.</td>
</tr>
<tr>
<td>Access to Rehab (AcToR) System</td>
<td>Effective management of a patient’s rehabilitation record. The AcToR Rehab module in each of the AHC Stats Packages checks the other AHC Stats Packages and the NIS for patient information to give more effective patient care. When a patient is entered into the NIS AcToR screen, the AHC Stats Packages are prompted on this patient to ensure that the patient is captured by any of the different AHC specialties.</td>
</tr>
<tr>
<td>Single Sign-On in Oncology</td>
<td>The use of a ‘tap and go’ system where the end user does not need to keep entering their username and password but just tap their ID card. The nurses spend less time logging into pc and applications during the day. Over time this all adds up to more time spent caring for the patient</td>
</tr>
<tr>
<td>Remote Access</td>
<td>Remote access for doctors means they have access to view patient's information, radiology images, and lab and test results as they come in and give proper care instructions to an on-site nurse or physician. Nurses have the ability to access their Beaumont Hospital systems while attending outreach clinics at different locations outside the hospital. Management can access their documentation on their laptops/Ipads anywhere with an internet connection.</td>
</tr>
</tbody>
</table>
Clinical Services Directorate

Head of Clinical Services & Business Planning: Fiona Keogan

The Clinical Services Division comprises of the Health and Social Care Professionals (HSCPs), both therapeutic and diagnostic. These include the scientific staff of the laboratory, radiographers, clinical measurement physiologists (including neurophysiology, cardiac catheterisation/ECG, pulmonary function and non-invasive vascular), psychologists, pharmacists, occupational therapists, physiotherapists and speech and language therapists, the departments of dietetics, medical social work, medical physics and clinical engineering, 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 2014. With a focus within the organisation on reducing length of stay and with increases in admissions across the organisation, this led to greater referral rates and demands in many areas. Vacancy levels remained challenging throughout the year and managers and staff had to consistently reorganise, reprioritise and restructure to meet as many of the needs of the patients both in clinical terms and discharge terms as possible. Managers worked to ensure that all high priority referrals were dealt with within acceptable timeframes and staff showed exceptional levels of flexibility and cooperation.

Within the Division, twelve of the professions are moving to a professional regulatory environment. CORU is the regulator responsible for protecting the public by promoting high standards of professional conduct and professional education, training and competence, in designated health and social care professions.

Staff recruitment and retention has been an ongoing challenge throughout 2014. This was particularly challenging in the therapy area where HSE National Recruitment Panels were in place. As a result, there was a high level of recruitment activity required over the year in order to try and maintain the hospital agreed 10% vacancy rate in services. In general, services over the year had significant variations above this vacancy level.

Activity remained high in all areas, with specific service areas in different departments showing particular growth. This growth relates to service development e.g. haematology and oncology services, development of the frail-elderly pathway, coupled with the drive to meet outpatient national targets. In order to manage these demands, departments have undertaken analysis of workload and process improvement using a number of approaches, with an ongoing and passionate commitment of staff to quality provision of care.

In addition to direct patient care, a very wide range of staff across the division have been involved in hospital-wide and regional and national groups, which are impacting and developing the future of health provision in Ireland, and in some cases, overseas. Much of this work is carried out in a multidisciplinary and cross disciplinary manner and this type of collaboration is the future of health service provision. I acknowledge this huge commitment, much of which is carried out in staff’s own personal time. Ultimately, this is what makes an ongoing difference to patient care. The details of these activities are within each department’s report.

Finally, I would like to thank all the Heads of Department within the division for their ongoing commitment and resilience in challenging times to delivering patient-centred care and contributing to healthcare delivery both in Beaumont, Raheny Community Nursing Unit (RCNU) and St
Joseph's Hospital within the wider health service. In addition, I particularly want to thank Adrienne O'Connor who provides critical support to both me and the division. It is really appreciated and essential to the range of work within the Division.

A number of the Clinical Services Departments, while reporting professionally through the Head of Clinical Services & Business Planning, report operationally within specific directorates. See Table 1 below for details. Reports from these Departments will be included as part of the relevant directorate reports.

Table 1

<table>
<thead>
<tr>
<th>Staff</th>
<th>Directorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology/Audiological Sci</td>
<td>Neurocent</td>
</tr>
<tr>
<td>Neurophysiological Measurement Physiologist</td>
<td>Neurocent</td>
</tr>
<tr>
<td>Orthoptists</td>
<td>Neurocent</td>
</tr>
<tr>
<td>Cardiac Physiologist</td>
<td>Medicine</td>
</tr>
<tr>
<td>COPD Outreach</td>
<td>Medicine</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>Medicine</td>
</tr>
<tr>
<td>Respiratory Physiologist</td>
<td>Medicine</td>
</tr>
<tr>
<td>Poisons Information Officers</td>
<td>Critical Care and Anaesthetics</td>
</tr>
<tr>
<td>Vascular Physiologist</td>
<td>Surgery</td>
</tr>
<tr>
<td>Laboratory Scientific Staff</td>
<td>Laboratory</td>
</tr>
<tr>
<td>Radiographers</td>
<td>Imaging and Intervention Radiology</td>
</tr>
</tbody>
</table>

Activity Level:
Service referral rates and clinical activity remained very high in 2014, with 23,029 inpatient and day case consultations completed. In addition, there were 3012 dietetic outpatient appointments offered, with a total of 622 patients attending group education sessions as part of Cardiac Rehabilitation, Healthy Eating Education and structured diabetes group education sessions (DAFNE / DESMOND programmes).

OPD Attendance Rates:
In 2014, our DNA (did not attend) level for all outpatient appointments was 23.4% - a reduction of 6.4% since 2011.

Figure 1: Referral Patterns
**Service Developments & Innovations:**

a) Nutrition Screening – Audit of Phase 1 Implementation of MUST in Beaumont Hospital

A multi-professional Nutrition Screening Steering Group was set up in Beaumont Hospital in 2013 to implement a validated screening tool, Malnutrition Universal Screening Tool (MUST), on one medical and one surgical ward. An audit of the implementation trial was conducted in 2014 and showed an overall reduction of 0.79 days in length of stay hospital-wide with screened patients on the medical ward having on average 3 days less length of stay and the screened patients on the surgical ward having a reduction of 1.55 days length of stay. This translates to a potential saving of between €1550 and €3000 per patient. The implementation of the MUST screening tool will now be rolled out across all wards in the hospital.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>January to June 2014</th>
<th>June to December 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beaumont Hospital – hospital-wide</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALOS (days)</td>
<td>9.66</td>
<td>8.87</td>
</tr>
<tr>
<td>ALOS difference in intervention period</td>
<td>- 0.79 days</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Ward</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharges</td>
<td>360</td>
<td>436</td>
</tr>
</tbody>
</table>
b). Nutrition Services Working Group

This is a hospital-based working group made up of representatives from Catering, Dietetics, Speech & Language Therapy, Nursing and Health Care Assistants whose purpose is to provide guidance on catering and nutrition-related issues and catering provision for inpatients and day cases in Beaumont Hospital and St Joseph's Hospital and residents of RCNU. In 2014, the group members were involved in:

- Designing and implementing a ‘Light Diet’ for patients post-upper GI surgery
- Commencing a trial of pre-moulded meals for patients requiring a smooth pureed consistency diet.

c). Nutrition Open Forum for Staff

In November 2014, the Department held an open forum for all hospital staff. The focus of this forum was to discuss all issues and opportunities in relation to patients’ food and nutritional care in Beaumont Hospital.

There was a high turnout for the event and the staff who attended provided some excellent insight into the issues our patients face, as well as some suggestions and ideas for improving nutritional care in the hospital. Six key themes were identified from the feedback received on the day. These themes will form the basis of the nutrition projects undertaken in Beaumont Hospital in the coming year.

d). Introduction of Integrated Notes for the Department

Developing integrated notes across HSCPs is an initiative that is being encouraged and supported both internally at Beaumont Hospital and at a national level: ‘Draft Standards for National Health Information Resources - Health Information and Quality Authority (2011)’. In June 2014, integrated record-keeping was introduced in the Department of Nutrition and Dietetics. All aspects of a patient’s dietetic care are now recorded directly into the patient’s medical chart and duplicate recordings in dietetic record cards are no longer required. The goal of integrated record keeping within our department is to provide us with a more timely, streamlined, and transparent manner in which to record episodes of care. Ongoing audit of our record keeping is planned to ensure we are in line with department, hospital and national guidelines on record-keeping.

e). Commencement of CReW

Following from the successful introduction of Clinical Redesign and Workload Measurement (CReW) in the OT Department, our department has initiated work in this area. We have started work on reality mapping and clinical redesign projects along with assessing staff satisfaction at baseline. Our goals include streamlining our service to ensure maximum efficiency and effectiveness of service delivery within the restraints of the current climate.

f). Organisational and Personal Skills Development Programme

Laura Masterson completed a joint project with the Speech and Language Department looking at recommendations for the ‘Safe Thickening of Oral Nutritional Supplements for Patients at Risk or Recurrent Aspirations’.
Claire Phelan’s project looked at the ‘Development of a Dietetic Care Pathway for fractured neck of femur patients in Beaumont Hospital’.

g). Beaumont Hospital Foundation Grant Award

Carmel O’Hanlon & Cathy O’Neill were awarded a BHF Grant Award of €5,000. This grant will be used to purchase some weighing scales and height measures for use at ward level to enable each ward to have easy access to the appropriate tools to carry out nutritional screening of all patients.

Involvement in Organisational & National Groups:

Department members are actively involved in a number of key organisational and national groups including:

- Membership of Beaumont Hospital’s Nutrition Services Working Group
- Membership of Beaumont Hospital’s Malnutrition Screening Implementation Group
- Lead of Beaumont Hospital Rehabilitation Workstream as part of the Care of The Elderly Programme
- Active participation in the Beaumont Hospital’s Parenteral Nutrition Committee
- Active involvement in the Irish Nutrition & Dietetic Institute (INDI) including membership of the INDI Education Board and active roles in other INDI special interest groups.
- Membership of the Irish Society for Parenteral and Enteral Nutrition (IrSPEN) Management Committee and Steering Group
- Chair of the IrSPEN Standards & Guidelines Committee and Education Committee
- Therapy Lead on the NQCCD Critical Care Program (Carmel O’Hanlon), Dietetic Lead on the Acute Medicine Programme (Paula O’Connor) and Dietetic Representative for the Multiple Sclerosis (Kitty McElligott), Cystic Fibrosis (Ruth Hannon), Care of the Elderly (Amy Shaw) and Surgery programmes (Cathy O’Neill)

National & International Conference Presentations

The Department presented posters at the following conferences/study days in 2014:

- International ALS/MND Symposium December 2014
- European Society for Clinical Nutrition & Metabolism (ESPEN)
- Irish Nutrition & Dietetic Institute (INDI) Annual Study Day
- HSCP Study Day 2014
- National Patient Safety Conference 2014
- RCSI Nursing & Midwifery Study Evening 2014
- Beaumont Hospital Clinical Audit Day 2014

Members of the Department also gave oral presentations at Grand Rounds in Beaumont Hospital as well as at a number of in-house and external conferences and courses throughout 2014.

Selection of publications by staff in the Department of Nutrition & Dietetics:

Feeding jejunostomy tubes in cancer patients - not without risk?
Tarrant S, Tiedt I, O’Neill C, McCawley N, Arumugasamy M, Broe P.

Weight loss in oesophageal and gastric cancer patients - Can we mitigate the risk?
Tarrant S, O’Neill C, McCawley N, Arumugasamy M, Broe P.

Neff K, Donegan D, MacMahon J, O’Hanlon C, Keane N, Agha A, Thompson C, Smith D.

Contributed to newspaper article: 'Malnutrition: the hidden problem that costs


**Contribution to Education & Training**

Department staff continued to participate in the department’s in-service and monthly journal club programmes. In addition to these in-house education sessions, staff members also attended a wide range of external specialist courses to update their own knowledge base and clinical skills.

Members of the department continue to contribute to training programmes within the hospital. During 2014 a wide variety of presentations were given to groups including medical students, care attendants, catering staff, nursing staff and postgraduate nursing education. Presentations were also given outside the hospital to a variety of groups.

The Department also continues to provide practice education placements for undergraduate dietetic students. In 2014, two undergraduate student dietitians from TCD / DIT successfully completed their practical placement training in Beaumont Hospital.

Overall, 2014 was a busy and productive year for the Department of Nutrition & Dietetics.

**Occupational Therapy Department**

Occupational Therapy Manager: Alison Enright

The Occupational Therapy (OT) team is dedicated to providing the highest possible standard of service which is responsive to the individual needs of our patients and their families.

**Introduction**

The OT Department has a high level of skill mix ranging from clinical specialist and senior therapists to staff grade occupational therapists (OTs) and assistants, who together provide services to the following clinical specialities:
The year 2014 was a challenging year in terms of sustaining high quality services against a background of increasing activity levels. Our strategy – *Occupational Therapy Strategic Plan 2011 – 2014* – and our Management Plan were sources of valuable guidance, defining the vision and methodology required to improve our ability to work effectively in a climate of austerity.

From a team perspective, 2014 was a stable year with limited staff turnover. Our department has now reached maturity, with clear objectives and performance indicators.

**Activity Levels**

OT activity levels remained high in 2014, in part due to reduced length of stay for patients and the knock-on effect of increased numbers of patients being referred to our service. In addition, expansion of certain services without additional resources resulted in increased activity during the year. Another contributing factor, reflected throughout the organisation and wider health service, was the changing profile of patients referred. Greater complexity of need has a knock-on effect on the number of interventions required to manage patients’ care needs.

Figure 2 outlines the 34% increase in referrals to the Geriatric OT Service in 2014 as compared with 2013. Despite this, the intensity of intervention (visits) also increased reflecting a) greater complexity within this caseload and b) the increased activity required to implement comprehensive geriatric assessments for all patients, in line with the guidelines set out in the National Clinical Programme for Older Persons.

**Figure 2 Patients referred to the Geriatric OT Service 2013 – 2014:**

![Graph showing patients referred to Geriatric OT Service 2013-2014](image)

The appointment of Mr Barry O’Sullivan to the Plastics Specialty also led to increased demand for OT services. Table 2 below provides detail on patient numbers referred in 2014 as compared with previous years. This service expansion also resulted in greater numbers of trauma patients being treated with the result that the intensity of OT treatment increased to meet the complex needs of patients.

**Figure 3 Plastics OT Service Referrals 2011 to 2014:**

![Graph showing Plastics OT Service Referrals 2011-2014](image)

**Service Developments and Innovations**

A) Service-Wide Developments

1. The CReW Programme

In the OT Department, a strategic approach is used to jointly identify and set objectives for service development. Many objectives set in the OT Strategic Plan 2011 – 2014 aimed
to improve quality of care, cost-effectiveness and team performance and addressing these improvements eventually led to the development of the Clinical Redesign and Workload Measurement Programme. The Programme, now known as CReW was designed and implemented by the OT Department over a three year period and reached completion in 2014. CReW is the first such programme to be designed by the health and social care professions (HSCPs) in Ireland.

CReW is the integration of two components – Clinical Redesign and Workload Measurement – with the overall aim of providing the right care, at the right time, with the right workforce.

In this case, Clinical Redesign refers specifically to 1) OT Care Pathway Development and 2) Clinical Practice Improvements. Pathways standardise care and follow a six-step approach to development. Clinical Practice Improvement refers to the assessments/treatments chosen and the way in which they are delivered. The Workload Measurement Programme refers to the analysis and measurement of service demand and the development of an enhanced capacity planning system.

CReW’s point of difference from other approaches is the bringing together of two distinct but interrelated components – Clinical Redesign and Workload Measurement – into one programme. Workload Measurement completed in isolation can lead to unsound predictions but when informed by Clinical Redesign (client-centred best practice care), it leads to a more accurate way of measuring workforce requirements.

Early results are very promising. The development of standardised care pathways (50 pathways in operation in the OT service), in line with best practice, has improved quality and safety and placed the patient effective use of available resources. The overall project has promoted leadership and a culture of high performance amongst staff. Furthermore, CReW has generated efficiencies across the board. It is conservatively estimated that there has been a time saving of 20% which has translated into increased treatment capacity.

National Pilot Project Assessing the Applicability of CReW in Other Care Settings

Recognising its potential to hugely improve quality and cost effectiveness in services, CReW was selected for a National Workforce Planning Pilot Project, supported by the Association of Occupational Therapists of Ireland (AOTI). The Pilot Project aimed to determine CReW’s applicability to OT services in a variety of care settings. A six-month pilot project commenced in July 2014 and involved OT services from Primary Care, Intellectual Disability, Mental Health and Paediatrics. A tripartite approach was used to support implementation, including project management (supported by the AOTI), mentorship from the OT team in Beaumont Hospital and governance from the National OTs in Management Advisory Group. Early results are extremely encouraging with further roll out planned for 2015.

2. NDT/Bobath Introductory and Advanced Training

Deirdre Armitage initiated and led the coordination of the Neuro-Developmental Training (NDT) Certificate Course (3 week)
on behalf of the department as part of the vision to ensure the highest standard of care for stroke and brain injured patients attending Beaumont Hospital. As well as providing opportunity for OTs/PTs nationally to develop these specialist skills, six members of the OT and Physiotherapy Departments in Beaumont Hospital were sponsored to participate in this expert training. These team members later jointly delivered training modules and practical sessions to other staff from both services. The cross-disciplinary approach to implementing NDT has led to a marked improvement in patient outcomes and greatly enhanced multidisciplinary working.

3. Peer Supervision Model for Senior Occupational Therapists

In line with good practice, a peer supervision model was introduced for all members of the senior team in late 2014. A coaching approach underpins this supervision model and although relatively new to the team, staff already report benefits in terms of promoting a culture of feedback and fostering team spirit.

B) Specific Clinical Area Developments

Samples of achievements in 2014 are outlined below.

Medical – Acute Medicine, Rehabilitation Medicine, Oncology, Emergency Department, Care of the Elderly & Rheumatology Services

- An audit of the General Medicine OT service, highlighting concerns about equity of access for patients, led to the re-structuring of the service into Acute Medicine and Rehabilitation Medicine. The change was led by a departmental working group and has resulted in a significantly improved model of care. The result is better access to OT services, greater activity levels and leadership in the Acute and Rehabilitation Medicine OT services has been significantly strengthened.
- In partnership with physiotherapy, an integrated rheumatology hand therapy model of care has been established. This development has led to better access to services, increased activity capability and skill sharing has enhanced the quality of care offered to patients.
- In response to the significantly increasing levels of demand for geriatric services (resulting from the implementation of the National Clinical Programme for Older Persons), resources were re-allocated to increase capacity and systems were developed to safely manage information handover and cross cover between therapists.

Surgical – Orthopaedics, Vascular and Plastics

- In response to the expansion of the plastics service (appointment of a new consultant), the existing Integrated Plastics Hand Therapy Service was restructured to better meet patient needs. Capacity was increased and clinic times were better aligned to plastics clinics to ensure a more streamlined service for patients.

Neuroscience – Neurology, Neurosurgery and Stroke Services

- Rollout of the specialist NDT approach for all stroke patients has led to greatly enhanced patient outcomes, better satisfaction from patients/carers and a marked increase in overall care standards.
- OT initiated and led the introduction of Goal Attainment Scaling (GAS) across the neurosurgery multidisciplinary team. GAS is an evidence-based therapeutic method that refers to the development of a written follow-up guide between the patient and therapists.

Involvement in Organisational, National and International Groups

- Alison Enright and Mary Naughton were nominated to join the HSCP Strategic Workforce Planning Programme Resonance Group
- Alison Enright represented the OT Department on the National OTs In Management Workforce Planning Steering Group
- Alison Enright represented 14 HSCP services as HSCP Lead on the National
Acute Medicine Programme during 2014
• Mary Naughton served as Clinical Lead Representative for the Association of Occupational Therapists of Ireland (AOTI), feeding into the Orthopaedic Care Programme's Steering Group
• Alex Businos was a member of the AOTI Advisory Group to the Rheumatology Care Programme
• AOTI – Alex Businos, Mairead Traynor and Louise Lawlor each contributed in committee, advisory group and representative roles
• Louise Lawlor and Niamh Daly served as Chair and Secretary of the Neurology Advisory Group of the AOTI
• American Society of Hand Therapists – Mary Naughton served as a corresponding editor for the Journal of Hand Therapy
• Irish Association of Hand Therapy – Mary Naughton held chairperson responsibilities

Education Provided
• Provision of undergraduate placements for occupational therapy students in partnership with Trinity College Dublin
• Guest lecturing with the School of Occupational Therapy, Trinity College Dublin
• Delivering a range of splinting workshops – both internally and externally
• NDT Bobath Training for Occupational Therapy and Physiotherapy team members

Pharmacy Department
Head of Pharmacy: Nuala Doyle

Introduction
The Pharmacy Department services include not only the supply of medication to every clinical setting within the hospital, but also associated aspects of medicines governance to ensure that medicine use throughout the hospital, for patients and healthcare professionals, is delivered in a safe, rational and cost-effective manner. In particular, the operation and services of this department must comply legislatively with the Pharmacy Act 2007 and with the Regulation of the Retail Pharmacy Business 2008 Regulations and the guidelines of the Health Products Regulatory Authority (HPRA). The recognition and acceptance of the distinct but highly integrated services internally yields the assurance of a quality Pharmacy Department service complying with legislative requirements.

An integrated Pharmacy Department is comprised of the services highlighted below:
Staffing
Beaumont Hospital Pharmacy Governance, Services and Staff Grade Leads

<table>
<thead>
<tr>
<th>Legislative Governance</th>
<th>Staff Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Pharmacy Owner</td>
<td>CEO</td>
</tr>
<tr>
<td>Superintendent &amp; Supervising Pharmacist</td>
<td>Head of Pharmacy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Staff Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensary Services</td>
<td>Chief II Pharmacist</td>
</tr>
<tr>
<td>Clinical/Ward Pharmacy Services</td>
<td>Chief II Pharmacist</td>
</tr>
<tr>
<td>Aseptic Compounding Services</td>
<td>Chief II Pharmacist</td>
</tr>
<tr>
<td>Medication Safety Service</td>
<td>Chief II Pharmacist</td>
</tr>
<tr>
<td>Antimicrobial Pharmacist Service</td>
<td>Senior Pharmacist (0.8 WTE)</td>
</tr>
<tr>
<td>Infectious Diseases Service</td>
<td>Senior Pharmacist (0.2WTE)</td>
</tr>
<tr>
<td>Medicines Information Service</td>
<td>Senior Pharmacist (0.5WTE)</td>
</tr>
<tr>
<td>Transplant Services</td>
<td>Senior Pharmacist (0.5WTE)</td>
</tr>
</tbody>
</table>
The Dispensary is responsible for approximately 5000 active lines of product. The quality, safety, integrity, rationalisation, cost-effectiveness and the sourcing of products from around the world due to drug shortages, storage and distribution is a constant demand on staff.

In addition to the supply of stock and non-stock items to all wards and departments in the hospital, it also dispensed:

- 3023 individual regimens of Total Parenteral Nutrition,
- All Gastroenterology Hepatitis C medications, researching and counselling each and every patient on the significant side effects, interaction and administration profiles of these complex drug regimens,
- Dispensed and counselled all patients on hospital only Endocrinology and Cardiology drugs,
- All extemporaneously compounded products, examples include nasal preparations, creams, ointments, and eye drops, none of which can be commercially acquired and all of which require specialised staff and time for bespoke on-site formulation.

The Dispensary also ensures compliance with legislative requirements:

- Maintenance of all blood derived medicinal product records
- Safe storage and supply of all controlled drugs as the MDA legislation
- Safe storage and supply of all medicinal products
- All prescriptions supplied and records maintained in accordance with the requirements of the relevant medicines and pharmacy legislation

*The Pharmacy Owner and the Superintendent Pharmacist are legally accountable under the terms of the Pharmacy Act 2007.

Ideally each service should be lead by Chief II Pharmacy Services Managers with dedicated staff in each area. As can be seen from the table above this has been achieved in four of the nine services identified above. Each service is so closely linked that, by the harmonisation of these services following the same policies, procedures, guidelines and governance, the end-product is a quality, assured, cost effective rationalisation of medication thereby complying with the legislation laid down by the Pharmacy Act 2007.

The Pharmacy Department is providing a broad and responsive service in a challenging financial, clinical and structural environment. This service is ensuring the safe and effective use of medication for the patients of Beaumont Hospital. Services have been maintained and there has been some expansion, in spite of the challenges and in the context of increased demand and externally driven service requirements.

1. Dispensary Services

The Dispensary Service is responsible for the procurement and supply of medication to the hospital in its entirety. Almost every ward, department and clinic is serviced, from X-Ray, the Laboratories, Medical Physics, through to the cross range of specialist and general wards, theatres and departments and onto outpatient clinics. The area is managed by one Chief II Pharmacist, one Basic Grade Pharmacist and seven Pharmacy Technicians who ensure products are in the area of need and incorporating the governance laid down by the Pharmacy Act 2007.

Service Activity Data 2014
2. Clinical Pharmacy Services

This is managed by one Chief II Pharmacist and is comprised of seven dedicated Clinical Pharmacists, three rotational basic grade Pharmacists, who also work in the dispensary and aseptic unit, input from the Drug Safety Pharmacist, Antimicrobial Pharmacist, Infectious Diseases and Drug Information Pharmacists. There are seven ward based Pharmacy Technicians who ensure the ward stocks are maintained to minimum levels every week.

Given that every inpatient is on medication, the aim of the service is to review all medication, as prescribed on the inpatient drug Kardexes, daily; this is in the region of 800 Kardexes amongst 15 Pharmacists i.e. 50 drug Kardexes, with an average of 14 drugs prescribed per patient i.e. 700 prescription entries being reviewed by each pharmacist daily. With this number of items, there is an associated increase in pharmaceutical care needs, not only in terms of supply but also in terms of increasing complexity, drug-drug interactions, etc. The service expanded in 2014 by providing a daily Clinical Psychiatry Pharmacist and twice weekly Pharmaceutical Technician top up to the Ashlin Centre.

3. Aseptic Compounding Service

The Aseptic Compounding Unit (ACU) Service provides dispensing and compounding service to both Oncology and Haematology. On average, 79% of aseptically prepared items are oncology drugs and 21% are haematology. For both groups of patients, the complexity of care for an individual has also increased. For example, in July 2013, the mean number of intravenous anticancer medicines received per patient was 3.85. By July 2014, this had increased to 4.04 intravenous anticancer medicines per patient. This represents an increase in the mean number of items per patient of 4.94% in 1 year. The ACU is also responsible for all oncology and haematology clinical trials with pharmacy input; there are up to twelve active clinical trials at any one time.

The unit is currently managed by one Chief II Pharmacist, one Senior Pharmacist, one Basic Grade Pharmacist, one Senior Pharmaceutical Technician and two Basic Grade Pharmaceutical Technicians. The area has lost 0.5 wte and used to also provide a clinical service to the inpatient ward and review all oral chemotherapy prescriptions. However, due to the surge in activity (see below), the inpatient service has had to move to the clinical pharmacy team and the review of oral chemotherapy prescriptions has had to cease.

Between 2007 and 2011, the number of intravenous therapies dispensed remained relatively constant (approximately 10,000 items). However, since 2011, the number of intravenous anticancer medicines dispensed by pharmacy has risen by almost 40%. In 2011, there were 10,143 items dispensed, but by 2014 this had risen dramatically to 14,459. This represents a mean increase of 12.9% per year (Figure 4). This surge in activity and the loss of 0.5 wte has increased the purchasing of prepared chemotherapy.
4. Medication Safety Service

The role of the Medication Safety Officers is to promote the safe use of medicines across the hospital and be the main expert in this area. There is ongoing promotion and education about medication safety and the medication reporting system via medical and surgical grand rounds, publication of newsletters and quarterly reports via the Drugs and Therapeutics Committee and the Integrated Quality and Safety Committee. It is vital to emphasise that a higher reporting rate and higher incident reporting levels is reflective of a good safety and reporting culture rather than indicative of a high error rate in a particular clinical area.

In addition to improving the quality of reporting the MSO serves as the essential link between the identification and implementation of (local and national) medication safety initiatives and the daily operations to improve patient safety with the use of medicines.

This area is managed by one Chief II Pharmacist.

A comprehensive report of the activities of the Medication Safety service is also provided to the Clinical Governance and IQS Committees of the hospital. The 2014 report will also be presented to the hospital board in April 2015.

5. Antimicrobial Services

The Strategy for the control of Antimicrobial Resistance in Ireland (SARI) Pharmacist also known as the Antimicrobial Pharmacist is a highly valued member of the Pharmacy, Microbiology and Infection Prevention Control Team (IPCT) and is the communication link between Microbiology & Pharmacy. This Pharmacist is also a member of Antimicrobial Stewardship Committee (ASC) and is positioned to meet the HIQA standard 12 (antimicrobial stewardship) & TOR ASC updated Feb 2014.

This area is currently managed by one Senior Pharmacist who combines this work with clinical pharmacy commitments.

The SARI Pharmacist updated all antimicrobial guidelines in 2014 in consultation with various specialties in the hospital and these are now available on Intranet/Q-pulse/phone app. This app also uniquely incorporates a specific calculator specifically targeting drugs with narrow therapeutic indices (vancomycin and gentamicin) to enable dose selection.
For further monitoring of drugs with narrow therapeutic indices, daily print outs are generated so that clinical pharmacists can review and ensure doses are accurate.

Quarterly consumption reporting of antibiotic stock issues are reviewed by the ASC and directorates at DHIPCC, with issues reported up to SMT/HCAI Taskforce. This data is also submitted to HPSC to allow for national reporting of hospital consumption. There is an annual point prevalence study which assesses compliance with guidelines and identifies areas for improvement, and is fed back as above and via intranet to all staff. In 2014, there was significant input by this Pharmacist at medical/surgical grand rounds highlighting prescribing issues and enabling valuable information to be passed onto medical colleagues.

6. On-Call Service, Medicines Information, Transplant, Infectious Disease Services and Education and Research;

All pharmacists working in the department participate in an on-call pharmacy service on a rota basis. This service ensures that there is access to pharmacy services on a 24/7 basis, in terms of both supply and clinical information.

Pharmacists participate in the rota for a week at a time.

The on-call pharmacist is contactable and available from home via telephone and comes into the department to dispense items as requested by nursing admin.

The on-call service supplied 219 items per week (11,388 per annum) in response to requests from the hospital.

7. Medicines Information

A Medicines Information Service not only provides basic drug information to all medical, nursing, nurse prescribers, allied health professionals and pharmacists alike, but it also generates and drives the development and maintenance of drug protocols and policies and provides a drug use evaluation which contributes to the cost effectiveness and rationalisation of drugs.

Ideally this area is managed by a Chief II Pharmacist, but currently a drug information service is in operation and is managed by a 0.5 WTE Senior Pharmacist.

This service dealt with 156 queries from staff outside the Pharmacy Department.

8. Infectious Disease Services

The Infectious Diseases Clinic is based on St John’s Ward with a clinic room converted into a counselling room to fulfil the Regulation of Retail Pharmacy Business Regulations 2008 as amended in 2010.

The Infectious Diseases Service is staffed by one Senior Pharmacist who is dedicated to this service on Thursdays and is available for consultation for the remainder of the week.

The Infectious Diseases Pharmacist sees in excess of 450 patients annually as well as dispensing, investigating and counselling these patients without additional support from the Pharmacy Department. This role also includes the administration work that ensures Beaumont Hospital recoups in excess of 5.5 million euro each year.

9. Transplant Service

This Pharmacist sees on average 150 renal transplant patients per year and plays a vital role in ensuring the smooth transition from transplant into the community for both renal and haematology patients.

The Pharmacy Transplant services are undertaken by 0.5WTE Senior Pharmacist the remaining 0.5WTE being dedicated to the Haematology services.

Drugs & Therapeutics Committee/Governance

The Drugs & Therapeutics Committee (D&T) is the oversight committee for the governance of medicines within the hospital and reports to the Clinical Governance Committee and the Integrated Quality & Safety Committee. In addition to oversight of budget expenditure and governance activities such as formulary management and policy approval, there has been an increase in the activities of the committee
due to external initiatives such as the expansion of Nurse Prescribing.

The committee meets bi-monthly for an hour on each occasion. Full reports are submitted to the IQS Committee.

**Education and Research**

This service provides for the continuation of training in the field of Hospital Pharmacy. Of the 20 Pharmacists employed in Beaumont Hospital, the majority have diploma or masters qualifications in addition to the basic pharmacy degrees. Currently, there is one MSc in Pharmacy student and one pharmacist completing her three year diploma in clinical pharmacy and two Pharmaceutical Technician students.

**Physiotherapy Department**

A/Physiotherapy Manager: Pedro Vasquez

A/Deputy Physiotherapy Manager: Fiona Caldwell & Helen Heery

**Introduction**

Over 2014, services were restructured to have the best evidence-based care models designed around the needs of patients, while targeting departmental equality between service provision and aligning our services to the hospital strategy. With these changes we planned to optimise our capacity through innovative strategies designed from, or with, clinical staff involvement. These aims were challenged by ongoing staffing vacancies ranging from 10% - 13% throughout the year. This annual report demonstrates the main achievements from this department as agents for change through quality improvement and also shows our potential if more staffing resources were available.

**Clinical Activity**

The number of new patients seen by the Physiotherapy Department is on an increasing trend. The run chart below (Figure 6) illustrates the general increase over 2011 – 2014.

*Figure 6 has the total number of New Patients (NP) seen by our services for 2014. It illustrates a 3% increase for 2014 versus 2013 and an increase of 16.9% for 2014 versus 2012.*
From 2012 onwards, increased demand for services has impacted on the level of visits that staff are able to provide with no added resources. As can be seen in Figure 3, our number of visits per patient is decreasing as a consequence of having to see more patients with the same staffing levels.

**Beaumont Hospital Rehabilitation Service (including St Joseph’s Campus)**

The rehabilitation service is an example of a growing service to provide support to hospital change initiatives. This service accommodated the increased intake of patients by the geriatricians with regards to the FEP and contributed to 49.7% increase of new patients seen by the service in 2014 versus 2013 as seen in Figure 9.

**Inpatient Services**

No Inpatient Service has shown a decrease in the number of new patients referred to the service. Some services have shown significant increases in demand and have responded with increases of activity to match the patients needs.
to a decrease in LOS of 10 days on 2012 and the increase in rehabilitation beds available onsite.

Figure 10 – New Patient to Rehabilitation Services in St Joseph’s Campus

Both rehabilitation services also accomplished increases in total interventions to accommodate the changing demands experienced. They achieved this change by implementing service restructuring within existing resources.

Figure 11 – Total Interventions per Year for Beaumont Hospital Rehab and St Joseph’s

Respiratory Services

With the development of a Specialised Respiratory Service, we have been able to cater our service to the needs of patients. With this, increased demands have arisen for these services as our successful input assists earlier discharge. Figure 12 shows the increasing use of this service with an increase from 2013 to 2014 of 20% and 2012 to 2014 of 164%.

Figure 12 – Total New Patients to Medical Respiratory Oncology

The Oncology Service has been on a consistent increasing trend since its commencement in 2006. From 2013 to 2014 there has been 56% increase in new patients seen and, for 2012 to 2014, this is 168% increase, as can be seen in Figure 13. With the service restructure to include a senior over St Luke’s Radiation Oncology, there has been a much more streamlined service for these patients.

Figure 13 – Total Oncology New Patients per Year
Outpatient Services
Musculoskeletal Services
A high proportion of our outpatient services are made up of Musculoskeletal Services (MSK). Overall, this service has experienced a slight decrease in referral rate since a peak in 2012. This is due to the presence of specialist physiotherapists at consultant OPD clinics which means patients are streamed in the appropriate direction on first contact and also by the development of local primary care teams. Any released staffing resource has transferred over to inpatient services. Figure 14 shows the referral rates over the last 4 years with Orthopaedics (-0.9%), Rheumatology (-3%) and ED (-17%) showing a decrease from 2013 to 2014.

Figure 14– MSK Referral Rate per Year

Respiratory Service
With the creation of a Specialised Respiratory Service, an outpatient service was developed to meet patient need with added specialist assessments such as oxygen therapy, but also use of advanced mechanical adjuncts with patients with complex neural conditions. Figure 11 illustrates the increases seen in this service and the higher level of patients seen in 2014.

Figure 16 – New Patients for Respiratory Outpatient Service

Continence Service
The Continence Service has also expanded with enhanced post-operative involvement in gynaecological procedures as well as treatment for prostatectomies. There has
been an increase of 18% on referrals from 2013 to 2014 due to this expansion without added staffing into the service.

Figure 17

Continence Referrals

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>166</td>
</tr>
<tr>
<td>2013</td>
<td>230</td>
</tr>
<tr>
<td>2014</td>
<td>271</td>
</tr>
</tbody>
</table>

**Summary of Inpatient and Outpatient Activity**

Musculoskeletal area has implemented a very thorough capacity modelling tool to assist waiting list management while allowing staffing resources to be transferred to services more in demand. This adaptability of service provision highlights what can be achieved with service restructuring to cater for better service delivery, while aligning our support to organisational strategy. If more resources were made available to our department, further highly impacting contributions could occur.

**Development and Innovation**

1. **Advanced Roles in Support of Consultant Clinics / Initiatives**

Physiotherapists are now direct stakeholders in many of the hospitals initiatives including, for example, many of the National Clinical Programmes such as COTE, Orthopaedic/Rheumatology, Emergency Medicine, Acute Medicine, COPD, Critical Care and Stroke Programmes. We continue to push the boundaries of advanced physiotherapy roles, to further support management of waiting lists and new initiatives.

Orthopaedic and Rheumatology Clinics: The continued role of an Advance Practice Physiotherapist in both Orthopaedic and Rheumatology outpatient clinics with further reduction of Mr Mullett's Orthopaedic clinic waiting time from 18 months to 8 weeks with no other additional resources.

Patients deemed appropriate for MSK Rheumatology clinics are now seen within 4 weeks on receipt of referral.

The Clinical Specialist commenced a foot and ankle clinic in Mr Walsh’s clinic and recommenced presence in Mr Dennis Collins’s clinic.

2. **Spasticity Clinic**

Roisin Vance now has an advanced role in this clinic, assisting with the overall management of these patients including Botox injections which required competency training in the UK.

3. **Day Hospital in St Joseph’s Campus**

Ciara O’Reilly was the operational lead for the transfer of the service to the new custom built facility in St. Joseph’s, with an expanded MDT service model, in order to deliver a 2 day geriatrician-led MDT service.

4. **Frail-Elderly Pathway**

In February 2014, a further development on the acute floor was that the geriatricians commenced the Frail Elderly Pathway (FEP) from ED. On a daily basis, the geriatricians are linking with the post-call team and taking over the care of a specified number of frail elderly patients five mornings a week. This contributed to a 49.5% increase in new patient referrals to the rehab service in comparison with the same time period in 2013.

5. **Neurosurgery Base of Skull Clinic**

Senior attendance has been by Kareena Malone at the fortnightly Base of Skull Clinic providing a facial and vestibular service to disciplines of Neurosurgery, ENT and Plastics.

6. **Oncology Day Ward**

In March 2014, the SLRON wte senior post was commenced, which allowed a redesign of the service to best fit patient needs. A gap
at the Oncology Day Ward was identified and a presence further assists the holistic care of these patients.

7. Departmental Restructuring for Better Services Achieved with No Additional Resources

Prior to Beaumont Hospital deployment of the FEP, the Physiotherapy Department had identified the rehabilitation needs of elderly patients within medical consultant caseloads, which were not receiving the standards of rehabilitation received by neuro-rehab patients. An outstanding senior post vacancy was advertised externally to lead the Acute Rehabilitation Service to address this problem with two staff grades transferred to support this.

In creating the Acute Rehabilitation Service, a Specialist Respiratory Service was also created. This service has now more capacity to address the needs of chronic respiratory patients, incorporating further self management education which will impact on the necessity for ED attendances. This service also provides an outpatient service which allows COPD patients to be assessed without hospital admission, and can give further information to decision makers around the need of admission also.

As mentioned, the SLRON 1 WTE senior post was commenced in 2014 and this allowed the physiotherapy service at Beaumont Hospital as a supra-regional cancer centre to be optimal for oncology and palliative patients.

**Departmental Achievements**

Four seniors successfully secured HRB summer student grants to support research projects and service developments demonstrating successful collaboration with our academic partners, RCSI.

All services are involved in providing educational support to physiotherapy undergraduate and graduate programmes throughout the country, by providing placements but also lecturing at various colleges.

**Continuous Professional Development**

**Higher Education:**

- Deirdre Murray completed a research PhD (RCSI) entitled 'An evaluation of impairment, mobility and quality of life in Polio survivors, change in muscle strength over time and the effects of an arm ergometry aerobic exercise programme',
- Kareena Malone continues a part-time research masters entitled 'Balance and gait deficits in patients with posterior fossa tumours',
- Niall Halliday is completing his final year thesis as part of MSc; 'In Pain Science and Practice through Queens University Belfast: A systematic review of MDT rehabilitation for Fibromyalgia: Dose vs Content',
- Michelle Clarke and Eanna O' Malley are in the first year of two year part-time MSc in Neuromusculoskeletal physiotherapy in University College Dublin,
- Eilis Wycherley completed a postgraduate course in Continence for Physiotherapists in Bradford University in September 2013.

**Education**

- Eilis Wycherley lectured at the postgraduate urology nursing course and at a post-graduate colorectal nursing course Beaumont Hospital, Royal College of Surgeons.
- Kareena Malone organised a neuro-oncology course in May in Beaumont Hospital in conjunction with the CPNG that facilitated delivery of the course by an international speaker in neuro-oncology and was attended by 22 participants.
- Caroline Treanor attended:
  - A pre conference study day on Cervical Myelopathy at the Eurospine conference in Lyon 2014,
  - The Back Pain research society annual scientific
meeting in October 2014 in Dublin,
- Eurospine Annual Scientific meeting in Lyon 2014.
- Claire Egan presented a module on ‘Airway Clearance’ to MSc (respiratory) programme in Trinity College Dublin.
- Catriona Carroll completed the National Tracheostomy Safety Project Second Responders course in Manchester September 2014.
- Fiona Kinsella, Sine Vasquez and Grainne Gallagher completed the 3 week NDTA/Bobath Course in conjunction with occupational therapy and are completing a cross-departmental rollout of this programme across the two departments.
- Roisin Vance involved in national dissemination of European guidelines in Parkinson's Disease.
- Anne McAlluliffe presented on Spasticity Management at the AOTI Neurology Advisory Group Study Day.

Presentations

- Sarah Pyper presented Physiotherapy Led Orthopaedic Post-Operative Clinic Reviews - A Safe and Effective Model at HSCP conference and the HMI leaders Award Conference.
- Sarah Pyper presented a poster presentation: A pilot randomised clinical trial of a supervised exercise class versus routine physiotherapy for subacromial impingement syndrome at HSCP conference.
- Julie Sugrue presented at Migraine Association of Ireland patient information seminars multiple sessions throughout 2014.
- Julie Sugrue presented at European Conference on Tension Headache, Amsterdam, March 2014.
- Julie Sugrue presented at British Association for the Study for Headache, Belfast, on ‘Evidence based management of headache’ in May 2014.
- Kareena Malone presented at the 2014 ICSP conference in a facilitated poster pitch on the topic: 'Rehabilitation practices in the treatment of patients with tumours of the posterior fossa- a systematic review'.
- Caroline Treanor presented the 2014 CPMT spring lecture entitled ‘the physiotherapy management of disc pathology’.
- Caroline Treanor had a poster presentation at the Eurospine Conference 2014 in Lyon.
- Claire Egan and Catriona Carroll ‘The role of physiotherapy in Neuromuscular Weakness’ oral & workshop at the annual CPRC Advanced Respiratory course in the Beacon Hospital May 2014.
- ‘Multidisciplinary Tracheostomy Care’ was presented by Lydia Cullen and (oral & workshops) and Catriona Carroll (workshops) at the Ear Nose and Throat Study Day Beaumont Hospital November 2014.
- Peter Ward presented at the ‘Driving Healthcare through HSCP Research’ conference in February along with Carole Murphy (OT). They were presenting the results of research carried out over the year in the BRAT service.
• Ciara O’Reilly presented her research at the Irish Gerontology Society conference.
• Deirdre Murray presented poster entitled: ‘An evaluation of impairment, mobility and quality of life in Polio survivors, change in muscle strength over time and the effects of an arm ergometry aerobic exercise programme’ at the European Polio Conference in June 2014 and the ISCP Conference in November 2014.
• Rachel Tattersall presented at the Motor Neurone Disease (MND) Conference, Brussels, December. ‘The prescription of Mechanical Insufflation Exsufflation and Lung Volume Recruitment in an Irish Multidisciplinary Team Motor Neurone Disease (MND)/ Amyotrophic Lateral Sclerosis (ALS) Clinic’.

Research
• Julie Sugrue’s research outputs included: Poster presentation on 'Dizziness in Migraine and its association with disability' at European Headache and Migraine Trust International Conference in Copenhagen, May 2014 and A Tension Type Headache patient information booklet as part of a National Headache Strategy group with GPs and pharmacists Oct 2014.
• Ongoing study (ethics granted): Axillary Web Syndrome post Axillary Clearance (Vasquez, S; Power, C).
• Kareena Malone completed a systematic review entitled: ‘Rehabilitation practices in the treatment of patients with tumours of the posterior fossa - a systematic review’.
• Fiona Kinsella participated in a pilot study, in conjunction with the DATHS Stroke group auditing physiotherapy stroke services across five acute Dublin hospitals.
• Ongoing use of the Chelsea Assessment tool in Critical Care which has extended onto the Neurosurgical wards – it is hoped to extend this further onto the Medical and Surgical wards in 2015.
• An 8 week service review of the number of patients flagged as appropriate for Day Hospital review from the BRAT service was completed in June-July 2014. It is hoped these figures can be used to make a case to develop a pathway for direct referral from the service into the new Day Hospital.
• Rachel Tattersall started a research masters in RCSI with current research including: Mechanical Insufflation Exsufflation (M-IE) and Lung Volume Recruitment (LVR) in the Amyotrophic Lateral Sclerosis (ALS)/Motor Neurone Disease (MND) population. An exploration of the prescription process; Development of an adherence device to monitor patient use of Mechanical Insufflation Exsufflation (M-IE) and Lung Volume Recruitment (LVR) in the Amyotrophic Lateral Sclerosis (ALS)/Motor Neurone Disease (MND) population; and The Variation between Amyotrophic Lateral Sclerosis Functional Rating Scale Revised and Kings Staging in Amyotrophic Lateral Sclerosis (ALS)/Motor Neurone Disease (MND) Investigated.

Publications
• Vasquez S et al, (2014) Chemotherapy induced peripheral neuropathy – The modified Total Neuropathy Scale in clinical practice. IJMS 183 (1)Poster presentation accepted for HSCP Conference Feb ’14
• EJ O’Sullivan, DJ Williams, J Shanahan-O’Connell, K Kirrane, D Armitage, W Leahy, E O’Flaherty, NF Horgan, Access to Inpatient Stroke Services and Multidisciplinary Team (MDT) Rehabilitation: Current Demands and

- Roisin Vance involved in development of ISCP document on injection therapy competency and ISCP scope of practice document, as part of development of Advanced Practice in Neurology role.
- Roisin Vance and Deirdre Murray published *A National Guideline for MND* in conjunction with Geraldine O’Callaghan, Senior Physiotherapist in Adult Disability Services, Longford.

**Involvement in National and International Groups**

- Kareena Malone concluded her two year tenure as Chairperson of the CPNG and was on the ISCP review board for neuroscience applications of consideration for the SMISCP title
- Caroline Treanor is a member of Eurospine and a scientific reviewer for the European Spine Journal, the UK Extended Scope Practitioner Occupational Interest Group and Back Pain Research Society
- Jenny Ashton is the physiotherapy representative on the National Rheumatology clinical care programme involved with the development of advance practice physiotherapy nationally and upper limb care pathways
- Clare Gilsenan, Vanessa Cuddy and Michelle Clarke continue to collaborate with University of Limerick, contributing to web site [www.shouldercommunity.ie](http://www.shouldercommunity.ie) - a site for physiotherapists and patients for evidence based management of shoulder pathology
- Sarah Pyper and Vanessa Cuddy tutored on the MSc. in Neuromusculoskeletal Physiotherapy in University College Dublin May 2014
- Julie Sugrue is the chairperson for a European Physiotherapy Headache Group to encourage collaboration, training and research and wrote the therapy piece for the National Programme of Neurology Headache Pathway Aug 2014
- Vanessa Cuddy is now a member and the named contact person in Ireland for the Ankle and Foot Physiotherapists Association (AFAP) (UK)
- Gillian Heavey is a member of the communications standing committee of the ISCP
- Membership of ISCP and CPRC – Claire Egan resigned as Chair of the CPRC subgroup in May 2014; Catriona Carroll commenced role as Chair from May 2014 (had been Hon Secretary up to May 2014).
- Sine Vasquez is a member of National Exercise Referral Framework Committee, an expert panel advisor to the Irish Cancer Society and is Chair of Chartered Physiotherapists in Oncology and Palliative Care clinical interest group (CPOPC)

**Awards**

- Grant received from the Ross Nugent Foundation for €900 to provide physiotherapy equipment for in-clinic neuro assessment in the Day Oncology Unit
- Rachel Tattersall received €16,000 for research in Motor Neurone Disease from Research Motor Neurone
- The neuro-physiotherapy service was successful in their application to Beaumont Hospital Foundation for a €15,000 grant towards a de-weighting treadmill
- Fiona Kinsella nominated a previous patient Joseph O'Dowd for an Adult Bravery Award in the Annual Irish Heart Foundation Stroke Awards. He received his award in the Gibson Hotel in December 2014
Department of Psychology
Department Head, Dr Niall Pender

Introduction
The department continues to offer specialised psychological treatments for patients of Beaumont Hospital. There has been a significant demand in services from many hospital directorates but in 2014 we were able to fill some important key vacancies. We would like to welcome Dr Sarah Clarke as senior clinical neuropsychologist in neuroscience and Ms Victoria Lunt as senior clinical psychologist in the St Luke’s Radiation Oncology Unit. Nevertheless, resource issues and infrastructure continue to dominate service delivery problems, especially the demands of suitable treatment space. However, the team continue to produce excellent work with limited resources and have continued their pattern of developing novel and patient focused treatment/assessment methods.

We have continued to develop new initiatives to ensure that all our patients receive a high standard of care and treatment from the department. At a broader departmental level, we have been able to consolidate our services in most clinical areas but we are still lacking provision in key areas of hospital activity. There continues to be a great recognition of the beneficial role of psychology in Beaumont Hospital and support for the development of psychological services to different patient groups. In so far as it is possible, we continue to try to support services in need of psychology where no funding exists such as older adult services and paediatric neurosurgery.

1. Service developments and Innovation

1.1 Liaison Psychiatry
Dr Jennifer Wilson O’Raghallaigh and Dr Diane Gillan, Senior Clinical Psychologists in Liaison Psychiatry continues their innovative changes to the department and introduced novel treatment interventions. The psychology service to liaison psychiatry strives to provide an efficient, effective and timely service to patients of Beaumont Hospital who experience distress during the course of their health journey. The service includes assessment and treatment of patients referred through the liaison psychiatry service as well as the development of hospital-wide initiatives to improve patient care and optimise self-management of illness behaviours and treatment. New initiatives in 2014 included:

- A Balint group for Reflective Practice Facilitation RCSI/Beaumont Hospital
- Mindfulness Based Stress Reduction for Patients at Beaumont Hospital
- Resilience Plus: Staff Resilience Training
- Chronic Disease Self Management Community Outreach.

Donation received by Physiotherapy Department at Christmas 2014 from a neurosurgical patient, Mr Michael Kenny, following a lengthy period of rehabilitation and inpatient stay on Adams McConnell Ward. Amount received totalled €7,500 which is the largest single donation to the department to date.
• Early Intervention in Pain:
  ▪ 3 half day patient workshops with multidisciplinary team involvement
  ▪ Beaumont Hospital Foundation Grant Recipient
• Support Contact Person Training
• Trust in Care HSE Investigation Participation
• Development and Launch of the Early Intervention in Chronic Pain Management Workshop in partnership with the Department of Pain Medicine, Physiotherapy, and Occupational Therapy.
• Continued Development of the Mindfulness and Relaxation Centre at Beaumont Hospital with the addition of Mindful Movement audio track. Continued development of the Chronic Disease Self Management Programme (CDSMP) with the new title of Better Health, Better Living.
• Provision of supervision and support of registrars, psychologists and SHOs through the development of a Balint Group, co-facilitated by a senior clinical psychologist and a consultant psychiatrist, which runs bi-weekly throughout the year.

Presentations:
Epilepsy Academic Presentation on CDSMP Dublin City University Presentation on CDSMP
• Adherence in Medication: GP Forum
• Gastroenterology Dublin Hospital meeting presentation (GUT club) Irish Skin Foundation on CDSMP
• Neuro-oncology Study Day on Mindfulness
• Conference on Psychological Support BH
• National Director of Health and Wellbeing CDSMP
• ISCC Youth Event on Stress and Wellbeing Diabetes Academic Meeting BH on CDSMP HMI Awards finalist presentation on CDSMP
• RCSI Self Management Conference Adherence in Medication: GP forum
• Coping with COPD in BH Transition Year Programme on Psychology
• Patient Engagement Steering Group on CDSMP Living Optimally with IBD half day workshop
• BH Grand Rounds on CDSMP St. Joseph’s Hospital on CDSMP

Lectures:
RCSI Medical students: Mindfulness
Psychotherapy Reflective Practice
RCSI GEP:
Psychotherapy
Temple Street Hospital: Mindfulness
(4 half day workshops)

1.2 Neurosciences

Continued support to Epilepsy Programme were provided, including:
• Individual support to patients with Epilepsy, Non-Epileptic Attack Disorder, and the Epilepsy Surgical Programme.
• Following the successful trial of the Chronic Disease Self Management Programme for patients with epilepsy, there has been a follow-up with other groups of neurology patients: Migraine, Multiple Sclerosis and Parkinson’s Disease.
• Providing Transition Psychology Services to children transferring to Adult Service within Epilepsy.
• Organisation and support of the pre-surgical WADA tests.

Support to Awake Craniotomy Service:

Mr Mark Mulrooney continues to support patients undergoing Awake Craniotomy procedures, including initial meeting and assessment of patients prior to surgery and on two occasions following surgery. Research Collaboration with Neurosurgical, Speech and Language Therapy and Anaesthesiology for the Awake Craniotomy procedure.

1.3 Oncology Support
We were delighted to welcome Ms Lunt who has developed the psychology services to oncology patients attending the St Luke's Unit. Ms Lunt is developing the use of mindfulness and chronic disease self-management groups with these patients.

1.4 Renal Psychology Service

Currently, Dr Gillian is developing and streamlining the psychology input to the Living Donor Programme. Potential living donors are seen for comprehensive psychological assessment / support session(s) as part of their work-up. Live donors are also seen post-donation for support where needed. This is delivered in a novel stepped-care approach in collaboration with colleagues in liaison psychiatry, renal counselling and social work.

2. Teaching and Training

Staff of the Department of Psychology regularly contribute to postgraduate training courses in clinical psychology and neuropsychology both in Ireland and the UK. We accept trainee clinical psychologists on specialist training placements from all Irish training courses. We ran a successful conference in May 2014 on the psychological interventions with chronically ill patients.

Congratulations to the following members of the Department who completed qualifications in 2014: Dr Andrew Magee, PhD; Ms Ruth Buckmaster, MSc.

Current Postgraduates: Mr Tom Burke, PhD in TCD; Ms Marta Pinto Grau PhD in TVD.

3. Research

Research continues to be a priority within the department and during this year we focused on developing our research strategy and acquiring funded to proceed with our clinical research. The department has two strands of research 1) clinical neuroscience and 2) clinical health. Our focus is towards translating research developments into applied intervention and processes that can benefit our patients.

We have continued our collaborations with colleagues in national universities as well as very successful collaborations with other colleges and institutions. There have been a number of new developments in 2014 which will enable the department to expand its collaborations and research initiatives.

Beaumont Hospital has agreed to be a host institution for the ENROLL-HD project run in conjunction with EHDN and will enable us to provide better services to patients with Huntington's Disease and be lead site nationally for research in HD.

Publications and Presentations

- Dr Jennifer Wilson O'Raghallaigh, Senior Clinical Psychologist in Liaison Psychiatry has an honorary lectureship in the Department of Psychiatry, RCSI.
- Dr Niall Pender is an Honorary Senior Clinical Lecturer at the Department of Psychology RCSI. He is also Visiting Research Fellow in the Academic Unit of Neurology, School of Medicine, Trinity College Dublin.
- J Gallagher, CC Lewis, A Ruane, F Doyle, S Sears, B Toole, T Morgan, N Pender, RG Sheahan, B Mcadam (2014). Device acceptance in recipients of an implantable cardiac
defibrillator: the role of patient beliefs. European Journal of Cardiovascular Nursing, 13, s77


- Jonathan Gallagher, Clare Lewis, Ailbhe Ruane, Buckmaster Ruth, Tarik Salim, Frank Doyle, Sam Sears, Barbara Toole, Niall Pender, Richard Sheahan, Brendan McAdam (2014). The Impact of Insomnia on Device Acceptance and Quality of Life in Cardiac Patients Living with an Implantable Cardioverter Defibrillator (ICD). Journal of Cardiac Failure, 20.8, S61


**Presentations**


- Sarah Clarke (2014) Epilepsy Ireland in Drogheda: Psychological and Emotional Well-being in Epilepsy

- Sarah Clarke (2014). Chronic Illness: Counting the Cost: Presentation in Our Lady of Lourdes Hospital

- Niall Pender (2014). Effort is not just malingering: Measuring effort in routine clinical practice. PSI Annual Conference. Kilkenny, November

- Niall Pender (2014). Neuropsychology of Head Injury. IICN Head Injury Conference, November


- Niall Pender (2014). Neurocognitive sequelae of sports concussions. Royal College of Surgeons Training Day on Sports Concussion. Faculty of Sport’s Medicine, RCSI. February.

- Niall Pender (2014). A day in the life of a neuropsychologist. Early
Graduate Group, Psychological Society of Ireland. January.


- Tom Burke, Marwa Elamin, Orla Hardiman & Niall Pender (2014). The most cogent factor contributing to caregiver burden in Motor Neuron Disease. PSI Annual Conference, Kilkenny, November.


Grants/Funding Awarded

- ENROLL-HD: A prospective, multinational, multi-centre study of HD affected at all stages and their families including pre-manifest gene carriers, confirmed non-HD mutation carriers and at risk individuals, and a volunteer control group. Local Principal Investigator and Irish site lead for this multi-centre study in collaboration with European HD Network sponsored by the CHDI foundation. Local ethics approved. Contract and funding stages complete study commences 2015.

- Prof. Alice Stanton, Dr Eamon Dolan, Prof. Niamh Moran, N. Prof. David Williams, Dr Niall Pender, Dr Alan Fahey, Ms Kathleen Shortall, Ms Thora El-Sayed, RCSI & Beaumont Hospital, Dublin (2014). A study of the absorption, distribution and cardiovascular benefits for hams of eating chicken-meat and eggs enriched with Omega-3 PUFAS over a 6 month period. (Funded by Devenish Nutrition Co-Applicant).

- Jonathan Gallagher, Clare Lewis, Ailbhe Ruane, Frank Doyle, Samuel Sears, Ruth Buckmaster, Barbara Toole, Thelma Morgan, Niall Pender, Richard Sheahan, Brendan McAdam. (2014). ‘Predictors of Device Acceptance and Quality of Life in Patients Living with an Implantable Cardioverter Defibrillator (ICD) or Cardiac Resynchronization Therapy (CRT) Device’. €7,600 from Medtronic

- Niall Pender (2014). Huntington’s disease Clinic and Research Programme. €5000 from the Huntington’s Disease Association of Ireland.


- Prof Naomi Elliott et al. (2013). The collaborative development of an evidence-based educational resource for self-disclosure strategies for people with epilepsy (How-To-Tell),(MRCGP Brainwave) (Co-Applicant).
Social Work Department

Head of Department: Annette Winston – Principal Social Worker

Introduction

The Social Work Department is committed to providing a high quality service to the patients and families that access our services while attending Beaumont Hospital. The team works across directorates in a range of areas/specialties, for example in ED, Oncology, Haematology & Palliative Care, Infectious Diseases, Cystic Fibrosis, Neurosciences, Psychiatry, Care of the Elderly, Surgery, General Medicine and Rehabilitation. In addition, we run a comprehensive range of bereavement support services for individuals, families and groups and we have responsibility for managing the hospital’s Organ Retention Service.

Staffing

From a staffing perspective, two valued members of staff left the department, Rosemary Brady, Senior MSW in Care of the Elderly Service retired, and Jeanne Forde, Senior MSW in Liaison Psychiatry, moved to a post in JIGSAW, young adult mental health services. We thank them both for their dedication and contribution to the department and wish them well in their new endeavours. The department also had the maternity leave of two key members of staff. This was only given a half time main grade social work backfill. Despite all the challenges and staffing changes presented in 2014, the team has demonstrated a great willingness and commitment to support all the developments and changes of the year, and to maintain and develop a high quality social work service.

Activity Levels

In 2014, the activity trends continued to reflect the demographic of our catchment area. As per recent years, there has been an increased focus on reducing the length-of-stay in the hospital resulting in an increase number of admissions, referrals and therefore demands for social work services. We are continually reviewing, reorganising, and reprioritising our work in order to meet these increasing demands.

Social Work activity according to specialty: The Social Work Department received 5224 referrals, which was an increase of 363 referrals, which was a 7.5% increase on the previous year.

Service Development and Innovations

1. CORU

Registration of Professionally Qualified Social Workers with CORU and the Introduction of ‘Fitness to Practise’ Regime. CORU is Ireland’s first multi-profession health regulator. Social Workers were the first professional group to go through the registration process in 2013. In preparation for the introduction of this process, the Social Work Department has introduced systems to ensure that all social workers are up to date with their responsibilities and to support best practice indicated by these regulations. CORU stipulates that Continued Professional Development (CPD) is part of a practitioner’s professionalism and also a part of their Code of Professional Conduct.
and Ethics. CORU are currently developing a CPD model for registration. In advance of this, the social work department has developed and implemented its own CPD manual to ensure compliance with CORU standards.

In addition, it is a requirement of CORU (and IASW and HSE) for social workers to have access to regular, consistent and effective supervision by qualified social workers.

Supervision is a workforce development strategy that can contribute to higher quality service outcomes for patients/service users, improve practitioner skills and inform and consolidate training and development.

(HSE/Public Health Sector Guidance Document on Supervision for Health and Social Care Professionals; Improving Performance and Supporting Employees 2015, p4).

2. In order to maintain and develop the skills required to provide effective supervision the Social Work Department undertook **three key tasks** in 2014:

Supervision Training: Three members of the senior social work team attended a supervision training course specifically designed for Medical Social Workers. This course was held over six days and was organised in conjunction with Senior Social Workers from five other acute hospitals. The learning was shared with the department and has assisted with our review of supervision practice.

Planning for further training for the senior social work team: Planning was implemented for the training of the Senior MSW as a group in relation to the delivery of supervision for Main Grades and also senior peer colleagues.

Peer Supervision Model for Senior Grade MSWs: A model of internal supervision provision for Senior MSW was piloted. This model is a progression on the peer group supervision previously described in the annual report of 2012. This model is to be reviewed in 2015 to ensure it complies with CORU standards.

3. **Service Teams**

Since 2013, the Social Work Department has adopted a Service Team Structure, which mirrors the structure of the hospital directorates. The service team provides CPD, operational and clinical governance structures to ensure a cohesive social work service for patients. The services are shared with and devolved to those who are closer to the service needs. The advantages of the service team structure includes: greater clarity of responsibility, accountability and transparency, also providing an educational, developmental and supportive peer function. There are currently 4 service teams:

- **General Medical Service Team**: The General Medical Service Team is made up of Senior and Main Grade Social Workers who cover a range of areas including E.D, Psychiatry, Surgery, Respiratory and General Medical.
- **Oncology and Palliative Care Service**: Comprises of a Senior and Main Grade Social Worker in Oncology, Senior Social Worker in Palliative Care and a Main Grade social worker covering Haematology on a half time basis.
- **Neuro Service Team**: Is made up of Senior and Main Grade Social Worker in Neurosurgery, a main grade social worker in Neurology and Senior Social Worker covering ENT.
- **Care of the Elderly Service Team**: Includes two Main Grade Social Workers covering the Care of the Elderly Team (inpatients), Senior Social Worker covering the Day Hospital, Senior Social Worker at St Joseph’s Rehabilitation Unit and Senior Social Worker from the Delayed Discharge Team.

4. **Integrated Delayed Discharge Team**

The LTC project group was established in 2012 with the aim of streamlining the LTC process and was developed into the Integrated Delayed Discharge Team in 2014. The project team consisting of representatives from Social Work, Patient Flow and the Care of the Elderly Project, supported by the Head of Clinical Services & Business Planning and the Beaumont
Hospital Improving Care & Safety (BICS) Programme expanded in 2014 to include an additional social worker.

Over the year of 2014, there were 273 patients listed for LTC in Beaumont Hospital and St Joseph’s Hospital. Further development of LTC Process Improvement continued throughout 2014 with a focus on education for key staff members involved in the LTC process and further development of an IT system to identify breaches in target internal and external timeframes assigned to each step of the process and the development of escalation pathways.

Key improvements for 2014 include:

- An increase in the number of patients listed for LTC and discharged to nursing homes
- A significant reduction in the transit time between listing for LTC and discharge
- Reduction in processing time at key steps of the LTC process

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total listed in said year</td>
<td>145</td>
<td>276</td>
</tr>
<tr>
<td>Ls date to Discharge</td>
<td>130 days</td>
<td>72 days</td>
</tr>
<tr>
<td>Ls to CSAR average days</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Ls to Application average days</td>
<td>16</td>
<td>12</td>
</tr>
</tbody>
</table>

5. Children First Guidelines

The Minister for Children and Youth Affairs launched the Children First National Guidance 2011 on the 15th of July 2011. The guidance promotes the protection of children from abuse and neglect. The guidance states what organisations need to do to keep children safe and what to do if there are concerns about a child’s safety and welfare. It sets out specific protocols for front line staff in dealing with suspected abuse and neglect. The guidance emphasises the importance of multidisciplinary, inter-agency working in the management of concerns about children’s safety and welfare.

In order to progress Beaumont Hospital’s requirements to meet the Children First Guidelines and to ensure compliance across Beaumont Hospital, the social work manager and a senior social work practitioner worked with the Department of Learning & Development, the Head of Clinical Services & Business Planning, Deputy CEO/Head of Organisational Development and the Director of Nursing. This Hospital SOP was completed in 2014 and a senior social worker delivered training and information sessions for all for hospital staff.

6. Renovation of Hospital Mortuary

Social Work was part of the steering committee involved in the renovation of the hospital’s mortuary funded by the Design and Dignity Grant Scheme supported by the IHF and the HSE, which has greatly improved the environment that deceased patients are cared for in and which supports bereaved families in a brighter and welcoming environment. The new family room is of particular benefit to our department when we meet with bereaved families to offer information and support in the period following a death.

7. Development of Hospital Guidelines

In 2014, social work were involved in the development of the hospital guidelines on ‘Procedures to be carried out following the death of an inpatient’

8. Facing forward, Life After Cancer

The programme for survivors of cancer was run again in 2014. It was organised and facilitated by the Social Workers in the Oncology and Palliative Care Service Team and their multidisciplinary team colleagues. The programme invited patients and their partner/friend to attend a Psycho-Education day where a keynote speaker focuses on the psychological and emotional aspects of living with a cancer diagnosis. This is followed by workshops and small group discussions.

9. Brain Tumour Support Day
This one day event is held annually for patients and their families with a focus on information and support. It was facilitated by the neuro-oncology nurse specialists and social workers from the Neuro Service Teams, with assistance from Neuropsychology.

10. The Better Health, Better living Programme

Two members of the social work team completed training and co-facilitated two chronic disease self-management courses for patients of Beaumont Hospital.

11. Publication of Book

‘Emotional Wellbeing: A guide for kidney patients and their families’ A number of inter-agency professionals, including the Renal Social Worker, published a book for patients and families. This is the sixth book in a series of six. Where the previous books have focussed on helping patients cope with the physical aspects of Chronic Kidney Disease, this new addition addresses the emotional aspects of living with a chronic illness and highlights a number of different strategies and self management skills, to enhance and improve the patient and their family’s quality of life.

12. Leaflet

‘Supporting children and young people who have experienced the death of someone close’ - the Social Work Department produced a new leaflet to assist families support children and young people who have experienced a death in Beaumont Hospital, which gives information of talking to children about death, breaking the news of death to children and addresses the question of visiting the mortuary, along with identifying support that is available.

13. Irish Bereavement Care Pyramid

www.childhoodbereavement.ie/pyramid - a social work representative was involved in the publication.

14. Social Work Bereavement Service

The Social Work Department at Beaumont Hospital continues to offer a range of bereavement services entitled ‘Coping After a Death’. The yearly programme consists of:

- The Children’s Remembrance Service was held in February to remember children and young people who died in Beaumont Hospital or were treated here during their illness. Parents, siblings, extended family and friends attended. This service centres around honouring the memory of the young person who has died and is a support to the families who attend. This year’s service focussed on continuing bonds and love that lasts an eternity.

- The Bereavement Support Programme is a yearly programme which takes place in April/May. It consists of evening talk on different aspects of grief. There is also an opportunity to meet others who have been bereaved and participate in groupwork. The families of those who die in the hospital receive an invitation to the programme in the year following their bereavement.

- The Annual Public Lecture took place in May which was open to the public. Christy Kenneally provided a reflection on loss and memory that was attended by over 250 people. He will hopefully be available to return to the hospital in 2015, staff are welcome to attend.

- There is an annual Parents Support Day for bereaved parents and families. This was held on the 4th of October 2014 in All Hallows, Drumcondra. This is a special day where those grieving for a child can talk and support each other in a safe and caring environment. The day began with a talk from a bereaved parent who had lost her son to suicide and she spoke openly about life after loss. The day continued with group workshops and an ‘Initials Project’ completed by the parents in memory of their children. The ‘Initials Project’ was displayed on the main corridor in the weeks following it.

- The Bereavement Plan for 2015 continues with the same commitment from the Social Work Team. We are hoping to make some changes to our Bereavement Programme in 2015 which will be more targeted and grief specific.
Education & Training at a Hospital and National Level

In-service training – The Senior Social Work Practitioners plan and organise monthly journal clubs for the social work team. This in-service training focuses on staff needs and relevant issues to the Social Work team, and assist with ongoing continued professional development. The journal clubs also serve to develop inter-agency links with agencies outside of Beaumont Hospital. Journal clubs in 2014 included:

- Review of Elder Abuse Guidelines
- E-learning on Bereavement Care by Breffini McGuinness. Twelve social workers completed the E-learning Certificate Bereavement Support Training Levels 1&2
- Working with patients with aphasia (facilitated by Rozanne Barrow, SLT manager)
- Working with patients facing death (feedback from Irish Hospice Foundation workshop)
- Organ Retention Presentation by Dr Adam McAuley ‘Social Care Intervention and Consent’

One senior social worker completed Beaumont Hospital Leadership Development programme.

- External training - social work staff also attended a range of training courses to develop their own skills and practice, for example in Bereavement Care, Dementia Care, Chronic Disease Self Management, SOAR, Elder Abuse, Domestic Violence, Suicide Prevention and working with people who have experienced sexual violence.
- A senior social worker is in his final year of a Masters Degree in Applied Social Research in TCD.
- A social work representative was trained in the new IHF ‘Delivering Bad News’ Training/Education pack.
- Five social workers attended NCPOP (National Council for the Protection of Older People) Annual Conference.
- Principal MSW and Senior MSW attended a Conference for HSCPs by the National Clinical Programme for Acute Medical.

Training Programmes

- RCSI medical students and the role of the medical social worker in the acute setting.
- The General Medical Service Team provided education for NCHDs on the role of the Medical Social Worker.
- 3 members of the team are involved in training for the postgraduate course for oncology nurses.
- FETAC Certificate in Palliative Care of HCAs and Carers.
- Social work staff are involved in the facilitation of the Final Journeys Programme in the hospital which raises staff awareness of the issues in End of Life Care.
- ED: Training to ED ANP students on recognising and responding to elder abuse in the ED setting.
- Childrens First Guidelines: The Social Work Department is involved in ongoing training and education on the Hospital SOP.

National Forums

- Input to the postgraduate Masters in Bereavement Studies, Irish Hospice Foundation
- Visiting lecturers at the School of Social Work in TCD
- Tutoring role of Social Work students in TCD and in the selection process for Masters Social Work students in UCD
- Ongoing provision of placements for under graduate social work students from TCD, UCD & UCC
- Lecturer and faculty member of the Family Therapy Training programme in Mater Child & Adolescent Mental Health Services

Hospital Groups and National Level Representation

- Clinical Care Programmes: A number of the social work staff are key members of the clinical care programmes helping to design the models of care for our patients.
• Critical Care Clinical Care Programme – input into defining the social work role and advocating for minimum staffing requirements in ICU settings.
• Care of the Elderly programme: representation on the steering committee representation on two work streams, Rehabilitation and Day Hospital.
• Beaumont Hospital are represented by a Senior MSW on the newly formed ICBN (Irish Childhood Bereavement Network funded by Tusla and the Irish Hospice Foundation. The network is a hub for those working with bereaved children and young people and their families in Ireland. Our involvement is focussed on the impact of death and bereavement on children whose family member dies in the acute hospital setting.
• Local placement forum (LPF) – Senior and Main Grade Social Workers from the Care of the Elderly Service Team provide representation at LPFs in North Dublin and Dublin North Central where decisions are made as to whether or not an individual will need long term residential care.
• HSE local regional implementation group – Senior Social Work representation.
• HSE Dublin North Home Care package meeting where decisions are made regarding home care package applications and approvals.
• Beaumont Hospital Social Work Department is represented on the Irish Hospice Foundations Acute Hospitals Network which supports End of Life Care in the acute sector. The department is also represented on the hospital’s End of Life Steering Committee whose objective is to implement the Quality Standards on End of Life Care.
• The Senior Social Worker in ED is on the management committee of Aoibhneas (Women’s Refuge in our local catchment area).
• Convener for the ED Social Workers (EDSW) Special Interest Group. The group meets to exchange information on new developments in respective services and develop best practice protocols for EDSW and also to profile and represent EDSW to other professional networks.
• ED Senior MSW represents Beaumont Hospital in the development of the National Protocol on the discharge of Homeless Patients from all hospital settings.
• Social workers from the Care of the Elderly Service Team attend SIGA (Special Interest Group on Aging) on a rotational basis.
• Social workers from the Oncology and Palliative Care Service Team attend the Oncology Social Work special interest group and the Palliative Care special interest group.

Medical Physics and Clinical Engineering Department

Head of Department: Mr. Pat Cooney, Chief Physicist

Introduction

The Medical Physics and Clinical Engineering (MPCE) Department continued to provide scientific and technical support to clinical staff throughout 2014 in the effective use and management of medical equipment technology. This included provision of advice and support in medical equipment specification, radiation physics and protection, diagnostic image quality assessment, quality assurance, health informatics, service contract management, medical equipment and systems management, education and training. The department provides services across the directorates and contributes to a number of task groups and committees within the hospital including the Medical Device Vigilance Committee, the Radiation Safety Committee, the Non-Pay Expenditure Management Committee, the Hygiene Committee and the Decontamination Coordination Group.

Service Developments and Innovations

The MPCE Department experienced a hugely significant boost in 2014 to their ability to deliver services to the hospital with its move from the Old Adapt Centre prefabs, situated behind the RCSI Building, to the main
hospital. The department is now located on the lower ground floor across from the boardroom. This was a very welcome move for departmental staff.

Further significant service developments for the medical equipment replacement programme were witnessed in 2014, with an additional allocation of €3m added to the €7m allocation from 2013. This enabled the hospital to replace key items of medical equipment in our theatres, radiology, ICU, eye clinic and general ward areas.

These projects brought a significant workload for the department. In addition, the department was instrumental in the successful completion and clinical implementation of new development projects within areas such as Cardiology, ICUs and Nuclear Medicine. The tables below give details of the replacement and new medical equipment projects managed by MPCE Department, in 2014.
<table>
<thead>
<tr>
<th></th>
<th>2014 - MAJOR MEDICAL EQUIPMENT REPLACEMENT PROJECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Neuro Navigation systems</td>
</tr>
<tr>
<td>2</td>
<td>Neuro surgical microscope replacement</td>
</tr>
<tr>
<td>3</td>
<td>ND YAG LASER equipment replacement – Eye Clinic</td>
</tr>
<tr>
<td>4</td>
<td>Theatre induction - anaesthetic workstation replacement</td>
</tr>
<tr>
<td>5</td>
<td>Renal Dialysis equipment replacement – 40 dialysis machines replaced as part of a National Replacement Programme</td>
</tr>
<tr>
<td>6</td>
<td>3T MRI System</td>
</tr>
<tr>
<td>7</td>
<td>Nuclear Medicine Gamma Cameras, including re-development of the radiopharmacy and nuclear medicine facilities</td>
</tr>
<tr>
<td>8</td>
<td>CT Scanner</td>
</tr>
<tr>
<td>9</td>
<td>Laparoscopic stack systems for theatre</td>
</tr>
<tr>
<td>10</td>
<td>Vascular ultrasound imaging</td>
</tr>
<tr>
<td>11</td>
<td>Routine ECG equipment</td>
</tr>
<tr>
<td>12</td>
<td>Endoscopic equipment replacement</td>
</tr>
<tr>
<td>13</td>
<td>Fluoroscopy x-ray imaging system including room refurbishment</td>
</tr>
<tr>
<td>14</td>
<td>Replacement of intracranial pressure monitors in ICU</td>
</tr>
</tbody>
</table>

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### 2014 – NEW MEDICAL EQUIPMENT PROJECTS

<table>
<thead>
<tr>
<th>No.</th>
<th>Project Description</th>
<th>Key Details</th>
<th>Status/Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Redevelopment of Cardiac Catheterisation Laboratory</td>
<td>Successful completion of the re-development of the interventional cardiac catheterisation laboratory, with the delivery, installation and commissioning of the second cardiology imaging system and the completion of the cardiology information system installation and commissioning.</td>
<td>Project included for replacement of the existing cardiology imaging system and re-development of the entire Cath Lab Area. Project completed Q3 2014</td>
</tr>
<tr>
<td>2</td>
<td>Clinical Information System – GICU and RICU</td>
<td>System configuration and go-live in Q1 2014</td>
<td>System configuration and integration refinement ongoing throughout 2014</td>
</tr>
</tbody>
</table>

### Medical Equipment Management

The department continues its work on the development of a Medical Equipment Management Policy for the hospital. This policy is being developed in line with relevant components of the standards published in Safer Better Healthcare, HIQA 2012. The department’s medical equipment asset inventory allows tracking of medical equipment performance, maintaining a full service history on each piece of equipment in use throughout the hospital. This system was further enhanced in 2014 and now includes over 95% of the medical equipment assets managed by the department.

The MPCE Department is now in the second year of managing a comprehensive service level agreement for the hospital’s infusion technology, covering critical care and all general ward areas. By year-end, we replaced the majority of the ageing infusion devices and are close to standardising the technology throughout the hospital, thereby reducing patient risk and creating a better opportunity to look at the eventual establishment of an infusion device lending library.

The department worked at both national and regional levels in medical equipment management, contributing to the development of a medical equipment replacement programme at regional and national level.

### Radiation Protection

Radiation protection advisory services are provided by the Diagnostic Imaging Physics section of the department, with contributions to the Statutory Radiation Safety Committee; the Statutory Quality Assurance Program; communication with exposed workers about personal dosimetry and systems of work; dealing with incidents and other aspects of compliance with SI 125(2000) and SI 148 (2002).

In conjunction with the Imaging and Interventional Radiology Directorate, the Technical Services Department (TSD) and the HSE, MPCE drafted a Radiology Department Development Plan, to carry out a spatial study of the overall radiology department in order to highlight shortcomings and improvements that can be made in both the long and short terms. This will allow for a strategic approach to specialist equipment expansion and development and for improvement in the overall radiology service from a work flow and patient experience perspective. This development plan will form the basis around which future expansion in radiology services
and specialist equipment replacement needs will be based, from 2015 onward.

**Clinical Care Programmes**

The department continued to support National Clinical Care Programmes, leading Health Informatics Projects for HSE National Epilepsy Programme. At a national level, Ms Mary Fitzsimons is a member of the Clinical Advisory Group for the National Epilepsy Programme and contributes to the design, development and implementation of the new model of epilepsy care across Ireland. She also provides executive leadership for the epilepsy programmes health informatics work and drives the ongoing development, implementation and governance of an Electronic Patient Record (EPR) to support integration of services for people with epilepsy throughout Ireland. Working closely with the HSE, Mary Fitzsimons has secured future funding for enhancing epilepsy EPR and its ongoing maintenance and support.

**Research Activity**

As principal investigator, Ms Mary Fitzsimons has collaborated with Medical Anthropologist from NUI Maynooth, Nursing Faculty at DCU, international epileptologists and health informaticians during 2014 to design and submit an application to the Research Collaborative in Quality and Patient Safety (RCQPS). The application successful and funding of €300,000 was awarded.

**Education and Training**

- The department continued and expanded contributions to the Radiology Fellowship course, with provision of a number of first year physics lectures and tutorials to the specialist registrars, for the Faculty of Radiology, RCSI.
- A Radiation Protection Course for non-radiological hospital doctors was run in conjunction with the Imaging and Interventional Radiology Directorate. The course has Medical Council approval and in addition, was approved by the Faculty of Radiology to award 3.5 CME credits for attendance.
- Contributions to curriculum development for RCSI Epilepsy Nurse MSc.
- Provision of lectures to the RCSI (Nurse MSc) on Chronic Disease Management; Data Protection; Evidence-Based Care; Informatics; Performance Monitoring.
- Planning and delivery of a day-long seminar on clinical documentation and patient safety for Advanced Nurse Practitioners at RCSI.
- Contributions to lectures on the Medical Imaging Module of the MSc in Health Informatics, TCD.
- Design and delivery of a seminar for Beaumont Hospital Organisational & Personal Skills Development Programme on Data Quality and Data Protection.
- The department facilitated a 3 month undergraduate student placement from the DCU INTRA (INtegrated TRAining) Programme. The student appointed in 2014, Ms Aine Matthews, successfully applied for and was awarded an Institute of Physics bursary. This enabled Aine to extend her placement and to complete a quality assurance (QA) project with medical imaging systems. The project was successfully supervised by Mr Thomas Heary and the diagnostic imaging physics group in the department. The work has led to a substantial improvement in the efficiency of the QA work carried out by this group.
- Ms Maria Dooley provided final year project supervision to the DCU undergraduate course, BSc Physics with Biomedical Sciences. Project title: ‘A Review and Analysis of the Acquisition Parameters and the Iterative Reconstruction Processes employed in Nuclear Medicine for the SPECT/CT Imaging of Neuroendocrine Tumours using Indium111 OctreoSca’.
• Provision of lectures to the RCSI Module on Haemodialysis.

**Representation in Hospital Groups and at National Level**

• Cristina Simoes Franklin, new appointment at Senior Physicist to the Cochlear Implant Programme, with dual reporting relationship to the Cochlear Implant Programme and the MPCE Department.
• Patricia O'Byrne, new appointment at Senior Physicist to the Neuro Physics Group within the MPCE Department.
• Meabh Smith, continued representation on the Health Products Regulatory Authority (HPRA), Advisory Committee on Medical Devices (Ministerial Appointment).
• Meabh Smith Chairs the HSE, National Endoscopy Technology Management Committee
• Meabh Smith, continued representation on the HSE, National Endoscopy Co-ordinating Group.
• Meabh Smith is Chairperson of the Biomedical Engineering Association of Ireland.
• Ms Meabh Smith, continued secondment to provide business continuity coordination around the Beaumont Hospital Information System (BHIS).
• Meabh Smith, embarked on a one year career break to complete a Masters Degree in Business Management in DCU.
• Gareth Enright, appointed as Senior Clinical Engineering Technician covering maternity leave.
• Paola Baldelli, appointed as a locum Senior Physicist covering career break leave.
• Mary Fitzsimons, continued representation on the HSE, National Epilepsy Management Team.
• Mary Fitzsimons, invited to membership of HSE ICT Strategy Steering Group.

• Thomas Heary, continued appointment as the registered Radiation Protection Advisor to Beaumont Hospital and St. Joseph's Hospitals.
• Thomas Heary, new representation on the Research Ethics Committee.
• Pat Cooney, continued representation on, the HSE, Dublin North East, Regional Medical Device and Equipment Management Committee.
• Thomas Heary, ongoing representation on the Voluntary Hospitals Group, Risk Management Forum, Radiation Safety Advisory Group.
• Pat Cooney, continued representation on the National Medical Device Equipment Management Committee.
• Paul Lowe, continued representation on the Haemodialysis Technical Evaluation Group for the National Renal Office.

**Presentations / Conference Participation**

• September 2014, Panelist at 2014 eHealth Summit, during session ‘Capturing the hearts and minds of the healthcare ecosystem in driving positive change: A range of stakeholders from the eHealth ecosystem give their perspectives’. Ms Mary Fitzsimons.

**Publications**

Temporal Cortex Morphology in Mesial Temporal Lobe Epilepsy Patients and Their Asymptomatic Siblings.


**Speech & Language Therapy**

Department Manager: Dr. Rozanne Barrow
Introduction
The Speech & Language Therapy (SLT) Department at Beaumont Hospital provides a service for patients referred with communication, swallowing and voice difficulties associated with a wide variety of conditions. As well as providing an assessment and therapy service for patients, the overall purpose of the department is to collaborate with patients, their families and staff in creating an environment that supports communication and facilitates safe swallowing.

Staffing
Including the SLT Manager, the department comprises a total of 19 wte SLTs and 1 wte SLT Assistant who provide a service across five different locations:
- Beaumont Hospital,
- St. Joseph’s Rehabilitation Unit,
- Raheny Community Nursing Unit,
- St. Luke’s Radiation Oncology Unit (SLRON-Beaumont Centre),
- Cochlear Implant.

During 2014, the complement increased by 2.0 wte SLTs, in line with developments in the Cochlear Implant Programme. Both these therapists work exclusively in this area. The main department continues to carry a minimum vacancy level of 10%. This has an impact on referral response time, as well as levels of service provision.

Activity Levels
The demand for SLT was consistently high throughout 2014. When compared with 2013 data (excluding cochlear implant), there has been a 21% increase in activity and a 15% increase in demand for SLT. The highest activity areas are in care of the elderly, ENT, neurology, neurosurgery, radiation oncology and stroke. There has been a 40% increase in demand when comparing 2014 with 2012 data.

Of particular note is an increase of 72% in activity in radiation oncology. This is a developing service and this significant increase comes on top of a 118% increase in activity noted between 2012 and 2013. A working group was set up in September 2014 to look at SLT service provision across the whole of the St. Luke’s Radiation Oncology Network.

Service Developments and Initiatives
- There was an increase in working with patients and families in a group context (e.g. stroke, RCNU and cochlear implant SLT services).
- The development of a more prevention focussed approach to the provision of information regarding voice and swallowing prior to and immediately post-thyroid surgery, laser surgery and other surgical interventions involving the head and neck. Such preventative care can reduce re-admission to hospital.
- During 2014, a second CONNECT Communication Access course was run jointly with the OT in neurosurgery. Positive feedback was received from participants who reported that they feel more equipped in communicating with those with communication impairment. A number of projects initiated by participants of the 2013 course are now being rolled out (e.g. the re-development of the drop-off area at the front of the hospital, the development of a communication aid for use by porters).
- The Beaumont Hospital Free Water Protocol that was developed in 2013 has now been rolled out in the St. Joseph’s Rehabilitation Unit.

Service Developments and Innovations
Specific studies or projects that members of the SLT are involved in include:
- **RIG-QoL study:** this joint SLT and Dietetic study undertaken with people with MND was completed during 2014. It found that changes in swallow function and reduced oral intake are a significant source of fear and anxiety for people with MND. However, participants reported an improved sense of wellbeing following gastrostomy insertion. As MND progresses and dysphagia (swallowing difficulties) becomes more severe, the benefits of gastrostomy feeding became
more apparent to participants. The results have been written up and distributed during 2014 to SLTs, dieticians and other colleagues within the multidisciplinary team.

- **Message Banking**: this project commenced in 2013 and is ongoing. During 2014, the department was successful in securing funding from RMN (Research Motor Neurone) to release the senior SLT in Neurology for one day a week to develop this project. This is a collaborative study with the Department of Clinical Speech & Language Studies in TCD that aims to develop a message banking toolkit and guidelines to allow Irish SLTs to implement a consistent but individualised message banking service for patients with progressive neurological conditions. A central aspect of the study is that it is service-user driven; to this end, a group of people who are facing progressive deterioration in their speech secondary to MND or primary progressive aphasia are advisors to the project.

- **Oropress study**: the senior SLT in Radiation Oncology is a co-investigator in large multi-centre study led by Professor Alison Perry of the University of Limerick. This study is investigating tongue pressure and the benefits of using Oropress for patients with head & neck cancer who are having radiotherapy. It is in the early stages.

- **Eden Alternative**: during 2014, the senior SLT based in the Raheny Community Nursing Unit played a major role in the introduction of the *Eden Alternative* into the unit. The *Eden Alternative*’s mission is to improve the lives of older people and their carers by transforming the communities within which they live through a vision to eliminate loneliness, helplessness and boredom. To this end, a number of initiatives have taken place, one of which is the establishment of an *Eden Ideas Tree* in the unit. This is a large tree mural that invites residents, carers and staff to post any ideas that they feel would improve the lives of residents. These ideas are then discussed at the regular *Eden Meetings*, set up to progress the ideas generated.

- **Informal assessment of language & cognition**: SLT and OT working in stroke are collaborating to develop an informal assessment of language and cognition for those patients who are not able to participate in the *Hear Me Think* assessment. *Hear Me Think* is a cognitive screening tool for patients with specific communication impairments developed in 2013 through a collaborative initiative between Beaumont SLT and OT.

**Education and Training**

**Practice Education**

The SLT department was active throughout the year providing practice education placements for SLT students attending Trinity College Dublin and the University of Limerick. In addition to providing regular placements for SLT students from TCD and UL, the department has facilitated a number of other ad-hoc practice education placements, including specialist post-graduate placements as well as observation days for prospective SLT students and other allied health professional students.

The multidisciplinary team (MDT) teaching initiative continues with case discussion sessions facilitated by Practice Tutors across the health & social care professions. SLT, physiotherapy, OT, dietetic and social work students attend these sessions.

**Contribution to Education**

A Stroke Foundation Education Course for hospital staff was run in February 2014 by members of the Stroke MDT. From a SLT perspective this involved a full day with the morning focusing on working with people with communication difficulties and the afternoon on working with people with swallowing difficulties. The afternoon session was a workshop jointly facilitated by SLT and Dietetics.

Members of the department continue to contribute to in-house training to a wide variety of disciplines within the hospital. In addition, a number of staff are visiting lecturers at Trinity College Dublin and
another does consultancy work for Connect – the Communication Disability Network in London, for which Connect pay Beaumont Hospital for her time.

Publications and invited presentations


Doyle, L. & McElligott, K., Affects of Dysphagia and Gastrostomy Feeding on Quality of Life for People with Motor Neurone Disease.

- Conference: Driving healthcare through HSCP research, Dublin, February 2014 (poster presentation).
- The European Society for Clinical Nutrition and Metabolism (ESPEN), Geneva, September 2014 (poster presentation).
- Irish Nutrition and Dietetics (INDI) AGM Study Day, Croke Park, Dublin, October 2014 (poster presentation).
- International Symposium on ALS/MND, Brussels, December 2014 (poster presentation).

Doyle, L., SLT as a Resource in the Creation of Personal Legacy Books. IASLT Study Evening, Dublin with webcast to University of Limerick and University College Cork, May 2014 (invited oral presentation).


McMahon, U., The introduction of a mealtime companionship program to a geriatric care ward in a Dublin teaching hospital. Irish Gerontology Society Conference, September 2014 (poster presentation).


Medical Directorate

Clinical Director: Professor Peter Conlon
Associate Directors: Dr Alan Martin & Dr Diarmuid Smith
Business Manager: Trish King
Business Leads: Ide O'Shaugnessy & Linda McEvoy
Directorate Nurse Managers: Bernie Lynch & John Walsh

Clinical Services

COPD OUTREACH

The COPD service in Beaumont Hospital provides a hospital at home (HAH) service for patients who present with an acute exacerbation of chronic obstructive pulmonary disease (COPD). The aims of the service are to provide safe and planned discharges from hospital to home; to provide education and individualised ‘Action Plans’ to enable people to manage their condition more effectively; and to provide a pulmonary rehabilitation programme with the goals of improving functional capacity and quality of life.

The service promotes smoking cessation and encourages uptake of the flu and pneumonia vaccinations. Staff also provide education on the importance of compliance with medication, communicate suggestions on which specific inhaler devices may suit individual patients who are identified as having difficulties using their inhalers. Behaviour modification is supported through patient education and motivation and use of the ‘Beaumont Respiratory Passport’ to optimise health and decrease non-communicable diseases in this patient group.

Programmes are not only designed to address all aspects of the above, but also to support the patient through the journey of their chronic illness. Education of staff and students both in-house and in partnership with higher educational facilities on the management of COPD continues to play an important role of the service.

Service Developments:

- Continued development of the COPD Helpline and Transitional Care Proforma to capture patients who do not fulfil the inclusion/exclusion criteria to help avoid readmission
- Commencement of an additional rehabilitation service utilising the Cardiac Rehabilitation Gym for Strengthening
- Developing videos for pulmonary rehabilitation educational sessions. Link in with Drogheda, Blanchardstown and Cavan COPD Outreach services

Non-Invasive Cardiology

Head of Department: Ms Barbara Toole

The department comprises Cardiac Physiologists and one Cardiac Clinical Support worker. 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.

Over 30,000 patients attended the department in 2014 for non-invasive cardiology diagnostics. There are also approximately 500 patients with Implantable Cardiac Defibrillators that are monitored remotely via the Internet. This reduces the need for patients to attend the hospital and pre-empts possible problems for this patient group.
2014 saw a huge growth in the Remote Monitoring Service for patients with Loop Recorders. The service has now been in place for five years.

As always, 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 British Society accreditation for Echocardiography. One member of staff completed the IBHRE exam in pacing.

The department continues to face new challenges from within the organisation, with an increasing demand for diagnostics from all services and it continues to adapt to face these new challenges.

**Pulmonary Function**

Head of department: Louise Clarke.

The department comprises four Respiratory Physiologists and 0.5 administrative support. Pulmonary Function is responsible for testing the performance of the lungs. It compares the function of the lungs against what would be expected from the normal lungs of a person of similar age, weight, sex and height. Pulmonary Function tests are essential in diagnosis, initiation and monitoring of drug therapy and in continuous clinical assessment and, in 2014, 9594 testing procedures were carried out. The department supports the patient pathway for various specialties both with the Medical Directorate and in other directorates.

**SERVICES**

- Spirometry
- Reversibility Testing
- Gas Transfer
- Static Lung Volumes
- Non-Invasive Respiratory Muscle Strength testing, M.I.P, M.E.P and S.N.I.P.
- Histamine Challenge Testing
- Cardiopulmonary Exercise Testing (VO2 max)
- Impulse Oscillometry (IOS)
- Overnight Oximetry
- Compliance Testing
- Hypoxic Challenge Testing (Fitness to Fly)

**2014 ACTIVITY**

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cystic Fibrosis</td>
<td>713</td>
</tr>
<tr>
<td>Alpha one Antitrypsin Deficiency Clinic</td>
<td>317</td>
</tr>
<tr>
<td>Rapid Access Lung Cancer Clinic</td>
<td>420</td>
</tr>
<tr>
<td>Other Respiratory</td>
<td>2034</td>
</tr>
<tr>
<td>Other General</td>
<td>1589</td>
</tr>
</tbody>
</table>

**Department of Diabetes**

In 2014, over 5,500 and 4,500 patients were reviewed in the diabetes day centre and outpatient diabetes clinics respectively. Over 2,700 patients on the wards in Beaumont Hospital 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 two to three general diabetes outpatient clinics per week and specialist clinics including a young adult clinic, a multidisciplinary diabetes foot clinic with Mr Daragh Moneley and Mr James Walsh, a continuous subcutaneous insulin infusion pump clinic, a specialist DAFNE clinic (structured group education programme for people with type 1 diabetes), a cystic fibrosis related diabetes clinic, a monthly combined diabetes renal clinic with Professor Conlon, and a young adult transition clinic for people with Type 1 diabetes with the National Children’s University Hospital, Temple Street.

The diabetes service provides structured group education programmes for patients with type 1 diabetes with DAFNE and the DESMOND programme for patients with type 2 diabetes. The education programmes and specialty clinics receive significant input.
from the department of dietetics. The Diabetes Day Centre runs a number of diabetes nurse-led specialist clinics including foot assessment clinic, new patient diabetes clinic, and continuous subcutaneous insulin infusion pump clinic. The community diabetes service continues to evolve with two community diabetes nurse specialists, the development of guidelines to help GPs manage type 2 diabetes in the community and regular educational sessions for GPs and practice nurses. The diabetes centre provides medical support for the podiatry department in the hospital, which is staffed by two podiatrists and sees over 1,000 patients a year with active diabetic foot disease. Guidelines for the management of infected diabetic foot ulcers and osteomyelitis were developed over the year in consultation with the Department of Microbiology.

Research/Audit
The department is committed to an ongoing audit and research programme. Dr Colin Davenport was awarded his PhD by the RCSI for his research on ‘The role of osteoprotegerin in vascular calcification and the influence of medications on this process’. Dr Hannah Forde is the current research registrar within the department and is doing a PhD on the role of TNF alpha related apoptosis inducing ligand (TRAIL) in diabetes and vascular disease. The PhD combines both clinical research in Beaumont Hospital and lab-based research performed in the Vascular Biology Laboratory in Dublin City University under the supervision of Dr Phil Cummins. The unit continues to collaborate with both the School of Human Health and Performance and the National Institute for Cellular Biotechnology Ireland in DCU. Dr Smith is an invited reviewer for a number of journals including Diabetes Research and Clinical Practice, Diabetic Medicine, Diabetes Research Updates, Irish Journal of Medical Science, Irish Medical Journal of Diabetes and Complications, European Journal of Clinical Pharmacology, European Journal of Endocrinology, PLOS One and BMC Endocrine Disorders.

Publications
1. Newly diagnosed type 1 diabetes presenting with hypoglycaemia due to simultaneous presentation of Addison’s Disease.
   Glynn N, Bashir M, Smith D, Thompson CJ
   Pediatr Diabetes 2014; (PMID 24418108)
2. Acute symptomatic hyponatraemia following sodium picosulfate/magnesium citrate as bowel preparation for colonoscopy – A case series.
   Forde H, O’Shea T, Davenport C, Smith D
   Case Reports in Clinical Medicine 2014; (3); 101-104
   KJ Neff, D Donegan, J MacMahon, C O’Hanlon, N Keane, CJ Thompson, A Agha, D Smith
   Irish Medical Journal 2014; 107 (5); 141-143
4. A National Survey of Implementation of Guidelines for Gestational Diabetes Mellitus
   A O’Higgins, F Dunne, B Lee, Smith D, MJ Turner
   Irish Medical Journal 2014; 107 (8); 231-233
5. LEADER 3 – Lipase and Amylase Activity in Subjects With Type 2 Diabetes
   Steinberg et al on behalf of the LEADER Investigators, Pancreas 2014;
6. Parathyroid adenoma in a patient with familial hypocalcuric hypercalcaemia
   HE Forde, AD Hill, Smith D
   BMJ Case Report 2014; PMID 2532026

The Heads of Department would like to express their gratitude to the staff of the Diabetes Day Centre, Podiatry Department administrative support, NCHD and the
diabetes multidisciplinary team who continue to provide the highest possible level of care for people with diabetes attending Beaumont Hospital.

**Emergency Department**

Beaumont Hospital Emergency Department (ED) provided service to 51,277 attendances in 2014. Of these, 730 patients were referred to the Acute Medical Admissions Unit. There were 281 cases requiring immediate care and 9,235 patients triaged to the very urgent category, with 31,793 in the urgent category. Our Advanced Nurse Practitioners provided care to in excess of 6,000 patients attending with minor injuries and illness. We received 12,533 ambulance arrivals. The number of patients admitted through the ED for the year 2014 was 12,471. The very significant and ongoing challenge of ED overcrowding continued to be the case in 2014. The four Consultants, two Associate Specialists, eight Registrars, ten SHOs, one Intern, four Advanced Nurse Practitioners, two Clinical Nurse Specialists Rapid Assessment and Treatment, the Clinical Nurse Specialist in Wound Management, the Advanced Nurse Practitioner in Cardiology, our 56 members of Nursing Staff and our administrative staff and Healthcare Support Workers continue to provide service in this challenging environment.

The department continued its activity in education of student nurses, radiographers, paramedics and undergraduate and postgraduate medical training. We continue as a Higher Specialist Training Centre in Emergency Medicine and a core specialist training emergency medicine site. We had a number of presentations at the Irish Association for Emergency Medicine Conference in October 2014. The ED facilitated an European Commission Funded Live City Telemedicine Project. We were an international contributor to the International Crowding Measures in EDs Study. Six students undertook a Specialist Study core research in the ED in 2014. Dr Abel Wakai was supervising a PhD Doctorate in Key Performance Indicators for Emergency Medicine Departments during 2014. The ED continues to enjoy its reputation for high levels of supervision and enthusiastic training of healthcare providers. The consultant staff continue to direct Advanced Cardiac Life Support Courses and Advanced Trauma Life Support Courses in association with the Resuscitation Training Officer and the RCS.

**SERVICE DEVELOPMENT**

In October 2014 the Rapid Assessment and Treatment Nurse service received approval at Registered Advanced Nurse Practitioner level from the Nurse Midwifery Board of Ireland. This advanced role is an innovation in the treatment and care of patients in Emergency Room, in particular ambulatory patients who do not need admission. It represents a major advance for emergency nursing both in Beaumont Hospital and nationally. We would like to take the opportunity to thank all our colleagues in Beaumont Hospital in their ongoing provision of On-call Services to the patients attending Beaumont Hospital Emergency Department. We would also like to acknowledge the support of our colleagues in the Acute Medical Assessment Unit.

**Geriatric and Stroke Medicine**

There were a number of positive developments in Geriatric and Stroke Medicine during 2014.

**SERVICE DEVELOPMENT**

1. **New Geriatric Medicine Day Hospital.**

The most notable development of 2014 was the opening of a new purpose-built Day Hospital building, at St. Joseph’s Hospital, Raheny, in February and its official opening by An Taoiseach, Mr Enda Kenny TD, in June. This building allows older adults with complex medical problems including stroke, dementia, Parkinson’s Disease and hip fracture to undergo a full multidisciplinary assessment (commonly known as Comprehensive Geriatric Assessment) in an appropriate environment. A large amount of work was carried out by nursing, administrative and therapy staff to ensure smooth transfer of the existing service to this new building.
2. Clontarf Hospital.

A formal link between Beaumont Hospital and Clontarf Hospital began in February 2014. A dedicated rehabilitation unit for Beaumont Hospital patients began operating on Gracefield Ward. This development involves twice weekly rounds supervised by Consultant Geriatricians supervised ward rounds and a weekly multidisciplinary meeting. The commencement of this service has allowed older adult patients with more complex rehabilitation and complex discharge planning needs to be managed at Clontarf.


The appointment of Ms Blaithnead McCabe White as Nurse Specialist for the Nursing Home Outreach Service took place in 2014. This allowed the Nursing Home Outreach Service run by Dr Alan Martin, Consultant Geriatrician, to expand beyond Raheny Community Nursing Unit and Lusk Community Nursing Unit. A large number of nursing homes in North Dublin now have the benefit of being able to access Specialist Geriatric Medicine input for residents referred to this service. This allows Day Hospital and outpatient clinic slots to be freed up.

4. Frail Elderly Pathway.

This service commenced in early 2014. Admitting general physicians on-call transfer the care of two frail elderly patients a day to the Geriatric Medicine service. Initial analysis of this service has shown it to be associated with a shorter length of stay and high discharge rate either directly to home or to appropriate offsite rehabilitation units (eg St. Joseph's Hospital or Clontarf Hospital).

5. ACTOR Rehabilitation Information System.

The department supported the work of a number of our therapy colleagues, led by Ivan Clancy, Senior Physiotherapist in developing an electronic system for capturing clinical and functional data on patients receiving therapy input who may require off site rehabilitation. This system has greatly facilitated decision making for patients being transferred to St. Joseph's Hospital Rehabilitation Unit and Gracefield Ward, Clontarf Hospital.

6. Geriatric Medicine Day Hospital Electronic Patient Record (EPR).

An EPR was introduced on a pilot basis in the second half of 2014 at the Geriatric Medicine Day Hospital in St. Joseph's Hospital, Raheny. This project was developed by a multidisciplinary team led by Sr. Bernie O'Flaherty, CNM II, at the Day Hospital. By December 2014, almost 700 patients had had their data stored using this system. When this system goes live at Beaumont Hospital in 2015, it will allow medical and functional information on older adults to be made available to clinicians managing their care.

7. New appointments.

Dr Linda Brewer, Consultant Geriatrician took up her post in 2014. Ms Blaithnead McCabe White, Nurse Specialist for the Nursing Home Outreach Service, also began her role in 2014

Research Activity

1. ESCAPE trial.

Our department participated in a large international multi-centre trial examining the role of endovascular thrombectomy in acute stroke. In September 2014, due to its positive results and those of a another similar trial, Beaumont Hospital became the only hospital in the Republic of Ireland offering this treatment on a 24/7 basis.

2. Irish National Adverse Events Study.

Prof Williams is currently leading the first National Adverse Events Study. Supported by the Health Research Board of Ireland, we hope to publish the results of this study in mid 2015.
Research Publications

The department was responsible for a number of publications in 2014 which are listed below:


Brewer L, Arize C, McCormack J, Williams D. Delays in the stroke thrombolysis pathway-identifying areas for improvement, IMJ, 2014,May 107;5;143-6 PMID:24908858


Educational Achievements

Dr Linda Brewer and Dr Cora McGreevy, both former Clinical Lecturers in Geriatric & Stroke Medicine at the RCSI, graduated with their MD degree from the academic department in 2014.

The Department hosted the Jack Flanagan Undergraduate Prize in Geriatric Medicine in 2014.

Infectious Disease

In 2014, we provided care to patients at 2328 medical outpatients visits, 244 patients in the nurse specialist clinics, 1044 phone call interactions with patients, 92 pentamidine treatments delivered to immunosuppressed patients and for 480 discharged inpatients. We provided general medicine on-take care for 30 periods of 24 hours, one twelfth of the total. We delivered an ID consultation service and OPAT for early discharges.

In July, we discontinued accepting new outpatient referrals, because the service was full.

In the earlier part of 2014, we looked after 36 people with newly diagnosed HIV infection, a higher rate than in past years. We prescribed and dispensed anti-retroviral medications to 449 different patients at a cost of just over €6 million. Happily, most patients are very well. In 2014, we revised our first line treatment for HIV, and now use a tenofovir/emtricitabine backbone with one of boosted elvitegravir, boosted darunavir or dolutegravir. These are safer, effective and conveniently, can be administered once daily.

Our audit showed a door-to-needle time of 6 hours on average to get antibiotics for medical patients admitted through Emergency Room, which is very poor. The target is less than 1 hour.

We assessed knowledge and practice of safer sex among those with HIV, and two studies identified patients with serious drug-to-drug interactions. This was prompted by discovery of two patients with life-threatening iatrogenic Cushing’s Syndrome.
due to ritonavir inhibiting the degradation of fluticasone (Seretide, Avemis) in the liver by 300 fold.

We had some patients with malaria, one with *Pseudallescheria boydii*, one with toxic shock syndrome from resistant Group A Streptococcus, a lot of patients with tuberculosis, bacteraemia, septic shock, hepatitis and, a great many with HIV, often presenting as AIDS defining illnesses, showing decades delay with diagnosis.

**Psychiatry**

The Department of Psychiatry in Beaumont Hospital provides a multidisciplinary team approach to the psychiatric and psychosocial assessment, diagnosis and management of patients with mental health problems throughout the hospital, including in the Emergency Department. We provide educational input and support across all hospital areas, with the aim of optimising the skills of all staff in the care of patients' mental as well as physical health. In addition to providing a consultation psychiatry service to all medical and surgical inpatients and outpatients, the department has also developed strong links within Neurosciences and Renal Directorates, Cancer and Hepatology services, including a stepped care approach within teams. We continue to develop our Alcohol Service in recognition of the increasing challenges posed by alcohol-related problems to the general healthcare system.

**Achievements**

Professor Kieran Murphy continues in his roles as Vice-Dean for Professionalism, RCSI; Member of the Council and Fitness to Practice Committee, Pharmaceutical Society of Ireland; Member of the Board of Management, International Association of Medical Regulatory Authorities and Editorial Board member, *Journal of Developmental Disorders*. Professor Cannon and Professor Cotter were promoted to Full Professor Status in RCSI. Professor Cotter continues his role as Clinician Scientist, funded by the Health Research Board, Vice-Dean of the College of Psychiatrist of Ireland and Associate Editor, *Irish Journal of Psychological Medicine*. Professor Cannon continues her role as Associate Editor with the *Irish Journal of Psychological Medicine* and was listed in the Thomson Reuters ‘Most Influential Scientific Minds’ list in 2014 which means that her publications were among the top 1% cited in her field. Dr MacHale is now Chair of the Irish College of Psychiatry (ICP) Faculty of Liaison Psychiatry.

**New Appointments**

Dr Helen Barry joined the service as Locum Consultant Psychiatrist (p/t) in June 2014. We welcomed Sharon Kelly back to our service as Liaison Nurse in the ED.

**Education and Training**

Prof Kieran Murphy continues his role as Chairperson of the Academic Department of Psychiatry, RCSI. Prof David Cotter has been appointed as Vice-Dean of the College of Psychiatrists of Ireland and Scheme Organiser for the RCSI Basic Specialist Training Scheme in Psychiatry. Dr S. MacHale continues a series of Specialty Seminars in Liaison Psychiatry for RCSI medical students, whilst continuing to lecture on renal and oncology postgraduate nurse training courses. Dr MacHale’s national presentations have included speaking at the Irish Association of Suicidology Conference 2014 on Self Harm, and a Masterclass on Youth Mental Health in the General Hospital, ACAMH, in RCSI. Our department remains actively engaged in training and educational support to all staff and departments throughout the hospital. Our Self-Harm Nurses provide educational sessions to ED staff, and Elizabeth Gilligan, our Alcohol Liaison Nurse, provides ongoing education sessions to a range of nursing, medical and allied professional throughout the hospital, along with specific study days.

**Service Developments**

Dr Selena Pillay, Senior Clinical Lecturer and Dr Wilson O’Raghallaigh are providing supervision and support of registrars, psychologists and SHOs through the development of a Balint Group, which runs bi-weekly throughout the year. Within her role as Renal Transplant Psychiatrist, Dr
MacHale has coordinated the development of the Renal Psychosocial Care group, including development of the renal psychosocial care pathway. There continues to be increasing demands on our core service in the emergency department and the ward referrals as reflected in the statistics for 2014 below. Liaison Psychiatry continues to be responsible for the mental health needs of over 65s in the hospital, other than patients under the direct care of the geriatric physicians. The Liaison Psychiatry service has developed a Delirium Protocol for Beaumont Hospital in order to upskill medical and surgical teams in the management of Delirium. The new Acute Psychiatry Unit, the Ashlin Centre, opened in the grounds of Beaumont Hospital in May 2014. An Operational Group and a Steering Group meet regularly to oversee the interface between the Ashlin Centre and Beaumont Hospital.

Led by our Senior Clinical Psychologist, Dr Jennifer Wilson O’Raghaligh, there have been many innovative service developments in 2014, including the development and launch of Mindfulness Based Stress Reduction group therapy and continued development of the Chronic Disease Self-Management Programme (CDSMP) with the new title of Better Health, Better Living.

Inpatient consultations

Our department provides a consultation psychiatry service to all medical and surgical inpatients. There were 577 new requests for inpatient consults to the General Liaison Psychiatry service in 2014, averaging eleven consultations per week. Many of these patients are reviewed on several occasions during their admission. We also provide a dedicated Neuropsychiatry consultation service to the Neurology and Neurosurgery wards and there were 351 new requests for Neuropsychiatry inpatient consultations in 2014, averaging 6.7 per week.

Outpatient consultations

The Psychiatry Department runs eight outpatient clinics: three general liaison psychiatry clinics, two neuropsychiatry clinics, one old age psychiatry clinic, a psycho-hepatology clinic, as well as a clinic for patients seen in the unit. Our OPD service saw 537 new patients in 2014 and 1802 reviews. Our new to review patient ratio is 1:3.3.

Emergency Department Activity

Psychiatry referrals to Beaumont Hospital ED continue to increase. There were 885 referrals for psychiatry assessment in Beaumont Hospital ED in 2014 – this represents a 68% increase on psychiatry referrals in 2013. The opening of the Acute Psychiatric In-patient unit on the grounds of Beaumont Hospital in May 2014 was associated with a particularly rapid increase in the numbers of referrals. The opening of the Ashlin Centre means that there is now a 24/7 psychiatry service in Beaumont Hospital ED.

Clinical Psychology Activity

The psychology service to liaison psychiatry strives to provide an efficient, effective and timely service to patients of Beaumont Hospital who experience distress during the course of their health journey. The service includes assessment and treatment of patients referred through the liaison psychiatry service as well as the development of hospital-wide initiatives to improve patient care and optimise self-management of illness behaviours and treatment.

Developments in 2014 include:

The launch of the With Your Skin in Mind programme for patients of dermatology at Beaumont Hospital, providing pathways for patients from clinic to avail of psychological supports.

The continuation of the Early Intervention in Chronic Pain service in partnership with Physiotherapy, Occupational Therapy and the Department of Pain Medicine, providing patients with a multidisciplinary team educational approach to managing chronic pain.

The launch of the Mindfulness Based Stress Reduction programme for patients at Beaumont Hospital, providing an 8 week
internationally researched programme of mindfulness training for patients throughout the hospital.

The launch of the Resilience Plus programme for staff at Beaumont Hospital, providing staff with educational and personal supports in their reflective work practice in partnership with Learning and Development and the Staff Counselling Service.

The continuation and further development of the Better Health, Better Living programme at Beaumont Hospital. This is a Stanford Chronic Disease Self Management Programme, which allows patients to avail of a six week group to encourage and support their health behaviours.

**Social Work Activity**

Peter McCartan, Senior Medical Social Worker continues to provide specialist bereavement support, individual and Systemic Family Therapy, as well as peer social work support and ongoing active involvement in the Bereavement Support Services facilitated by the Beaumont Hospital Medical Social Work Department. Peter McCartan has moved to a full-time position in the Department.

Jeanne Forde, Senior Medical Social Worker (0.5 wte) left our service in 2014 to take up a full-time position in Jigsaw – the National Centre for Youth Mental Health. We were sorry to see her go but we wish Jeanne the best of luck in her new role.

**Alcohol Service**

There has been a steady increase in the number of patients seen by Elizabeth Gilligan, in her half-time post as an Alcohol Liaison Nurse in 2014. There were 624 individual patients reviewed over this period, an increase of 19% from 2013, with admitted patients reviewed a minimum of 4 times during their admission. The request for increased productivity as per the Haddington Road Agreement has resulted in the establishment of a new outpatient clinic. This clinic is being used to review urgent cases referred from the ED, plus review of OPD clients who need extra support to maintain sobriety. The Alcohol Liaison Nurse post will be extended to a full time post from January 15 which is a welcome development. In addition to this clinical commitment, ongoing education sessions have been provided to a range of staff within the hospital, with an emphasis on specific study days and presentations at the Medical and Surgical Grand Rounds. There has been a continued focus on education around the Management of Alcohol Withdrawal and Acute Behavioural Disturbance Policies continues for NCHDs, medical students and nursing staff, who report an increased confidence in their use of these protocols.

The Ait Linn outreach clinic from Ballymun continues to be provided by Mara De Lacy, Senior Alcohol Counsellor within our department. This provides continuity of support for clients following their discharge from Beaumont Hospital.

**Psychiatry of Old Age**

Due to increasing commitments to their community services, the Psychiatry of Old Age team now provide a restricted consultation psychiatry service to inpatients of the Medicine for the Elderly Team. The weekly outpatient community clinic in Beaumont Hospital for psychiatry of old age patients continues and the Consultant/Senior Registrar also continues to participate in Dr Donegan’s weekly memory clinic.

**Research**

The department continues to have a strong focus on research with ongoing success in obtaining international funding (see ‘Grants’ below) and in achieving publications of papers in international high impact peer review journals (see ‘Publications’ below). We have an emphasis on both basic science and clinical research. In 2014, three PhD student and one Masters student graduated from the Department of Psychiatry. Currently there are three PhD students and three MD students being supervised within the Academic Department.
Publications 2014

Prof M Cannon


Effects of multidimensional treatment foster care on psychotic symptoms in girls.


The impact of adolescent cannabis use, mood disorder and lack of education on attempted suicide in young adulthood.


Cannon M, Clarke MC, Cotter DR.

Priming the brain for psychosis: maternal inflammation during fetal development and the risk of later psychiatric disorder.


Longitudinal associations between adolescent psychotic experiences and depressive symptoms.


Common versus psychopathology-specific risk factors for psychotic experiences and depression during adolescence.


McMahon EM, Keeley H, Cannon M, Arensman E, Perry IJ, Clarke M, Chambers D, Corcoran P.


European Network of National Networks studying Gene-Environment Interactions in Schizophrenia (EU-GEI),

Identifying gene-environment interactions in schizophrenia: contemporary challenges for integrated, large-scale investigations.


Wigman JT, Devlin N, Kelleher I, Murtagh A, Harley M, Kehoe A, Fitzpatrick C, Cannon M.

Psychotic symptoms, functioning and coping in adolescents with mental illness.


Clancy MJ, Clarke MC, Connor DJ, Cannon M, Cotter DR.

The prevalence of psychosis in epilepsy; a systematic review and meta-analysis.


Kelleher I, Cannon M.

Whither the psychosis-neurosis borderline.


Coughlan H, Tiedt L, Clarke M, Kelleher I, Tabish J, Molloy C, Harley M, Cannon M.


Kelleher I, Devlin N, Wigman JT, Kehoe A, Murtagh A, Fitzpatrick C, Cannon M.

Psychotic experiences in a mental health clinic sample: implications for suicidality, multimorbidity and functioning.


Resting-state connectivity deficits associated with impaired inhibitory control in non-treatment-seeking adolescents with psychotic symptoms.

Acta Psychiatr


PMID: 23621452; PubMed Central PMCID: PMC3787979.

Prof D Cotter

Nkire N, Udoh G, Elahi M, Cotter D, MacHale S. Screening and Recording of Patients' Alcohol-use Habit by Clinicians in a Tertiary Accident and Emergency Unit in Ireland.


Cannon M, Clarke MC, Cotter DR.

Priming the brain for psychosis: maternal inflammation during fetal development and the risk of later psychiatric disorder.


Proteomic investigation of the hippocampus in prenatally stressed mice implicates changes in membrane trafficking, cytoskeletal, and metabolic function.


PMID: 25138076.


Proteomic and genomic evidence implicates the postsynaptic density in schizophrenia.


Adolescent Risperidone treatment alters protein expression associated with protein trafficking and cellular metabolism in the adult rat prefrontal cortex.


Clancy MJ, Clarke MC, Connor DJ, Cannon M, Cotter DR.

The prevalence of psychosis in epilepsy; a systematic review and meta-analysis.

PubMed Central PMCID: PMC3995617.

English JA, Wynne K, Cagney G, Cotter DR.

Targeted proteomics for validation of biomarkers in early psychosis.


Dr S MacHale

Nkire N, Udoh G, Elahi M, Cotter D, MacHale S.

Screening and Recording of Patients’ Alcohol-use Habit by Clinicians in a Tertiary Accident and Emergency Unit in Ireland.


Jordan I, MacHale S.

Economic evaluation of liaison psychiatry services

*Ir J Psych Med* 2014;31:217

Kinahan JC, MacHale S.

The surgeon and self-harm: at the cutting edge.


Prof KC Murphy


Psychiatric and neuropsychological profiles of people with psychogenic nonepileptic seizures. *Epilepsy Behav.* 2014 Dec 29; 43C:39-45

Barry H, Byrne S, Barrett E, Murphy K C, Cotter D R.


Mullins D, Jabbar F, Fenlon N, Murphy KC.

The digital age: is this the future for medical education? A cross sectional study to access medical students’ opinions about e-learning in psychiatry undergraduate medical education. *Ir J PsychMed* 2014 31,89-96


Psychiatric disorders from childhood to adulthood in 22q11.2 deletion syndrome: results from the International Consortium on Brain and Behavior in 22q11.2 Deletion Syndrome.


Monks S, Niarchou M, Davies AR, Walters JT, Williams N, Owen MJ, van den Bree MB, Murphy KC.

Further evidence for high rates of schizophrenia in 22q11.2 deletion syndrome.


An inherited duplication at the gene p21 Protein-Activated Kinase 7 (PAK7) is a risk factor for psychosis.


Partitioning heritability of regulatory and cell-type-specific variants across 11 common diseases.


**Dr Marie Naughton**

Naughton M, Dinan TG, Scott LV. Corticotropin-releasing hormone and the hypothalamic-pituitary-adrenal axis in psychiatric disease.


**Dr Helen Barry**

Helen Barry,1 Susan Byrne,2 Elizabeth Barrett,3 Kieran C. Murphy,1 David R. Cotter1

Anti-N-methyl-D-aspartate encephalitis: review of clinical presentation, diagnosis and treatment

*Psychiatric Bulletin,* 1-5, doi: 10.1192/ph.bp.113.045518

Prizes: 'Psychiatric and psychosocial morbidity before and after treatment for refractory epilepsy' St Barts and Royal London Scheme trainee oral research Prize January 2014

**Research Grants**

**Prof Kieran Murphy**

Murphy KC (PI), Medical Professionalism in Practice – developing and understanding relationship-centred professionalism in medicine for the public, students, teachers and clinicians. PROfESS. Irish Research Council 2014-2015. €6,000

Murphy KC (co-PI) International Consortium on Brain and Behavior in 22q11.2 Deletion Syndrome. RFA-NH-13-120 National Institutes of Health (US) 2013-2017. $12,244,632.

Murphy KC (PI), PhD Scholars Programme in Mental Health Services Research. RFR 11-2350 Mental Health Commission 2011-15. €428,304

**Prof M Cannon**

Health Research Board Health Research Award. 'The Anatomy of Risk – a neuroimaging study of young people at risk for psychosis' (PI M Cannon)

2012-2015 €301,105

Health Research Board Interdisciplinary Capacity Enhancement Award Youth Mental Health: a population –based research programme.

2013-2015 €362,821
Medical Research Council (UK) Co-applicant. Zammit S (PI) Pathways to Psychosis.

2015-2018 £500,000

**Prof D.R. Cotter**

Health Research Board Health Research Award. Proteomic investigation of postsynaptic density in the brain in schizophrenia and bipolar disorder targets a common cellular process: clathrin mediated endocytosis. D Cotter; G Cagney; M Föcking

2012-2015 €287,951.00

Health Research Board Clinician Scientist Award. Biomarker discovery in psychosis; a longitudinal proteomic and lipidomic study of plasma involving high risk subjects and subjects recently converted to psychosis

2012-2016 €1,400,000

Science Foundation Ireland, Research Frontiers Programme 10/RFP/NES2744 Myelin Pathology and its relationship to iron regulation in schizophrenia Dr Cotter

€165,000

**Dr Jennifer Wilson O’Raghallaigh**

Ongoing funding obtained from Abbvie Ireland for the hospital-wide development of the Chronic Disease Self Management Programme (CDSMP) for patient support and education

Beaumont Hospital Foundation Award for the development of the Early Intervention in Chronic Pain Management Workshop in partnership with the Department of Pain Medicine

Educational grant obtained from Janssen Ireland to develop programme with Dermatology at Beaumont Hospital: *With Your Skin in Mind*. This provides a pathway from clinic for patients of dermatology to avail of psychological support.

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**Palliative Care**

**Patient statistics**

The Palliative Care Service referrals continue to increase, with patients being referred from St Luke’s Radiation Service, the Ashlin Psychiatric Service, Raheny Community Unit and St Joseph’s Hospital. The increasing workload is leading to some delays in patients being reviewed. The HSE has expanded its collection of information for the Minimum Data Set for Specialist Palliative Care to include hospital specialist palliative care teams.

**Research and Audit**

Research is being carried out with cardiology (the feasibility of symptom assessment tools in advanced heart failure), nephrology (symptom burden in patients on dialysis), and neurology (service needs of people with MND).

An audit of the the use of the Support and Comfort Care Guidelines for Patients Returning to Nursing Homes was performed.

**Education**

Lectures and small group teaching were provided for RCSI medical students. The Clinical Nurse Specialist and Palliative Care Social Worker continue to be involved in formal and informal education for Beaumont Hospital staff including the FETAC programme and the Annual Palliative Care study Day.

**Publications**

McLean S, Ni Dhonnchu T, Mahon N, McQuillan R, Gordijn B, Ryan K.

Left ventricular assist device withdrawal: an ethical discussion.

*BMJ Support Palliative Care* bmjspcare-2012-000347. Published online first: 7 January 2013 doi: 10.1136/bmjspcare-2012-000347.

Daveson BA, Meier D, Morrison s, Normand D, Dix O, McCrone P, McQuillan R, Ryan K, Yi DH, Higginson IJ.

*The Atlantic Philanthropies investments in palliative care, a capstone report: Securing


**RADIATION ONCOLOGY**

The Radiation Oncology Centre at Beaumont Hospital opened in 2011. This centre is a state-of-the-art facility, equipped with 2 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-RAPIDARC) and Respiratory Gating. The centre also has a GE 1.5T MR Scanner equipped for MR simulation to facilitate MR/CT image fusion for radiotherapy treatment planning. The centre is paperless, operating on the ARIA electronic medical record platform. This centre operates as part of a fully-integrated network in combination with St Luke’s Hospital and a similar centre at St James’s Hospital, the St Luke’s Radiation Oncology Network.

**Intracranial Stereotactic Radiotherapy**

A state of the art Novallis Stereotactic Radiotherapy Unit was installed in 2013 and commenced clinical treatment on schedule in July 2013, having been opened by the Minister for Health, Dr. James Reilly. The unit was very generously funded by The Friends of St. Luke’s Charity at a cost of over €1 million. This equipment represents a significant advance in treatment capabilities when compared with the system previously available in St. Luke’s Hospital in Rathgar. Highly focused and high accuracy treatment of numerous benign and malignant intracranial conditions treatment is now possible. In addition, this unit has now just treated its first trigeminal neuralgia patient successfully. This requires very high dose accurate radiotherapy, which has now commenced, and was previously unavailable to public patients in Ireland.

A notable achievement in 2014 for the Stereotactic Radiotherapy Unit was the first ever patient (worldwide) to be treated with New Brainlab® Contouring Software (‘Elements SmartBrush® Angio’) for Arteriovenous Malformation (AVM) Radiosurgery. This software enables a direct correlation between diagnostic data sets containing temporal and, respectively spatial, information for a comprehensive definition of a patient’s cranial AVM ‘nidus’ and thus differentiate the ‘nidus’ from related arteries and veins.

**Research**

The Radiation Oncology Department continue to play an active role in both national and international cancer trials via the All-Ireland Cooperative Oncology Research Group (ICORG). ICORG trials incorporating radiotherapy are currently accruing for rectal cancer, oesophagus cancer, prostate cancer and uterine cancer.

The Clinical Trials Unit at the Beaumont Hospital Radiation Oncology Centre welcomed a Research Nurse, Mr Ravikumar Venkateshappa. This unit now has two permanent staff.

**Publications**


The Frequencies and Clinical Implications of Mutations in 33 Kinase-Related Genes
Locally Advanced Rectal Cancer: A Pilot Study.


The prognostic value of tumour regression grade following neoadjuvant chemoradiation therapy for rectal cancer.


Azmi A, Dillon RA, Borghesi S, Dunne M, Power RE, Marignol L, O’Neill BD.


Active surveillance for low-risk prostate cancer: diversity of practice across Europe.


Fitzmaurice GJ, Redmond KC, Fitzpatrick DA, Bartosik W.

Endobronchial Cryotherapy Facilitates End-Stage Treatment Options in Patients with Bronchial Stenosis: a Case Series.


Impact of delineation uncertainties on dose to organs at risk in CT-guided intracavitary brachytherapy.


Two cases of dermatoses koebnerizing within fields of previous radiotherapy.


ICORG 10-14: Neo-AEGIS: A randomized clinical trial of neoadjuvant and adjuvant chemotherapy (modified MAGIC regimen) versus neoadjuvant chemoradiation (CROSS protocol) in adenocarcinoma of the esophagus and esophago-gastric junction.

ASCO annual meeting 2014.

N. Lavan, C. Faul, C.M. Gillham, J. Armstrong, G. McVey, B.D.P. O’Neill

The curative treatment of synchronous rectal and prostate cancers.

ESTRO 2014: Vienna, Austria, April 2014.

Brendan Curran, Emma McVeigh, Sandra Farrell, Christina Skourou, Aini Azmi, Victoria Brennan, Brian DP O'Neill

Preoperative Radiotherapy for Rectal Cancer: Developing a new planning technique using V-MAT with avoidance sectors and avoidance structures to reduce dose to small bowel.

UK and Ireland Varian users group meeting, Dublin June 2014
Transplant, Urology & Nephrology Directorate

Directorate Business Manager: Ms Catriona McDonald
Directorate Nurse Manager: Ms Petrina Donnelly

**Introduction**

The Transplant, Urology and Nephrology Directorate incorporates these three specialties and includes the following wards at Beaumont Hospital - St Damien’s Ward, St Peter’s Ward including St Peter’s Acute Haemodialysis Unit, St Teresa’s Ward and St Martin’s, as well as Home Renal Replacement Therapies, Renal Day Care (located in Hamilton ward) and Urodynamics.

In total, the directorate employs approx 241 staff, including six Consultant Nephrologists, eight Consultant Urologists / Transplant surgeons, and approx 140 Nurses.

For further information please go to [http://www.beaumont.ie/kidneycentre-home](http://www.beaumont.ie/kidneycentre-home)
National Kidney Transplant Service (NKTS)

Initially and most importantly, the work and the achievements which have been carried out over the past 50 years in the National Kidney Transplant Centre could not have been achieved without the donor families, their courageous, spiritual, generous and thoughtful consideration of others hardships, at a time of immense grief.

The National Kidney Transplant Service is the longest established and largest transplant programme in Ireland and is based in Beaumont Hospital. The first Kidney Transplant was performed in Jervis Street Hospital in January 1964 and, by the end of 2014, over 4500 renal transplants had taken place. There are approximately 2300 recipients alive in Ireland with functioning kidney transplants. The NKTS also runs the Living Kidney Donor Programme and to date over 200 renal transplants have taken place because of living donors.

Prior to 2003, any child requiring a kidney transplant had to attend Beaumont Hospital. However, for the past 10 years, the Transplant team from Beaumont Hospital have been working with their paediatric colleagues to provide the paediatric renal transplantation service within the Children’s University Hospital, Temple Street and to date over 100 transplants have taken place there since that date.

Developments

The Transplant, Urology and Nephrology directorate management team produced a business case on behalf of the National Kidney Transplant Service at Beaumont Hospital in November 2011 to expand the Transplant Programme. In 2013, the HSE approved the resources required to deliver the first phase of this expansion. This included 30 wte and €5m capital for the refurbishment of our Transplant Unit, the expansion of our Histopathology and Immunology department, and the equipping of an additional operating theatre.

In 2014, we continued to implement Phase 1 of the transplant business case. This involves the upgrade of St Damien’s Ward with 21 hepa-filtered beds to care for transplant patients, as well as the extension of the H&I department. The work is due to commence in April 2015 and will take approximately six months to complete. Following the completion of this work, St Teresa’s Ward will relocate back to St Damien’s Ward.

2014 Transplant Activity

In 2014, there were a record number of paediatric kidney transplants (20), resulting in an all-time low of just sixteen children remaining on dialysis. Furthermore, the kidney living donor programme continues to expand achieving 40 living donations in 2014 - the highest number to date.
Kidney Transplantation

<table>
<thead>
<tr>
<th>Number kidney transplants 2014</th>
<th>153</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deceased Donor Transplant</td>
<td>113</td>
</tr>
<tr>
<td>Live Donor Transplants</td>
<td>40</td>
</tr>
</tbody>
</table>

National Organ Procurement Service

The renal transplant coordinators based in Beaumont Hospital have provided procurement (donor) co-ordination services for liver, lung and heart transplantation as well as their own original primary function of coordinating renal and pancreas transplantation. The coordinators have delivered a 24 hour on-call service for the three transplant centres and deal with all organ donor referrals. Furthermore, they have provided a valuable link between donor families and the recipients, culminating in the organisation of, with the Irish Kidney Association, an Annual Service of Remembrance and Thanksgiving for organ donors, their families and recipients.

A process began in regard to transferring NOPS to ODTI in the final quarter of 2014.

Ireland continues to do well in comparison with other countries in the EU, ranking in the top 50% for organ donation.

While the number of donors decreased in 2014 (63 compared to 86 in 2013), the utilisation of organs per donor was higher at 3.6:1 (3.0:1 in 2013).

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 and acts as a tertiary referral hub for other Irish Renal Centres.

The medical staff includes five WTE nephrologists/transplant physicians: Prof Peter Conlon, Dr Colm Magee, Dr Mark Denton, Dr Declan de Freitas, and Dr Conall O’Séaghdha. In addition, Dr Mark Little is appointed on a 0.1 WTE basis, with a shared appointment between AMNCH and Beaumont Hospitals. There are five nephrology registrars of whom three are on the Nephrology Specialist Registrar Programme. There also is one Specialist Registrar who is undertaking a year sub-speciality training as the Transplant Fellow. The complement of junior doctors includes three senior house officers are on the RCPI basic specialist training scheme and four interns, undergoing a pre-registration year. Every year, we have nine SHOS and twelve interns rotating through our department.

The Renal Unit at Beaumont Hospital 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.

Haemodialysis Department

The Haemodialysis Department provides a service for both acute and maintenance haemodialysis patients within Beaumont Hospital including inpatient, outpatient and the critical care areas. A support service is also provided for Beaumont Hospital
haemodialysis patients dialysing within both Fresenius Medical Care Clinic at Northern Cross and also at Beacon Medical Group Clinic at Sandyford. The department also provides a Plasmapharesis service to the nephrology, transplant, neurology, haematology specialties within the Beaumont Hospital campus and also as a support for other regions within Ireland as the need arises. In 2014, the total number of haemodialysis treatments carried out in all areas was 28,859. There was an overall increase of 337 treatments on the previous year of 2013.

**Acute Haemodialysis Unit - St. Peter’s 4 Stations:** This unit is based on the fourth floor within the inpatient facility and also includes 3 isolation stations i.e. one single bedroom and a twin bay unit. This unit manages the new dialysis patients, acutely ill patients, inpatient dialysis patients and both inpatient and outpatient isolation dialysis patients.

### Total Haemodialysis Treatments at Beaumont Hospital

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
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<tbody>
<tr>
<td>Totals</td>
<td>34,665</td>
<td>31,248</td>
<td>31,182</td>
<td>31,002</td>
<td>29,573</td>
<td>31,007</td>
<td>29,181</td>
<td>28,522</td>
<td>28,859</td>
</tr>
</tbody>
</table>

### Haemodialysis Patient Numbers

At the end of the year there were 179 out patients in both St Martin’s and St Peter’s wards. The number of acutely ill patients can vary between 2-8 inpatients per week requiring dialysis in addition the above number being dialysed in St Peters ward. The patients attending are mainly from the Dublin north city and county and also the greater North East region that includes counties Louth, Meath and Monaghan. There are also a number of patients from outside the Beaumont Hospital catchment areas. The age profile and co-morbidities of the patients attending has also increased over recent years.

The nursing team in this area also provides an intermittent haemodialysis service to the three Critical Care Areas within the hospital.

The number of treatments has reduced to due to the introduction of CCVHD Therapies provided by the Critical Care staff in both the General and Neurological Intensive Care Units to approx. 100 – 120 treatments per year.

Following a tendering process with the National Renal Office and HSE procurement Beaumont Hospital Dialysis Unit introduced all new dialysis machines and consumables to the department in 2014.

This new machine technology offers patients access to the best latest treatment improving both health and quality of life outcomes.

2014 has been a very busy year of renal activity in the Department of Nephrology at Beaumont Hospital.
<table>
<thead>
<tr>
<th>Nephrology</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>In patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Pt Bed Days</td>
<td>12,903</td>
<td>12,185</td>
<td>11,814</td>
<td>10,613</td>
<td>10,505</td>
<td>11,525</td>
</tr>
<tr>
<td>In Pt Discharges</td>
<td>1,384</td>
<td>1,413</td>
<td>1,427</td>
<td>1,223</td>
<td>1,194</td>
<td>1,250</td>
</tr>
<tr>
<td>OPD attendances</td>
<td>6,535</td>
<td>6,961</td>
<td>7,759</td>
<td>8,877</td>
<td>9,729</td>
<td>9,187</td>
</tr>
<tr>
<td>Day Cases</td>
<td>604</td>
<td>602</td>
<td>685</td>
<td>791</td>
<td>944</td>
<td>913</td>
</tr>
</tbody>
</table>

**Home Therapies**

The Home Therapies Department facilitates both peritoneal dialysis and home haemodialysis nationwide and both programmes at Beaumont Hospital continued to expand in 2014.

Patients are referred from numerous sources, including clinics and wards, and training takes place on an outpatient basis for both modalities. A pre-dialysis patient day takes place every quarter providing information on the different renal replacement therapies available, facilitated by the Renal Patient Care Co-ordinator Department; this is a great opportunity for patients and families to learn about home dialysis. We also work up all suitable patients for transplant pool listings.

**Peritoneal Dialysis Programme**

The peritoneal dialysis programme provides home peritoneal dialysis nationwide, on an inpatient/outpatient service, with regular home visits and with 24 hour phone cover. Beaumont Hospital is currently one of the largest providers of peritoneal dialysis nationally and covers a large portion of the country. Mid 2014 saw the commencement of local anaesthetic insertion of peritoneal dialysis catheters programme with Dr Mark Denton (Consultant Nephrologist at Beaumont Hospital). This has resulted in an increase in patient numbers coming onto the peritoneal dialysis programme, along with numerous benefits for the patient including same day discharge, no general anaesthetic, and, for the hospital, reduced procedure cost and bed occupancy. The option of general anaesthetic is still available for those unsuitable for local anaesthetic. For 2015, the addition of Assisted Peritoneal Dialysis into the existing programme will allow patients who require full assistance with their dialysis to come onto the programme. This is currently facilitated by family members or carers.

The home haemodialysis programme allows patients to perform their haemodialysis independently in the home environment by doing either short daily dialysis or nocturnal home haemodialysis. There are numerous benefits associated with home dialysis, more dialysis hours, decreased inter-dialytic weight gain, decreased use of medications, a more liberal renal diet, and improved quality of life. Beaumont Hospital Home Therapies are proud to be the lead unit for the National Home Haemodialysis Programme and along with Cork, Galway, Tallaght and Waterford, we have established a successful programme. Limerick will open in 2015.

**Post Operative Transplant Clinic**

In 2014, a new early post-transplant clinic was established. This clinic was established to address long clinic waiting times for new transplant patients who had previously been added to the general nephrology outpatient clinic, with the associated risk of infectious disease exposure in a full waiting room.

New kidney transplant recipients from across Ireland are now seen and assessed
weekly in the post-transplant clinic. They are reviewed every week by the covering transplant nephrologist for the first six post-transplant weeks, after which they transition back to their primary nephrologist. The clinic is streamlined such that patients are seen quickly and efficiently, with minimal waiting times. The clinic is solely dedicated to recent transplant patients, and limited to twelve patients per week. It concentrates specific skills targeted at the recent transplant patient, such as wound care expertise, and ensures continuity of care as the patient is seen by the transplant fellow, consultant and nurses at each visit. It has permitted the standardisation of patient care pathways across consultants and allows for cross departmental audit and quality improvement. Handover to the primary nephrologist has been improved by ensuring a completed up-to-date discharge letter leaves with the patient on the day of discharge from the clinic. The feedback from patients has been very positive.

**Living Donor Assessment Clinics**

In 2014, the Rapid Access Living Donor Assessment Clinic has continued to expand, with one to three potential living kidney donors seen per week on average. This is an in-depth multidisciplinary medical assessment incorporating clinical review by transplant nephrology, radiology, laboratory testing and direct GFR measurement, all completed on the same day. The patient’s assessment pathway is managed on the day by the transplant co-ordinator. Potential kidney donors are discussed and selected to proceed to assessment at the bi-monthly living donor consensus meeting, and a final decision regarding approval is made at living donor multidisciplinary meeting, attended by transplant surgery and nephrology, psychiatry and psychology, H+I and anaesthetics, also held bi-monthly. The clinic has been very successful in reducing the waiting list for donor assessment.

**Transplant Transition Clinic**

This initiative came about from talks between Dr Declan de Freitas with the Temple Street Hospital Nephrologists to support young adults moving from the paediatric transplant service to the adult service in Beaumont Hospital. This entails clinic visits in Temple Street where they are jointly reviewed by Dr de Freitas and the Paediatric Nephrologists followed by transfer over to Beaumont Hospital where they are reviewed by a multidisciplinary team comprising of Dr de Freitas, PCC Angela Bagnall and Diane Gillen, Psychologist. The first clinic was held in January 2014 with three patients attending. Since then a total of eight patients have transitioned across to Beaumont Hospital (three female and five male). A total of seven clinics in Beaumont Hospital and two joint clinics in Temple Street Hospital were held during 2014.

**Plasmapheresis Service**

This service is carried out mainly in St Peter's Dialysis Unit or at the bedside in the critical care units. It is supported by a small number of trained nurses from both St Peter's and St Martin’s Units. A total of 30 new patients were treated in 2014 across three different specialties, with 163 treatments carried out in total.

<table>
<thead>
<tr>
<th>Total New Pts</th>
<th>Neuro Pts</th>
<th>Renal Pts</th>
<th>Haematology Pts</th>
<th>Total Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>14</td>
<td>15</td>
<td>1</td>
<td>163</td>
</tr>
</tbody>
</table>

**E Med - New National Renal IT System**

Renal IT is delighted to announce that E-Med Renal, an electronic patient management system, is getting set for go-live in January 2015. E-Med Renal is a national project that provides an IT system supporting staff in the delivery of renal specific care. The new system will provide accurate up-to-date patient information and treatment options and will enable our renal team to deliver the
best available treatment by providing a more complete patient record, as E-Med Renal augments information from different Hospital IT systems from a national perspective. Clinicians will now be able to access complete patient records quickly and easily even if transferred between hospitals. As Beaumont Hospital is the largest provider of Haemodialysis, Peritoneal Dialysis and is the national referral centre for Kidney Transplantation, the addition of E-Med Renal is a very welcome addition to the suite of resources that supports Beaumont Hospital in the delivery of the highest standard of renal patient-centred care.

The TUN Directorate completed all preparatory works required for the successful launch of the new system in 2014. All aspects required for a successful launch were addressed and 2015 should be a memorable year for the TUN Directorate, as it takes its first tentative steps on the journey to the incorporation of a national electronic health record for all renal patients.

**Patient Engagement Workshop**

In October 2014 the TUN Directorate held its first Patient Engagement Workshop. This was organised by the Patient Care Coordinators in conjunction with Quality and Standards, Learning & Development and Organisational Development Departments. In total, 38 patients and families attended on the day. It was also attended by Public Health Nurses from the community, The Irish Kidney Association, Satellite Haemodialysis and senior hospital management. The Renal multidisciplinary team was represented by Catering, Health Care Assistants, Chaplaincy, Pharmacy, Occupational Therapy, Physiotherapy, Medical, and Nursing. It was a positive engagement experience for all with an extremely energised, feel-good vibe in the room.

Patients were able to feedback their experiences from the modalities of Pre-End Stage Kidney Failure, Peritoneal Dialysis, Haemodialysis (both hospital and home dialysis) and Kidney Transplantation which included live donor programme members. Themes emerging from the workshop included improving: Community/Hospital interface, earlier referrals to Nephrology service, improving self care, supporting a Buddy System, nutrition, access to information and education, communication, transport and car parking fees. Following on from this workshop, TUN aim to concentrate on the areas of nutrition, education and peer support. Patient engagement awareness will be by feeding back to the staff/wards on the workshop and future developments from this engagement project.

**Satellite Dialysis Clinics**

Members of the Beaumont Hospital Nephrology team worked with HSE Procurement and the National Renal Office in the procurement process of four satellite dialysis clinics in the Dublin region. Each of these satellite units will have the capacity to treat 80 patients. After a lengthy process, two companies were awarded with one company awarded three of the four satellite units. Two of the clinics will be based in the Dublin North East region one in Drogheda and the other will be based in Northern Cross. It is expected that the Drogheda unit will open in January 2015.

**Satellite Renal Outpatient Clinics**

In an effort to deliver care locally, Beaumont Hospital Consultant Nephrologists now deliver outpatient clinics and see patients in the Rotunda, Temple Street, Drogheda and Connolly Hospital, Blanchardstown.

The Rotunda Clinic, run by Dr Colm Magee and Dr Conall O'Seaghdha, continues to grow.

The clinic in Our Lady of Lourdes Hospital Drogheda is a new venture started in June 2013, under Dr Declan deFreitas, delivering weekly clinics for local patients and allowing the repatriation of patients from Beaumont Hospital to their local hospital.

Dr Mark Denton continues to run a satellite outpatient clinic in Blanchardstown to deliver local care.
the need for transfer to Beaumont Hospital or facilitating that transfer.

**Urology**

The year 2014 has been another very busy year of urology activity in Beaumont Hospital.

The Urology Team at Beaumont Hospital continue to provide a urology service to patients for the entire Dublin North East region.

A feature of the Urology Department in recent years has been the reduction in average length of stay and increased day case activity. We anticipate this will continue to improve in the coming years.

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connolly Hospital</td>
<td>301</td>
</tr>
<tr>
<td>Our Lady of Lourdes</td>
<td>290</td>
</tr>
<tr>
<td>Rotunda Hospital</td>
<td>899</td>
</tr>
</tbody>
</table>

**Satellite Hospital Consult Ward Rounds**

The additional satellite outpatient activity has allowed us to undertake inpatient ward rounds at Connolly, Rotunda and Our Lady of Lourdes Hospitals. These are new and growing services, again aimed at improving renal care delivered locally, reducing the incidence of acute kidney injury (up to 50% in-hospital mortality) and either preventing prostate cancer nurse. Same-day prostate biopsies are offered where applicable. Beaumont Hospital has also been designated one of six centres in the country where prostate cancer surgery can be carried out.

Beaumont Hospital operates a very busy Rapid Access Prostate Cancer Clinic (RAPCC), seeing over 280 new referrals and over 400 return patients in 2014 with approx 99 cancers diagnosed.

An average of 60-80 radical prostatectomies are performed at Beaumont Hospital annually. We currently offer both traditional open surgery and pure laparoscopic surgery to patients diagnosed with localised prostate cancer.

**Rapid Access Prostate Clinic**

Apart from non-melanoma skin cancer, prostate cancer is the most commonly diagnosed cancer in men in Ireland. It accounts for 29% of all cancer diagnoses. Between 2005 and 2007, on average 2462 new cases were diagnosed each year, with an average number of 524 deaths each year during the same time period. It is expected that the total number of diagnoses will rise to 3500 in 2015, 4800 in 2025 and 6500 in 2035.

Beaumont Hospital is a designated diagnostic Centre for the NCCPs rapid access clinics, for the assessment of men with suspected prostate cancer. In these clinics, the patients are assessed by a consultant urologist and have access to a specialist
Urodynamics

The Urodynamic Department at Beaumont Hospital provides urodynamic testing, Uroflow/Bladder scans, urodynamics cover for Urology clinics 5 days per week, Manometry on a weekly basis and a Continence Promotion Clinic

2014 Urodynamic Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Presentations</th>
</tr>
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<tbody>
<tr>
<td>Cystometry</td>
<td>415</td>
</tr>
<tr>
<td>Uroflows /Scans</td>
<td>1010</td>
</tr>
<tr>
<td>Rectal manometry</td>
<td>128</td>
</tr>
<tr>
<td>Continence Clinic</td>
<td>771</td>
</tr>
<tr>
<td>Total</td>
<td>2324</td>
</tr>
</tbody>
</table>

Renal Education

The Renal Education Coordinator facilitates the delivery of a number of postgraduate programmes and is also engaged to deliver education sessions to other postgraduate and undergraduate programmes and patient groups. A wide variety of teaching strategies are utilised to ensure delivery and content is of the highest standard:

- 2014 saw the launch of the NMBI new Code of Conduct for nurses. Beaumont Hospital education staff hosted and facilitated a workshop aimed to assist nurses with the practical impact of the new code on service delivery.
- Four nurses have completed the postgraduate diploma in Renal Nursing in conjunction with the RCSI.
- A further six nurses are currently undertaking the postgraduate programme, four taking the Urology stream, with the remaining two taking the Renal Stream.
- Eight nurses commenced the stand-alone Haemodialysis Module in February which is also accredited by RCSI. These nurses come from a variety of haemodialysis units, both internal and external.
- The first graduates from the stand-alone module in Urology completed their course in January 2015. This group included both internal and external nurses. There is strong demand for this programme as it is the only Level 9 postgraduate course on-call available in Ireland for Urology Nurses. Nurses undertaking this course also have the opportunity to undertake the full postgraduate Diploma.

The TUN Conference took place in November 2014. This multidisciplinary conference grows in strength year on year. The conference is aimed at all nephrology nurses, providing education and updates on a wide variety of topics.

Beaumont Hospital Nephrologists are involved in delivering both undergraduate and postgraduate teaching at a local, national and international level.

Undergraduate teaching is performed as part of the RCSI curriculum with a didactic component involving third med and final year lectures on chronic kidney disease, acute kidney injury, acid-base disorders and kidney transplantation. The ward based component is both attendance on ward rounds and dedicated teaching on history taking and physical examination. The consultants are also involved in final medical year examinations.

At postgraduate levels, lectures are given locally as part of medical grand rounds (Beaumont, Drogheda, Blanchardstown, Navan), anaesthetic grand rounds and nephrology weekly teaching. In addition we hold a weekly journal club to teach evidence based medicine. We are also involved in teaching for the MRCPI examinations both written and clinical. The nephrologists have also contributed to both national meetings (The Irish Nephrology Society Summer Meeting; Winter Meeting; and The Multisystem Disease Meeting, Galway) as well as international meetings.

Research student and MD candidates are under direct supervision.
Publications and Research:


Coupes B, de Freitas DG, Roberts SA, Read I, Riad H, Brenchley PE, Picton ML.


Withers SB, Passi N, Williams AS, de Freitas D, Heagerty AM.


Locke AE (O'Seaghdha CM, as member of CKDGen Consortium).


Shungin D et al. (O'Seaghdha CM, as member of CKDGen Consortium).


McMahon GM, O'Seaghdha CM, Hwang SJ, Meigs JB, Fox CS.


Common variants in Mendelian kidney disease genes and their association with renal function.


O'Seaghdha CM, Hwang SJ, Larson MG, Meigs JB, Vasan RS, Fox CS.

Analysis of a urinary biomarker panel for incident kidney disease and clinical outcomes.


O'Seaghdha CM, Hwang SJ, Ho JE, Vasan RS, Levy D, Fox CS.

Elevated galectin-3 precedes the development of CKD.


Medani S, O'Kelly P, O'Brien KM, Mohan P, Magee C, Conlon P.

Bladder cancer in renal allograft recipients: risk factors and outcomes.


Long-term outcomes of kidney transplantation across a positive complement-dependent cytotoxicity crossmatch.


O'Rourke J, Zimmermann JA, Shields W, McLaughlin D, Cunningham P, Magee C, Hickey DP.

Organ donation following the circulatory determination of death (DCD): an audit of donation and outcomes following renal transplantation.


Dialysis-dependent renal failure at diagnosis continues to be associated with very poor outcome in multiple myeloma.


Magee C.

Immunosuppressive medications and organ transplantation: the facts.

Critical Care and Anaesthesia Directorate

Management Team

Dr Joseph Keaveny continued as Clinical Director, with Ms Judy McEntee as Directorate Nurse Manager and Ms Therese Callinan as Business Manager. Dr Michelle Halpenny was appointed as the chairperson of Anaesthesia, while Dr James O’Rourke continued as the Clinical Lead in ICU.

Directorate Clinical Governance

Clinical Governance meetings were held on a quarterly basis through the year, allowing the directorate to maintain a focus on improving health-care Standards. At the end of 2014, we reviewed the terms of reference of the group and started to brainstorm options for bringing clinical governance to local level.

An Interdisciplinary Group continued to lead and promote Hand Hygiene Standards throughout the Directorate. This group participates in championing the required standards of Hand Hygiene at clinical level, auditing Hand Hygiene practice and monitoring education compliance and throughout the directorate. The group consists of staff from the following disciplines; Administration, Medical, Nursing, Portering, Household and Allied Health Professionals.

The directorate were well represented at the annual Quality & Standards Hospital event with a number of presentations by the Anaesthetic Department

Critical Care Unit

ICU Capacity

During 2014, bed capacity remained at eight beds in General ICU due to an inability to fill vacant nursing posts. Bed occupancy was 111%, achieved by going over capacity and opening extra beds. Bed occupancy regularly (and unpredictably) went two beds over official capacity.

Renovation of the Relatives’ Room

Along with the lead from the hospital end of life care coordinator, Gill Rufli, we applied to the Irish Hospice Foundations Design and Dignity Project for a grant to renovate the relatives’ waiting areas. This project aims to create a calm welcoming environment to meet the comfort needs of patients’ families. It will also provide privacy for recently bereaved families and for sensitive conversations between families and clinical staff. We have been lucky enough to be successful and the renovations will take place next year.

Clinical Information System.

In March 2014, a Clinical Information System went live in General ICU. Design and configuration of the system had commenced in 2013. The system records automatically all patients’ vital signs as well as providing information from bedside equipment such as ventilators, infusion pumps, and dialysis machines. Electronic prescribing of medicines is completed on the system. It forms an electronic patient record, providing up-to-date information on the patient in one location. It provides a clear sequence of events, making the patients treatment pathway easy to capture and follow. It will make data analysis much easier to undertake. The next phase of the project is integration with laboratory medicine and allied health professional’s integration.

Proposal to expand Critical Care Unit

In 2014, we resubmitted a proposal for expansion of our General ICU. The proposal consisted of an extension to our existing ICU to create an eight bed unit of ICU standard and refurbishment of our existing ICU.

Also, in 2014, we started to work on a proposal for staffing of an eight bed High Dependency Unit (HDU). Our existing HDU building will be vacated toward the end of 2015. Our proposal centered around the staffing of multidisciplinary team to provide high dependency care for complex patients.
Along with this, we started to work on an interim solution to open two HDU beds in our existing ICU.

**Preoperative Assessment Service.**

The Pre-operative Assessment Service continued to function in 2014. We focused on process improvement, ensuring maximum utilisation of capacity. We worked on increasing the number of patients seen per week through the support of additional administrative support for the service.

Under the National Surgery Programme and National Anaesthetic Programme we received funding through the HSE for the development of a combined pre-operative assessment and DOSA unit. Planning of the design of the unit commenced in 2014.

**Theatre**

**Theatre Management System.**

We received funding in 2013 to develop an electronic theatre emergency scheduling system. Designing of the system to incorporate the current management of emergency procedures was undertaken by Anaesthetists, Nursing Staff and the IT Department. Throughout 2014, the software was developed with testing of the system almost complete by the end of the year. Go live date was planned for February 2015.

**The Safe Site Surgery Check-List**

On 3rd February 2014, the National Policy & Procedure for Safe Surgery was formally introduced to Beaumont Hospital Theatre Department.

The concept of the Safe Surgery Check-List was not new to the Theatre Department and, while much work had already been undertaken in an attempt to introduce the (World Health Authority (WHO) Safe Surgery Saves lives initiative, it had not become standard practice throughout the department.

The launch of the National Policy and Procedure for Safe Surgery in July 2013 necessitated strong leadership and interdisciplinary working to embed the policy of the Safe Surgery Procedure so that it is standard practice in the Theatre department.

**Theatre Stores Management**

We reviewed the length of time nursing staff spend on stock ordering in the theatre department. We used this data as a basis for a proposal to appoint 2.5 wte non-clinical staff to undertake this work and release this nursing time to patient care. Our proposal was submitted in December 2014.

**Minor Theatre**

At the end of 2014, we were successful in appointing an additional staff member to expand the existing working day and open two additional sessions for the Dermatology and Urology Services. Treatment of patients will commence in February 2015. Also, in 2014, we extended the working day for Plastic Surgery; this increased the number of patients being treated by 4 – 6 per week, thereby reducing patient waiting time.

**Pain Service**

Planning commenced in 2014 to transfer pain procedures to St. Joseph’s Hospital. It involved the refurbishment of a theatre and purchasing of x-ray equipment. The service is planned to commence in January 2015. It will result in the treatment of an additional 25 patients per month and reduce waiting times for patients.

Also, in 2014, the pain team completed a business case for the expansion of the pain service. This included the appointment of an additional consultant, ANP in pain, specialist physiotherapist, psychologist, occupational therapist and administration support. This will be ready for submission to the National Service plan in 2015.

A total of 547 day case pain procedures were performed in 2014.

**Pain Outpatient Service**

Throughout 2014, we focused on reducing DNAs within the service. The DNA rate was reduced from 32% to 19%. A comprehensive validation exercise was completed in November, this allowed for patients no longer requiring treatment to be removed.
from the waiting list, therefore reducing wait-time for other patients.

Referrals to the service continued at an average of 80 per month, an increase of 26% since 2012. Waiting time for patients grew, with 330 patients waiting greater than 12 months by the end of 2014.

**Day Surgery**

**Day Surgery Waiting Times**

Achievement of the eight month wait time at the end of December 2013 was difficult to sustain in 2014. This was due mainly to the use of day ward for unscheduled admissions during escalation. At the end of the year, there were 1093 patients waiting greater than eight months.

In an attempt to allow for access and planning of scheduled day case admissions, we reconfigured the day ward by redirecting unscheduled patients to the unopened beds and reallocated staff to support this.

This allowed day cases to be planned first on the theatre list - by doing this and ensuring patients were ready for theatre, it reduced the delays in start time by 56%.

**Poisons Information Centre**

The National Poisons Information Centre provides a 24 hour/seven day national telephone information and advice service to assist medical and healthcare professionals in the treatment of poisoning. We also operate a Public Poisons Information Line between 8am-10pm every day to provide triage advice to members of the public following accidental poisoning. It is our policy to refer all cases of intentional self-poisoning for medical assessment.

The centre answered a total of 9457 enquiries in 2014, a slight drop of 3.6% compared to 2013. Of these, 9159 enquiries were about human poisoning. 231 were non-emergency requests for information and 67 were enquiries about poisoning in animals. Most of our enquiries were from medical and nursing staff in GP practices, co-ops and in hospitals, while 28% were from members of the public. Overall, 79% of human cases were suspected accidental poisonings or therapeutic errors and 17% were cases of intentional self-poisoning or recreational abuse. Most poisonings (93%) occurred in the home or domestic setting. Paracetamol remains the most common drug involved in human poisoning enquiries, while laundry products are the most common household products.

During 2013/2014, the Poisons Centre participated in a public education campaign funded by the Irish Cosmetics, Detergent & Allied Products Association (ICDA) to highlight safety awareness for household products. In total, 50,000 Poison Prevention Guidelines leaflets and 40,000 fridge magnets featuring the Public Poisons Line number were distributed to parents via EUmom and Public Health Nurses.

We also continue to promote safety awareness and poisons information advice through our Facebook page and NPIC website; our total Facebook likes increased to 2843 and we had more than 23,000 visitors to our website - [www.poisons.ie](http://www.poisons.ie) - during 2014.

Staff in the centre presented three posters at the EAPCCT Congress in May and these were published as abstracts in the journal Clinical Toxicology.

**CSSD**

In 2014, CSSD processed over 81,000 units. The hospital secured approval to replace the current autoclaves.
The Imaging and Interventional Radiology Directorate

Dr Paul Brennan, Clinical Director, Imaging and Interventional Radiology Directorate

The year 2014 was a busy one for the Imaging and Interventional Radiology Directorate. The equipment replacement programme continued throughout the year and it ensured that we were able to provide our patients with the best diagnostics available. Maintaining the radiography staffing levels during the year at appropriate numbers posed frequent difficulties. This was particularly the case towards the end of the year as there was a shortage of radiographers who were registered with CORU. However, the radiography management team and radiographers worked hard to maintain the service. A very positive outcome across the directorate was the success of all the radiography staff in their pursuit of postgraduate qualifications. All these activities ensured that the directorate was in a position to offer optimum care to the patients that used the service.

Computed Tomography (CT)

The Siemens Emotion 6 CT scanner was replaced by a Philips Ingenuity Core 128 CT scanner, which became operational in April 2014. For the duration of the refurbishment and equipment replacement project, the outpatient CT service was transferred to St. Luke's Radiation Oncology Centre where one of the CT scanners there was operated by the Beaumont Hospital CT Radiographers. We were very grateful to our colleagues in SLROC for the use of their facility as it allowed us to maintain service levels during the installation of the new scanner.

The ESCAPE trial, a major international study commenced in January 2014, which had a significant impact on CT in terms of workload and changes to scanning protocols for patients presenting with acute ischaemic stroke. The trial included patients from ten hospitals across Ireland who were referred to Beaumont Hospital as well as patients from within Beaumont Hospital. CT examinations were performed on all of these patients prior to randomisation. The results of the study were published in February 2015 in the New England Journal of Medicine, which showed that endovascular treatment results in a dramatic improvement in patient outcomes and a reduction in disability and deaths from stroke.

Interventional Radiology

2014 proved to be a progressive year in Interventional Radiology. Having successfully survived the downtime (seven weeks), the Phillips AlluraClarity FD20 Interventional suite was up and running from the end of May 2014. The new unit has provided the radiologists with much better image quality and an array of new procedures can be performed due to the high specification provided by the unit. It also offers considerable dose reduction to both patients and staff - up to 75% reduction for many procedures. The general interventional service has certainly been enhanced as a result of this purchase and, given the increased demand, should prove beneficial in the years to come.

On the Neuro-Interventional front, we are continuing to provide our coiling and embolisation services, and are supported greatly by anaesthetics who provide daily general anaesthetics cover. The biggest growth area in stroke treatment - the Thrombectomy Service is the only 24 hour service of its kind available in Ireland, and knowledge of its existence has grown leading to the increased demand. The Neuro-Interventional Department were also involved in the ESCAPE study as is mentioned above and much credit goes to all the neuro radiologists, interventional radiographers, nursing and support staff for making it a success.

Breast Imaging

2014 saw the Beaumont Hospital Breast Imaging unit diagnose 300 breast cancers, all of which were discussed at multi disciplinary team meetings. We carried out 14,348 breast examinations, including 7,974 mammograms.
(all figures are pre-validation). Overall, the volume of breast interventional work is on the increase. For instance, 2014 saw a 28% increase in the number of stereotactic mammograms carried out compared with 2013. The department also continued to train new radiographers and, during 2014, Ms Majella Munnelly successfully completed her postgraduate Certificate in Mammography through UCD.

Towards the end of the 2014, work on the development of a dedicated purpose-built breast unit gained momentum, with the availability of architectural drawings for discussion/ revision and a proposed project start date of August 2016.

**Magnetic Resonance Imaging**

The Radiology Department added a new Siemens Skyra 3T MRI unit to its portfolio. The 10 week replacement programme, which commenced in June, saw the new magnet being delivered in style by crane to the department in mid-August. On that day the 21 year old GE magnet which weighed 38 tons was removed.

The MRI service in Beaumont Hospital operates 3 magnets and scans in excess of 300 patients each week. The new unit promises to offer advanced capabilities which will enhance the service to our patients, especially neurology and neurosurgical patients. The new MRI scanner commenced operation at the beginning of September with applications training and in-house training finished just before Christmas.

Thanks are due to Gillian Hegarty, Project Manager, for her eye for detail and to Dr Seamus Looby, Sinead Maguire, Pat Cooney and Cristina Simoes-Franklin for all their hard work and commitment during both the tender process and during the project itself. We are especially grateful to Michele Monahan and Radiology in Connolly Hospital who, as part of the RCSI Hospital Group, were supportive in facilitating the scanning of a portion of our outpatients during the downtime.

**Nuclear Medicine**

Early 2014 saw continued increase in the demand for Nuclear Medicine imaging in particular, with an increase in the scanning of *whole body bones* relating to oncology patients. Coupled with this, sentinel node imaging for both melanoma and breast imaging also continued to grow significantly. Due to this increase and the requirement to modernise the equipment, funding was granted and a tender submission made.

The last quarter of 2014 saw the complete redevelopment of the Nuclear Medicine department in Beaumont Hospital. The old department was replaced by a modern state-of-the-art facility housing two 16 slice spect CT gamma cameras providing enhanced imaging capabilities and *hybrid* scanning which had been previously unavailable.

The year saw the building of two injection rooms, a patient waiting area and new Radiopharmacy including a separate blood labelling room all within the new Nuclear Medicine footprint. Although the outsourcing of the service was required during the three month duration of the build which led to some disruption, the project was completed on time and the new department welcomed its first patients in early January 2015. We hope that the new and improved resource will enhance the experience of patients attending the department and provide an improved service for clinicians wishing to access the facility. Again, much credit goes to the project team of Gillian, Pat, Tom, Donal, Sean, Jennifer, Joe, Maria, Dr Frank Keeling and Dr Aoife McErlean, as well as the four hospitals and staff who accommodated our patients during the downtime – the Mater Hospital, St James’ Hospital, St Vincent’s Hospital, Tallaght Hospital and St Luke’s.

**Radiation Safety Course**

A radiation safety course for non-radiology doctors and hospital personnel took place on Saturday, May 17th, 2014, organised by the Medical Physics and Clinical Engineering (MPCE) Department and the Imaging and Interventional Radiology Directorate. This
course was approved by the Faculty of Radiologists and carried four CME points. Attendance at this course is mandatory for all doctors working in certain recognised fields of medical specialisation where a radiological exposure may be directed. A series of presentations and practical demonstrations were delivered by physicists, radiologists and radiographers. The presentations covered various topics including the basic physics of ionising radiation; justification and optimisation of patient dose; biological effects of ionising radiation; and practical radiation protection in interventional fluoroscopy and nuclear medicine. The practical demonstrations were provided in the areas of nuclear medicine; the use of a C-arm in theatre; and fluoroscopy in the interventional radiology suite. The course was well attended by both internal and external staff, with very positive feedback received from the attendees.

**Radiographer Staffing & Appointments**

The Radiographer vacancy level started at 12% at the beginning of 2014, which was a significant improvement on the previous year. Unfortunately, 2014 proved to be a difficult year for recruitment due to a national shortage of qualified staff, plus the delays incurred for radiographers registering with CORU. This meant that only two radiographers were recruited in 2014 namely: Megan Brannigan and Sony Joseph. The radiography management structure had two key appointments in 2014, as Ms Jennifer Hanrahan was made permanent in her role as Radiography Service Manager II and Mr Sean McArt was promoted to the position of Radiography Service Manager I.

The Radiographer Exchange Programme with the Alfred Hospital in Australia continued into 2014 and proved to be highly successful from both a shared learning and from a staff retention viewpoint. Much credit must go to Ms Jennifer Hanrahan and Dr Mark Given who set up this programme and the Human Resources department for helping ensure that the plans came to fruition. We must also thank the representative from Beaumont Hospital, Muireann Farrell, and from the Alfred Hospital, Tom Wright, who continued to make it a success. It is hoped that in 2015, this programme will continue, with Shona Daly and Elaine Reidy, who are due to start in the Alfred Hospital in October.

**Education**

The Beaumont Hospital radiographer education committee held their first study day in March 2014. This was on oncology imaging and was well attended by radiographers from Beaumont Hospital, as well as radiographers from other hospitals. Many thanks go to the education committee members: Jennifer Hanrahan, Sean McArt, Grainne Jackson, Siobhan Stanbrook, Stephanie Cremen, Sarah Doherty and Shona Daly for organising the event. We would also like to thank the speakers: Dr Neasa Ni Mhuircheartaigh, Dr Seamus Looby, Dr Lorna Hanlon, Siobhan Stanbrook, Laura McEneaney and Sinead O’Sullivan.

Throughout 2014, the Radiography Department continued to improve the skill mix within the department through in-house training and attendance at postgraduate courses. In this regard, we would like to congratulate Catherine Conway and Sinead Moloney, both receiving MSc in Ultrasound, Rachel Monaghan, receiving MSc in Magnetic Resonance Imaging and Majella Munnely receiving postgraduate Diploma in Breast Imaging in 2014.

We would also like to wish the following staff who started their studies in 2014 all the best of luck: Kirsten O’Brien – MSc Computed Tomography, Sarah Moore – MSc Healthcare informatics, Aoife Farmer – MSc Ultrasound, and Su Foley – MSc Magnetic Resonance Imaging.

Appreciation must also be extended to all staff who worked within the Radiography Department who dealt in a professional manner with all challenges that were encountered throughout the year and for their deliverance of a quality service to our patients.
Radiology Nursing

The year 2014 was another busy one for Radiology Nursing. Linda Jones, CNM2, and a team of ten specially trained Radiology Nurses continued to provide nursing support to patients attending the department. With an increase in emergency interventional cases and stroke cases, we saw a greater demand on the ‘on-call service’.

In October, Beaumont Hospital Radiology Nurses hosted the Annual ANRI (Association of Nurses in Radiology) Conference in the Richard Carmichael Lecture Theatre. The day was well attended by Radiology Nurses across the country and was an excellent opportunity to showcase the diversity of Interventional Radiology procedures that we perform in our Department.

Ms Sobin George was a very welcome addition to the nursing team and, in education, congratulations to Sunitha Thomas Clinical Nurse Manager 1 on graduating with a postgraduate Diploma in Radiology Nursing.

Activity 2014

<table>
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<tr>
<th>Modality</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>General Radiography</td>
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<tr>
<td>CT</td>
<td>21,868</td>
</tr>
<tr>
<td>MRI</td>
<td>14,252</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>1,930</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>24,475</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>3,932</td>
</tr>
<tr>
<td>Theatre</td>
<td>1,852</td>
</tr>
<tr>
<td>Mammography</td>
<td>7,974</td>
</tr>
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<td>Screening</td>
<td>780</td>
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</table>
Surgical Directorate

Ms Deborah McNamara, Clinical Director, Surgical Directorate

Quality and Safety Agenda

The directorate developed a strong focus on improving the quality and safety of care delivered to patients during 2014 which has been embedded in all activities. A monthly quality and safety report guides the work of the Directorate Management Team and Surgical Consultants. A weekly interdisciplinary learning collaborative, focused on quality improvement, was commenced in April 2014 with an number of important achievements, including a 25% reduction in the incidence of surgical site infections for patients cared for on one of the hospital's busiest wards.

In collaboration with our colleagues in anaesthesia, the Safe Surgery Check-List was introduced for every surgical directorate patient in early 2014 and is now standard practice across the operating theatres.

Timely communication with general practitioners following outpatient visits was the subject of a major quality improvement programme led by Ms Eileen Higgins and Mr Des O'Toole, resulting in a series of process changes that enabled urgent correspondence to be dealt with in less than three days for almost 100% of patients and significant ongoing improvements for routine letters.

Ms Marie Kelly, Directorate Nurse Manager, led a project opening a surgical admission lounge to allow early transfer of ambulatory patients awaiting investigation from the ED to one of our main surgical wards. She also led the 'productive ward’ rollout across the Surgical Directorate, in collaboration with Ms Melanie McDonnell, and commenced work on improving care pathways for patients presenting with hip fractures.

The directorate consistently exceeded the day of surgery admission targets set by the HSE, allowing most patients to have a shorter hospital stay. Patients presenting for major colorectal surgery now receive a comprehensive outpatient pre-assessment that enables preparation for their surgery to take place in the comfort of their home, instead of in a busy ward and we are assisting with the development of a 'corporate’ DOSA unit. Despite bed pressures, the directorate continues to deliver high quality cancer surgery to patients from throughout our region with our service increasing following the introduction of the National Bowel Screening Programme.

Surgical Patient Care Activity Levels 2014

The Surgical Directorate delivered 62,925 care episodes for patients in 2014, including 15,834 new outpatient consultations and 29,867 return consultations. Notwithstanding the closure of the day ward to elective surgical cases for the majority of 2014, 12277 day procedures were performed, including endoscopy, outpatient procedures and surgery at St Joseph's Hospital Raheny. A successful Surgical Directorate initiative to 'ring-fence’ a day ward bed for emergency orthopaedic day case surgery resulted in a 196% increase in orthopaedic day case activity in 2014, increasing from 521 cases in 2013 to 1540 cases in 2014. The hospital experienced high levels of demand through the ED resulting in the cancellation of a significant amount of surgical activity. Surgical inpatient activity reduced from 5581 patients in 2013 down to 5296 in 2014.
<table>
<thead>
<tr>
<th>Department</th>
<th>Gen/CR</th>
<th>Gen/Breast</th>
<th>Gen/UGI</th>
<th>Gen/Vascular</th>
<th>Gynae</th>
<th>Ortho</th>
<th>Plastics</th>
<th>Totals</th>
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<tr>
<td>New OPD</td>
<td>1192</td>
<td>5356</td>
<td>597</td>
<td>1498</td>
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<td>4911</td>
<td>1539</td>
<td>15834</td>
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<tr>
<td>Return OPD</td>
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<td>6348</td>
<td>1044</td>
<td>3747</td>
<td>1081</td>
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<td>4165</td>
<td>29867</td>
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<tr>
<td>Day Cases</td>
<td>2442</td>
<td>1858</td>
<td>1039</td>
<td>1550</td>
<td>976</td>
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<td>2872</td>
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<td>InPatients</td>
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<td>505</td>
<td>778</td>
<td>117</td>
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<td>7573</td>
<td>2915</td>
<td>16653</td>
<td>8576</td>
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*excludes major complex reconstructive procedures carried out jointly with another surgical team

<table>
<thead>
<tr>
<th>Year</th>
<th>Beaumont Hospital</th>
<th>St Joseph's Raheny</th>
<th>Total Surgical Inpatients</th>
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<tbody>
<tr>
<td>2013</td>
<td>5199</td>
<td>382</td>
<td>5581</td>
</tr>
<tr>
<td>2014</td>
<td>4941</td>
<td>355</td>
<td>5296</td>
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</table>

**Surgical Directorate Peer Reviewed Publications 2014**

Academic publications for surgeons with sessions in the Departments of General and Breast/Endocrine Surgery, General and Colorectal Surgery, General and Upper GI Surgery, General and Vascular Surgery, Orthopaedic Surgery, Plastic and Reconstructive Surgery and Gynaecology, Beaumont Hospital are included. Authors with an RCSI sessional commitment are indicated with an asterisk. (Sourced and collated by Breffni Smith, RCSI Library from PubMed, Web of Science and Embase, 19/3/15.)

**Departments of General and Breast/Endocrine Surgery**

Professor ADK Hill* (Professor of Surgery 18.5 hours), Mr Colm Power, Mr Mike Allen, Mr Paul McAleese


3. Tamoxifen-induced ER-alpha-SRC3 interaction in HER2 positive human breast cancer; a possible mechanism for ER isoform specific recurrence McIlroy M, Fleming FJ, Buggy Y, **Hill AD**, Young LS. *Endocrine-Related Cancer* Published: OCT 2014


5. Global Gene Repression by the Steroid Receptor Coactivator SRC-1 Promotes Oncogenesis Walsh CA,


**Department of Colorectal Surgery**

Mr J Deasy, Ms DA McNamara, Mr R Cahill, Mr S Naqvi


148


10. Laparoscopic repair of recurrent incisional hernia using a 'balloon' for mesh positioning - a video vignette By: Narouz, F.; Manzoor, T.; Naqvi, S. *ColoRectal Disease* Volume: 16 Issue: 11 Pages: 930-931 Published: NOV 2014

11. A virtual outpatient department provides a satisfactory patient experience following endoscopy By: Ryan EM, Rogers AG, Hanly AM, McCawley N, Deasy J, McNamara DA. *International Journal of Colorectal Disease* Volume: 29 Issue: 3 Pages: 359-364 Published: MAR 2014


**Department of General and Upper GI Surgery**
Prof P Broe (Past-President RCSI), Mr M Arumugasamy

**Department of Orthopaedics**
Mr H Mullet, Mr D Collins, Mr M Donnelly, Mr J Walsh

1. Unpressurised Cement Acetabular Liner (UCAL) - An Additional Technique for Enhancing Hip Spacer Performance By: Magill, Paul J.; Donnelly, Michael P. *Journal of Arthroplasty* Volume: 29 Issue: 3 Pages: 638-639 Published: MAR 2014


3. Locking plate fixation with and without inferomedial screws for


Department of General and Vascular Surgery

AL Leahy* (10 hours), Moneley D, Leahy A, Naughton P (6.5 hours)


Department of Plastic and Reconstructive Surgery

B Kneafsey, N Ajmal, B O'Sullivan


Department of Gynaecology

Barry Gaughan, Paul Byrne* (10 hours)
Laboratory Medicine Directorate

Clinical Director: Professor Elaine Kay
Business Manager: Alan Byrne
Laboratory Manager: Peter O’Leary

The Clinical Directorate of Laboratory Medicine provides an extensive clinical and diagnostic laboratory service to a range of hospitals (HSE, voluntary and private), to other healthcare providers and facilities both nationally and regionally, and to general practitioners in Beaumont Hospital’s catchment area. The range of testing provided includes both routine and national specialisation tests. In 2014, more than 5.2 million tests were performed, with a total repertoire of over 800 different test types offered.

Accreditation / Quality Management System

The Clinical Directorate of Laboratory Medicine is committed to the provision of laboratory services compliant with best international standards. 2014 saw H&I successfully retain their European Federation of Immunogenetics (EFI) accreditation, with all other disciplines achieving accredited status to the International Standard ISO15189 following the inspection process. This represents a tremendous achievement by staff, and the Laboratory Medicine Directorate remains very appreciative of the hard work and contribution of its entire staff to this end.

Accreditation means that 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 standardised 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.

Invited Lectures

Peter O’Leary: Two day workshop ‘Requirements for Quality and Competence of Medical Laboratories - Accreditation to ISO15189:2012’ - TAIEX (Technical Assistance and Information Exchange instrument of the European Commission), Tirana, Albania.

Phlebotomy

The Phlebotomy Department provides a service to over 700 patients daily: in-house, as well as patients referred from outpatients, and also GP referrals. We also provide a service to warfarinised patients, approximately 100 daily in outpatients.

We are committed to continuous professional education in our department and are also involved in providing an educational resource to the centre of education here in the hospital.

Chemical Pathology

Chemical Pathology – Workload

The workload within the Chemical Pathology Laboratory can be seen in the following table:

<table>
<thead>
<tr>
<th>Workarea</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
</table>

151
<table>
<thead>
<tr>
<th>CHSO</th>
<th>31</th>
<th>3907</th>
<th>5296</th>
<th>4575</th>
<th>5243</th>
<th>5816</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chem Path - Total</td>
<td>1277339</td>
<td>1333672</td>
<td>1408378</td>
<td>1484855</td>
<td>1598235</td>
<td>1689337</td>
</tr>
</tbody>
</table>

The above figures are from Diver Reporting and are based on 'Lab Patient Counts' which has been reclassified recently as 'Orders'. Therefore, they provide at least a comparative picture of workload expansion. They do not provide statistics on test numbers as an order may contain several tests run as a profile.

Increases in workload can be attributed to:

- Overall demand invariably showed an increase each year, usually in the order of 6-8%.
- The above figures show an increase of 5.7% in the total workload and an increase of 10.9% in chemistry send-outs.
- GP utilisation of the laboratory continues to increase. This has been reported at the CP+O meetings to have reached 40% of total workload within the directorate.
- Vitamin D requests continue to increase, resulting in an increase of 28.2% in the workload in the renal section.
- Serology requests (antibiotics) have increased by 32.6%.

In addition, the following workload would not be captured by the statistics from Diver:

- Work-up on new tests and testing procedures which is ongoing. Examples would be drugs of abuse and the testing being done to transfer HPLC assays to the LCMS platform following failure of the Asted analyser.

The above data is graphed below:
Chemical Pathology - Significant Events

- INAB accreditation to ISO15189 has been successfully renewed and the scope of accreditation extended.
- A number of staff have departed, including Mairead Hanratty.
- Procurement of LCMS for Phaeochromcytoma service is underway.

Haematology

Department Overview:
The Haematology Laboratory provides a range of routine Haematological Diagnostic services for patients at the behest of clinicians and also an around-the-clock emergency service. The Coagulation Department is involved in the management of anticoagulant therapy, Coagulopathies, Thrombophilia Screening and required Molecular Diagnosis. The Flow Cytometry Department provides a service for immune-monitoring, and the diagnosis and monitoring of the treatment of Haematological Malignancies.

Continuing Education:

- Sarah Grace commenced the MSc in Biomedical Science.
- Sinead Moran completed her research project as part of the MSc in Biomedical Science.
- All staff participated in Continuous Professional Development, where possible.
- Morphology case seminars provided by the Haematology Consultants are ongoing in Haematology.

The department has been involved in the following publications and presentations during 2014.

Publications:
Sinead Moran, Blood: 124 (21) 'Prognostic Significance of WT1 and PRAME gene expression in Bone Marrow Samples of MDS and AML patients treated with Azacytidine'.

Presentations

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiona Crotty</td>
<td>4th Sept</td>
<td>Lecture in Haematopoiesis to the HDU &amp; Oncology Nurses in the School of Nursing, Beaumont Hospital</td>
</tr>
<tr>
<td>Beaumont Hospital Haematology SpR Study Day March 14th 2014:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paul Kennedy</td>
<td></td>
<td>JAK2 V617F Assay</td>
</tr>
<tr>
<td>Geraldine Healy</td>
<td></td>
<td>Validation of New Lupus Anticoagulant Assay</td>
</tr>
<tr>
<td>Fiona Crotty</td>
<td></td>
<td>Laboratory Quality</td>
</tr>
</tbody>
</table>
### Significant Developments:

<table>
<thead>
<tr>
<th>Significant Developments:</th>
<th>Difference Made to Patient Care:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• INAB Accredited Status maintained to revised ISO standards: ISO15189:2012</td>
<td>High level of quality achieved</td>
</tr>
<tr>
<td>• JAK2 V617F</td>
<td>Available in-house &amp; externally</td>
</tr>
<tr>
<td></td>
<td>Extension to scope: passed</td>
</tr>
<tr>
<td>• T-Cell Panel</td>
<td>Available in-house</td>
</tr>
<tr>
<td></td>
<td>Extension to scope: passed</td>
</tr>
<tr>
<td>• Haptoglobin</td>
<td>Extension to scope: passed</td>
</tr>
</tbody>
</table>

### Workload Activity 2014:

<table>
<thead>
<tr>
<th>Request Item</th>
<th>Patient Requests 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBC</td>
<td>321,372</td>
</tr>
<tr>
<td>ESR</td>
<td>24.763</td>
</tr>
<tr>
<td>Special Haematology</td>
<td>1.919</td>
</tr>
<tr>
<td>Bone Marrows</td>
<td>398</td>
</tr>
<tr>
<td>Blood Films</td>
<td>9,970</td>
</tr>
<tr>
<td>Total Haematology Activity</td>
<td>352,668</td>
</tr>
<tr>
<td>Coagulation Screen</td>
<td>58,227</td>
</tr>
<tr>
<td>Warfarin Therapy</td>
<td>44,425</td>
</tr>
<tr>
<td>Warfarin Clinic</td>
<td>26,211</td>
</tr>
<tr>
<td>TPSC</td>
<td>189</td>
</tr>
<tr>
<td>Total Coagulation Activity</td>
<td>113,459</td>
</tr>
<tr>
<td>F V Leiden</td>
<td>21</td>
</tr>
<tr>
<td>Prothrombin Mutation</td>
<td>153</td>
</tr>
<tr>
<td>JAK 2 V617F</td>
<td>99</td>
</tr>
<tr>
<td>Total PCR Activity</td>
<td>273</td>
</tr>
<tr>
<td>CD4</td>
<td>1,683</td>
</tr>
<tr>
<td>Lymphocyte Subsets</td>
<td>429</td>
</tr>
<tr>
<td>Total Immune Monitoring</td>
<td>2112</td>
</tr>
</tbody>
</table>
Lymphoproliferative Panel | 74 |
Acute Leukaemia Panels | 25 |
PNH | 14 |
T-cell Panel | 35 |
Total Immunophenotyping | 176 |
Total Flow Cytometry Activity | 2,288 |
Total Laboratory Activity | 466,127 |
Of Which, Total GP Requests | 97,150 |
GP Requests % of Total | 21% |

**Significant Changes to Workload:**

- The Department’s total laboratory workload has increased in 2014 by 3.6% from 2013.
- 21% of the Department’s workload are generated by GP requests.
- PCR activity has risen 73% with the introduction of JAK2 V617F.
- Overall, Flow Cytometry Workload has increased; total immunophenotyping has increased by 76%.

**Blood Transfusion Department**

**Overview**

The Blood Transfusion Department is actively involved in provision of the following services to all hospital doctors, as well as to St. Joseph’s Hospital Raheny, Raheny Community Nursing Unit and St. Francis’ Hospice:

- Blood Transfusion
- Haemovigilance
- Consultant Service
- Emergency out-of-hours on-call
- Advisory services

The Blood Transfusion Department, encompassing the Hospital Blood Bank & Haemovigilance Office, utilises the electronic cross-match procedure. This technology facilitates a rapid turnaround time for the provision of red cells for patients with a valid Type & Screen and who do not possess antibodies. This has enabled the department to maintain wastage of red cells at 0.10% with the benchmark nationally as 0.5%. In addition, Beaumont Hospital Crossmatched: Transfused ratio (C:T) = 1.4 (9545:6804). A C:T of greater than 2.0 usually indicates excessive crossmatch requests (AABB, 2003).

**Blood Transfusion - Workload year ending 2014**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type &amp; Screen Requests</td>
<td>18110</td>
</tr>
<tr>
<td>Red Cells Received</td>
<td>Total: 6942</td>
</tr>
<tr>
<td>Red Cells Transfused</td>
<td>6804</td>
</tr>
<tr>
<td>Description</td>
<td>Value</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Platelets Received from IBTS</td>
<td>Total: 1522</td>
</tr>
<tr>
<td>Platelets Transfused</td>
<td>1468</td>
</tr>
<tr>
<td>SD Plasma Transfused</td>
<td>1110</td>
</tr>
</tbody>
</table>
### Workload Figures 2012 to 2014

<table>
<thead>
<tr>
<th>Test</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>%</th>
<th>+/- 2013-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABO/Rh</td>
<td>25161</td>
<td>22532</td>
<td>22305</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>ABSC</td>
<td>17484</td>
<td>15766</td>
<td>15674</td>
<td>-0.6</td>
<td></td>
</tr>
<tr>
<td>ABID</td>
<td>559</td>
<td>426</td>
<td>502</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>EC</td>
<td>9793</td>
<td>8867</td>
<td>8460</td>
<td>-5</td>
<td></td>
</tr>
<tr>
<td>AHGXM</td>
<td>1557</td>
<td>1101</td>
<td>974</td>
<td>-12</td>
<td></td>
</tr>
<tr>
<td>SDP Transfused</td>
<td>2004</td>
<td>1915</td>
<td>1110</td>
<td>-42</td>
<td></td>
</tr>
</tbody>
</table>

### Blood Transfusion - Significant Events

#### Departmental Achievements

i) 2D barcodes have been included on the compatibility slip which allows for label verification on blood track and eliminate transposition of labels.

ii) The introduction of peel off labels for unit numbers on compatibility slip will eliminate potential transcription errors into the Prescription on the ward as the unit number is 14 characters in length.

iii) Introduced blood track enquiry on all wards in the hospital. This reduces telephone enquiries for status of blood ordered.

#### Education

A clearly defined and documented policy is in place for the training of all staff members working within the Blood Transfusion Department and for those involved in the transfusion process within the hospital. This includes staff from other departments working in the Hospital Blood Bank during the On-Call Service and other health care professionals.

Education updates are provided by the Haemovigilance Office on a regular basis in the Centre of Education. In addition, our Haemovigilance Officers provide education sessions at ward level and at the induction of new doctors employed by Beaumont Hospital.

The following have completed the following modules in the Better Blood Transfusion Continuing Education Programme (e-learning):

- Safe Transfusion Practice has been completed by 586 staff and Blood Components and Indications for Use has been completed by 291 staff during 2014.
**Education Sessions:**

<table>
<thead>
<tr>
<th>Name of Course/ Session</th>
<th>No of Sessions</th>
<th>No of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Transfusion Education Programme</td>
<td>25</td>
<td>318</td>
</tr>
<tr>
<td>Four hour blood transfusion Education Programme</td>
<td>1</td>
<td>59</td>
</tr>
<tr>
<td>Emergency Warfarin Reversal</td>
<td>15</td>
<td>171</td>
</tr>
<tr>
<td>Management of a Massive Transfusion</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Blood Transfusion Aspects of Phlebotomy</td>
<td>8</td>
<td>68</td>
</tr>
<tr>
<td>Taking Type and Screen Specimens</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Transfusion Safety Update Regarding TACO and Appropriate Prescribing of RBCs</td>
<td>36</td>
<td>420+</td>
</tr>
<tr>
<td>Taking Type and Screen Specimens, Wrong Blood In tube incidents and Acute Transfusion Reactions</td>
<td>42</td>
<td>475+</td>
</tr>
<tr>
<td>RBC Prescribing Guidelines</td>
<td>10</td>
<td>118</td>
</tr>
<tr>
<td>Informal Talk, Various Topics</td>
<td>15</td>
<td>74</td>
</tr>
<tr>
<td>Blood Track Training</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Use of Transeamic Acid in Trauma by Dr Patrick Thornton</td>
<td>2</td>
<td>100+</td>
</tr>
</tbody>
</table>

**Histopathology**

**Overview**

The Histopathology Department provides an extensive surgical histopathology service, including supporting the symptomatic breast service, urology, lung, thyroid, dermatology and gastrointestinal units. The department provides a diagnostic Renal Pathology service, in addition to supporting the renal transplant service, including an Out-of-Hours service. Electron Microscopy, Cytopathology, and an autopsy service are also provided by the Histopathology laboratory. The Non-Gynae Cytopathology service includes provision of assistance and support for the Fine Needle Aspirate and endoscopic ultrasound services.

**Histopathology - Workload**

During 2014, the department processed over 19,500 surgical cases yielding over 140,000 stained slides. We have seen an increase in the number of GIT endoscopic biopsies. We have also seen an increase in the number of non-gynae cytology cases from the endoscopic ultrasound service.

**Histopathology - Significant Developments**

Since 2004, the histology laboratory has been fully accredited by CPA (Clinical Pathology Accreditation) UK. During 2014, we applied for INAB (Irish National Accreditation Board) accreditation to ISO Standard 15189. We achieved this
accreditation following inspection in October 2014.

The past year has seen the further development of a shared Molecular Diagnostic Laboratory. The laboratory has been developed by Patrick Buckley, Specialist Medical Scientist, who has a special interest in Neuropathology. We continue to develop collaborative work in the field of Molecular Pathology with the RCSI Histology Laboratory.

During 2014, the Histology Laboratory continued to support the BowelScreen programme for the early detection of Colorectal Cancer. BowelScreen offers free bowel screening to men and women aged 60-69 through a home test kit known as the faecal immunochemical test (FIT). Patients with positive screens undergo endoscopy. We process and report on the resulting endoscopy samples.

Postgraduate and graduate training in histopathology for both Pathologists and Medical Scientists 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 service to Beaumont Hospital, the Mater Hospital, the Mater Private Hospital, Our Lady's Children's Hospital, Crumlin Hospital, 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. 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-histochemistry, electron microscopy and molecular diagnostics.

Neuropathology, along with neuroradiology, 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 database 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 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 in Temple Street, and with the diagnostic unit in Newcastle University, England.

CJD diagnoses continued throughout 2013. The specialised forensic neuropathology consultancy also continues to operate successfully. The Brain Bank launched in 2008 continues to operate successfully. 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 RCSI.

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

During 2014, over 500 new patients were assessed either in outpatients or by direct access to the day ward following telephone assessment. Clinical referrals rose by 14%, with 630 referrals requiring clinic attendance, in addition to referrals which can be resolved by ‘virtual clinic’ (advice to GP, call to GP, telephone history from patient). Day case activity continued to increase, with 886 day cases (predominantly allergy testing). Ongoing care was provided for over 300 patients with immunodeficiency, of whom 90 require immunoglobulin replacement therapy. A high proportion (over 50%) of our patients are trained to administer their own treatment at home. 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, GPs and external hospitals and has a focus on improving the clinical effectiveness of laboratory testing. User education continued with interpretive reporting and clinical liaison.

Clinical Immunology - Workload

<table>
<thead>
<tr>
<th>Request Item</th>
<th>Patient requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test sets</td>
<td>115,731</td>
</tr>
<tr>
<td>Individual tests</td>
<td>135,127</td>
</tr>
<tr>
<td>Specimens</td>
<td>43,983</td>
</tr>
</tbody>
</table>

Clinical Immunology - Significant Events

Dr Khairin Khalib was appointed as Consultant Clinical Immunologist in January 2014.

National Histocompatibility and Immunogenetics Service for Solid Organ Transplantation (NHISSOT).

Overview

The NHISSOT provides a national service, supporting kidney, pancreas, heart, lung and liver transplant programmes. The department continues to offer a prospective
service for HLA typing and crossmatching of deceased donors, for the different programmes as required. This involves four members of staff ‘on-call’ constantly. As the department enters its 40th year of service, we wish to acknowledge the humanity, courage and generosity of the donors and their families and the immense benefit their gift are to our patients.

NHISSOT - Workload

The living-donor programme continues to grow, with 38 kidney transplants during the year.

This, together with the deceased donor programme, resulted in 185 transplants performed including 11 simultaneous kidney and pancreas transplants. Additionally, the H&I Department supported 11 hearts, 32 lungs and 55 liver transplants in the Mater and St. Vincent’s Hospitals respectively. Since pancreas, heart and lung transplants require prospective HLA typing and crossmatching, the really excellent growth in the number of lungs being transplanted particularly contributed to a significant increase in our ‘on-call’ workload.

A total of 6,162 molecular and 203 serological HLA types were performed. A total of 7,775 antibody analyses were performed, mainly high definition single antigen assays. Serological screening was also undertaken where appropriate.

The department processed in excess of 9,000 serum samples for antibody screening. A total of 170 potential living donors were HLA typed and assessed/re-assessed for suitability for their respective relatives/partners/friends. From those, 88 proceeded to the next level of full clinical evaluation and the next level of immunological workup for transplant. Finally, 38 of these continued onto donation and transplantation.

The waiting list for the renal/pancreatic deceased donor transplant decreased from 563 to 545 patients during the course of the year with 185 patients being transplanted. Referrals for workup for the transplant evaluation clinics were 239 patients and 202 new patients were activated on the renal transplant waiting pool.

In total, the department maintained and monitored approximately 650 patients on a regular basis during the year, on the waiting lists for the different transplant programmes.

NHISSOT - Significant Developments

In June of 2013, we submitted our documentation for re-accreditation by the European Federation of Immunogenetics and received our certificate in July. EFI accreditation is core to the department’s activities under Irish law relating to solid organ transplantation.

In 2013, we continued the tradition of increasing the Irish population with the arrival of Manus and Orla to Lina Ramanauskaite (MLA) and Ronan O’ Domhaill, and Oscar to Julie Purcell (MS) and Sean Kilbride.

In 2013, we also welcomed three new members of staff to the department as part of the expansion of the living donor programme, Louise Walsh, Janet Murphy and Padraig Heavey.

Microbiology Department

The diagnosis, prevention and control of healthcare associated infection (HCAI) is the primary role of the Department of Microbiology. Timely and accurate results are central to the management of the infected patient and allow optimisation of treatment and facilitate further management. In addition, scheduled screening for MRSA, VRE and CRE is performed to identify colonised patients who can then be managed with the appropriate precautions. The emerging and continued increase in antimicrobial resistance presents many challenges for the department, particularly in terms of detection, analysis and the provision of an accurate and timely service. The department is actively involved in internal enhanced surveillance programmes for both alert organisms and HCAs and contributes to national and international surveillance...
initiatives. The department also provides an important service to GPs and long-term care facilities in the catchment area and to other service users, (e.g. sexual health clinics).

The investigation of outbreaks remains very challenging and places huge pressure on the Department. In 2014, the importance of screening was highlighted when surveillance data identified an outbreak of MRSA, which was resistant to mupirocin, a topical antimicrobial agent used for decolonisation. This outbreak is still ongoing and has led to a significant and particularly labour intensive increase in the workload associated with MRSA screening, both in terms of the laboratory involvement and the demand on the surveillance scientist.

The introduction of nucleic acid detection for the diagnosis of influenza A and B has greatly facilitated rapid detection with dramatically improved turnaround times, played a significant role in the management of patients during the influenza season and facilitated patient placement. The availability of testing on-site reduced mean turnaround times to approximately eight hours from 3-5 days, when testing was carried out in the National Virus Reference Laboratory.

The department strives to improve the quality and scope of the service offered and successfully maintained accreditation with the Irish National Accreditation Board (INAB) in September 2014. The scope of that accreditation was extended to include molecular testing for Mycobacterium tuberculosis complex and the influenza A and B, as well as the detection of dermatophyte infection.

A total of 124,000 specimens were received in 2014. Table 1 outlines the major changes in laboratory workload in 2014 compared with the previous year.

**Table 1** The major areas of increased workload according to specific tests in 2014

<table>
<thead>
<tr>
<th>Description of Test</th>
<th>2014 (total no)</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA detection</td>
<td>18318</td>
<td>+29</td>
</tr>
<tr>
<td>CRE detection</td>
<td>1807</td>
<td>+3.2</td>
</tr>
<tr>
<td>VRE detection</td>
<td>1984</td>
<td>+1.8</td>
</tr>
<tr>
<td>Clostridium difficile toxin</td>
<td>3511</td>
<td>-7.1</td>
</tr>
<tr>
<td>Blood cultures</td>
<td>12338</td>
<td>+15.7</td>
</tr>
<tr>
<td>Respiratory microscopy &amp; culture</td>
<td>4774</td>
<td>+4.2</td>
</tr>
<tr>
<td>Legionella antigen detection</td>
<td>915</td>
<td>+26.7</td>
</tr>
<tr>
<td>Pneumococcal antigen detection</td>
<td>844</td>
<td>+25.8</td>
</tr>
</tbody>
</table>

CRE, carbapenem-resistant *Enterobacteriaceae*;

VRE, vancomycin-resistant enterococci; MRSA, meticillin-resistant *Staphylococcus aureus*;
General Services

Hygiene Service Task Group

The Hygiene Services Task Group (HSTG) is a multidisciplinary team with representation from each directorate across the hospital as well as from key services such as IPC, cleaning, catering, TSD and supplies. The main focus of this group is to ensure compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections (2009) from the perspective of the management of the environment, waste, linen, sharps, patient equipment and ward pantries. In 2014, the group met on a monthly basis and reported quarterly to the Decontamination, Hygiene, Infection Prevention & Control Committee (DHIPCC), the Senior Management Team and, ultimately, through these forums to the Beaumont Hospital Board. The group is supported by the General Services Department and chaired by the Hygiene & General Services Manager.

There is a quality improvement plan for each hygiene element which is managed by a named member of the HSTG. The responsible person reports to the HSTG on a quarterly basis regarding the element they are responsible for.

Terms of Reference / Operational Plan 2014

The HSTG regularly evaluates hygiene services. We are pleased to report that in line with the Group’s Terms of Reference for 2014, the Hygiene Operational Plan for 2014 was achieved. The Terms of Reference are based on the eight themes of the National Standards for Safer Better Healthcare.

The Group’s Terms of Reference and Operational Plan for 2015 have been devised and will be presented to the DHIPCC meeting on 24th February 2015 for approval.

Audits

Audits are conducted by a multidisciplinary team to include representatives from Nursing, IPC, TSD, General Services and the Senior Executive. The elements examined during hygiene audits are the physical environment, ward pantries, sharps, linen, waste, patient equipment, cleaning along with hand hygiene observation audits. A risk management occurrence form is completed in the event of a risk identified on an audit.

Scores for each element are combined to give an overall result. As with every audit, when an element fails the result is reported back to the local ward manager/department head and a re-audit is undertaken within a week. In most cases, a pass score is achieved on re-audit.

In 2014, a total of 77 hygiene audits were carried out with an average score of 90%. A pass score is 86%. This compared to 94 audits undertaken in 2013. The reason for fewer audits in 2014 was the auditors used the audit times in the month of June for hygiene education sessions at local ward level with the attendance of the DNM, CNM and Senior Executive members, rather than undertaking the routine hygiene audits.

Audit Comparison Results

A full breakdown of the audit scores for 2014 compared to 2013 and 2012 is outlined in Appendix 1. The average score of 90% in 2014 is the same as 2013 and 2012. The overall failure rate in 2014 was 18%, which is up compared to 2013 (15%) and up compared to 2012 (9%). The average pass rate of 82% is down compared to 2013 and 2012.

Appendix 1 also includes quarterly comparison reports for 2014 and it is noted the average score in Q3 was better than the other three quarters of the year.

Local Managers and Department Managers or Directorate Management Teams are made aware of hygiene audit results in their areas. Each directorate is sent a summary
breakdown of their audit scores for their areas on a quarterly basis.

Evaluation of Audit Results

In June 2014, following an evaluation of results, the allocated audit times set for the month of June were used as hygiene education sessions at local ward level with the attendance of the DNM, CNM and Senior Executive members rather than undertaking the routine hygiene audits. Following these local sessions pre-planned audits were carried out in July with a CNM or Nurse in Charge of these areas, which explained what was being captured during a hygiene audit measuring compliance against the National Standards for PCHAI. Some areas achieved very good scores on the pre-planned audits with good practices identified, while other areas need to improve on practices. The ED developed a local multidisciplinary hygiene focus group with the aim of increasing awareness of the National Standards for PCHAI and agreeing systems to be put in place locally to ensure compliance along with the introduction of hygiene advocates.

Education sessions were also undertaken with a number of directorates, i.e. TUN Directorate and Medical Directorate.

In 2014, twenty risk management occurrence forms were completed mainly relating to blood splash exposure on sharps bins. This compared to sixteen from May to December 2013 when this process was introduced. See Appendix 2. This matter was escalated to the HCAI Task Force. The 2015 strategy/ action on the elimination of blood on patient care equipment being developed and led by the Infection, Prevention and Control team will focus on this trend. The elements of this plan include system changes, training and education, evaluation and feedback, reminders in the workplace and an institutional safety climate.

HIQA Mock Audit

In August 2014, a HIQA mock audit was undertaken. While regular hygiene audits in Beaumont Hospital measure our compliance against the National Standards for the Prevention and Control of Healthcare Associated Infection (PCHAI), this mock HIQA audit was designed to resemble more closely the audit that HIQA would conduct. The purpose of this is to ensure staff who may meet HIQA auditors any time in the very near future would know what to expect and would be familiar with the type of documentation HIQA might request. A detailed report of this mock audit has been sent to the relevant areas and while there were many good practices identified, not all areas were able to produce equipment cleaning schedules, a significant number of medical staff were wearing hand and wrist jewellery and there was a significant amount of clutter present which was impeding cleaning in some areas. In addition, chemical solutions were not being stored in chemical safety cabinets, sluice room doors were wedged open (making them accessible to the public) and in some areas drug presses/fridges were unlocked.

HIQA Unannounced Assessment

HIQA conducted an unannounced inspection of compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections at Beaumont Hospital on the 30th October 2014. The authority noted a number of areas of compliance and non-compliance with these standards and their report was published on their website in December 2015. In response, Beaumont Hospital, published a Quality Improvement Plan on our website on the 27th January 2015, addressing any issues highlighted.

A meeting of key stakeholders took place on the 6th January 2015 to discuss how best to approach the QIP so that it will be effective in ensuring improved compliance with the standards over the coming year. In the first instance, it was agreed to write to the manager of each area inspected via their Directorate Nurse Manager or Laboratory Manager as appropriate to assure ourselves that any specific issues highlighted on the day have been addressed. In addition, to ensure a change in culture that will improve compliance into the future, a more strategic approach to a number of key themes in the report is required.
Outbreak Management

The Hygiene and General Services Department play a significant role in outbreak management with increased demands on cleaning, laundry and waste management services. In 2014, the General Services Department worked closely with the Infection, Prevention and Control Team in managing the MRSA outbreak.

Hydrogen Peroxide Fogging

The AB Clery and St Damien's Wards had enhanced environmental decontamination with Hydrogen Peroxide Vapour (HPV) due to high numbers of new cases of Clostridium difficile on St Damiens Ward and due to the outbreak of MRMRSA on AB Clery Ward.

Enhanced environment decontamination was carried out on 113 areas in 2014 due to CRE cases, post discharge of C. diff cases. This programme coordinated by the General Services Department involves a full deep cleaning, wall washing and curtain changes. The overall cost in 2014 was €22,828 along with costs for wall washing. A breakdown of the requests is attached in Appendix 3.

A programme of areas for enhanced environmental decontamination in 2014 with Hydrogen Peroxide Vapour (HPV) was developed as recommended by medical microbiology when an appropriate decant ward area became available, and the areas were St Laurence’s Ward, Whitworth Ward, Hardwicke Ward and St Brigid’s Ward. Due to patient bed activity and Beaumont Hospital running in excess of 100 % occupancy, this was not achieved.

The HSE target for new cases of Clostridium difficile per 10,000 bed days used decreased to <2.5 cases for 2014 compared to < 4.0 cases in 2013. Beaumont Hospital’s rates for 2014 are as follows:- Q1, 2014 was <3.5 , Q2, 2014 was <3.7 and Q3, 2014 was < 3.0 and we anticipate a further reduced rate for Q4, 2014.

Cleaning Contract

Following a tendering process in 2012, the contract was awarded to Resource Facilities Support Ltd and 2014 was the second full year of this contract. In late 2014 Noonans Service Group Limited acquired Resource Facilities Support Ltd and the contract continued as it had with Resource Facilities Support Ltd. Under this contract, we are billed separately for outbreaks and additional hours, giving greater visibility in their cost to the organisation. There were increased costs associated with additional service needs, i.e. opening of St. Finbar's Day Ward at the weekends, additional outpatient clinics at weekends, the management of outbreaks and increased hours for the refurbished and expanded mortuary and deep cleans following building and refurbishment works. The total spend on cleaning was up by €40,099.33 in 2014 compared to 2013. Even though our costs went up in 2014 compared to 2013, the savings achieved year on year since the beginning of this contract in August 2012 was €332,815.

The cleaning contract operates a discharge team for patient discharges. A trial of one discharge team allocated to two floors was carried out in late 2013. Due to the success of this trial, this expanded to all floors in 2014 and is now running successfully.

Window Cleaning

Resource Facilities Support Ltd continued to hold the contract for 2014 with the company take-over by Noonans Services Group Limited in late 2014. A total of four window cleans took place in 2014.

Feminine Hygiene

OCS Ireland continued to hold the contract for 2014.

Laundry Tender

In 2014, we commenced year two of a new two year contract with Celtic Linen on 1st August 2013 following a tender process in 2013. The savings in 2014, compared to the same period in 2013, was €318,601.41 and a total saving of €551,524.62 has been achieved based on the new pricing structure from 1st August 2013 (€232,923.21 savings in 2013). This contract consists of the provision of both a managed and non-managed laundry service for general
laundry, laundry bags, curtain and shower curtain exchange programme, scrub suits, fire evacuation sheets and dustmats.

In 2014, we changed the contract for the laundering of smaller patient items, i.e. slings, slide sheets, etc. to a company called Spring Grove and this service is running smoothly.

Waste Management

Beaumont Hospital continued its waste management initiatives throughout 2014. The recycling rate for 2014 averaged 66%. (see Appendix 4)

In 2014, Beaumont Hospital was successful in the Dublin City Council Neighbourhood Awards for Waste Management and was awarded a merit and won a first place under a Waste Management initiative based on the waste compound on site, the hospital’s segregation of waste processes for both clinical and non-clinical waste, regular and recyclable waste and the bin free and paperless office initiatives.

The contract for our non-risk waste was awarded to Thornton Recycling as part of the HPSG tender process effective from October 2014.

As part of our yearly review by the DGSA Officer, we continue to be compliant in our waste management processes.

Inpatient Experience / Questionnaire

During the routine multidisciplinary hygiene audits over the last number of years, patients are asked to participate in a hygiene questionnaire. In general, the findings from these questionnaires are very good with no real hygiene issues being identified. In Q3 2014, the format used to capture the patients’ experience on hygiene matters was reviewed and changed. The hygiene questionnaire was given to the patient on admission for completion during their stay with a return envelope to the Hygiene/General Services Department. A total of sixteen questionnaires were received and, due to the small return rate, it was agreed at the Hygiene Services Task Group meeting in October 2014 to revert to the original format.

Patient Complaints in 2014

There were a total of 26 patient complaints received either directly to the General Services Department or though the Patient Representative Department or CEO office in 2014. This is up from just 12 in 2013. Of the 26 received, 23 related to cleaning/hygiene specifically and 3 related to infection control/hand hygiene specifically. These complaints were addressed and closed out.

Hygiene PPPGs

The Hygiene Services Task Group regularly review hygiene related PPPGs and in 2014 a number of PPPGs were reviewed:- SOPs for cleaning of a bed space/single room following discharge of patients, Policy and Procedures for the Control of Legionella SPP in Water Systems, SOP on Legionella Prevention Measures and Actions in the event of a positive culture for Legionella in water systems, Policy on the Purchase, Use and Maintenance of Washing Machines, Policy on Linen Management, SOP on the removal, care and collection of fire evacuation sheets, SOP on the authorised use of scrub suits, SOP for Environmental Decontamination for Clostridium Difficile, SOP for cleaning during Norovirus, MRSA and VRE, SOPs for laudering of cleaning cloths and mop heads, SOP for dealing with water leaks, SOP for cleaning patient equipment and Policy on Dirty Utility Room Maintenance, SOP for checking patients’ core mattresses and pillows.
### Appendix 1

#### Hygiene audit report 2014 V 2013 V 2012

<table>
<thead>
<tr>
<th></th>
<th>Overall Score</th>
<th>Environment</th>
<th>Ward Pantry</th>
<th>Sharps</th>
<th>Linen</th>
<th>Waste</th>
<th>Patient Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>Score 2014</td>
<td>90%</td>
<td>91%</td>
<td><strong>87%</strong></td>
<td>89%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td></td>
<td>Score 2013</td>
<td>90%</td>
<td>89%</td>
<td>85%</td>
<td>91%</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td>Score 2012</td>
<td>90%</td>
<td>91%</td>
<td>87%</td>
<td>91%</td>
<td>94%</td>
<td>92%</td>
</tr>
</tbody>
</table>

**This % score relates to multi disciplinary hygiene audits carried out to the 26th May.**

Local Catering Department ward audits were introduced in June 2014 which resulted in an improved audit score. Please see end graph.
## Pass % Audit Report

<table>
<thead>
<tr>
<th></th>
<th>Overall Score</th>
<th>Environment</th>
<th>Ward Pantry</th>
<th>Sharps</th>
<th>Linen</th>
<th>Waste</th>
<th>Patient Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pass % 2014</strong></td>
<td>82%</td>
<td>89%</td>
<td><strong>53%</strong></td>
<td>76%</td>
<td>76%</td>
<td>93%</td>
<td>64%</td>
</tr>
<tr>
<td><strong>Pass % 2013</strong></td>
<td>85%</td>
<td>76%</td>
<td>63%</td>
<td>84%</td>
<td>83%</td>
<td>91%</td>
<td>72%</td>
</tr>
<tr>
<td><strong>Pass % 2012</strong></td>
<td>91%</td>
<td>88%</td>
<td>70%</td>
<td>85%</td>
<td>90%</td>
<td>92%</td>
<td>81%</td>
</tr>
</tbody>
</table>

**This % score relates to multi disciplinary hygiene audits carried out to the 26th May.**

Local Catering Department ward audits were introduced in June 2014 which resulted in an improved audit score. Please see end graph.
Fail % Audit Report

<table>
<thead>
<tr>
<th></th>
<th>Overall Score</th>
<th>Environment</th>
<th>Ward Pantry</th>
<th>Sharps</th>
<th>Linen</th>
<th>Waste</th>
<th>Patient Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fail % 2014</td>
<td>18%</td>
<td>11%</td>
<td>**47%</td>
<td>24%</td>
<td>24%</td>
<td>7%</td>
<td>36%</td>
</tr>
<tr>
<td>Fail % 2013</td>
<td>15%</td>
<td>24%</td>
<td>37%</td>
<td>16%</td>
<td>16%</td>
<td>9%</td>
<td>28%</td>
</tr>
<tr>
<td>Fail % 2012</td>
<td>9%</td>
<td>12%</td>
<td>30%</td>
<td>15%</td>
<td>10%</td>
<td>8%</td>
<td>19%</td>
</tr>
</tbody>
</table>

** This % score relates to multi disciplinary hygiene audits carried out to the 26th May.

Local Catering Department ward audits were introduced in June 2014 which resulted in an improved audit score. Please see end graph
2014 Q1, Q2, Q3 and Q4 Average Scores

<table>
<thead>
<tr>
<th></th>
<th>Overall Score</th>
<th>Environment</th>
<th>Ward Pantry</th>
<th>Sharps</th>
<th>Linen</th>
<th>Waste</th>
<th>Patient Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>89%</td>
<td>90%</td>
<td>86%</td>
<td>89%</td>
<td>91%</td>
<td>89%</td>
<td>87%</td>
</tr>
<tr>
<td>Q2</td>
<td>90%</td>
<td>90%</td>
<td>88%</td>
<td>90%</td>
<td>90%</td>
<td>92%</td>
<td>87%</td>
</tr>
<tr>
<td>Q3</td>
<td>91%</td>
<td>93%</td>
<td></td>
<td>90%</td>
<td>96%</td>
<td>91%</td>
<td>89%</td>
</tr>
<tr>
<td>Q4</td>
<td>89%</td>
<td>90%</td>
<td></td>
<td>89%</td>
<td>88%</td>
<td>92%</td>
<td>85%</td>
</tr>
</tbody>
</table>
### Appendix 2 - Risk Management Occurrence Forms completed in 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Category</th>
<th>Description of risk / incident identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 20/1/14</td>
<td>Blood splash exposure</td>
<td>Sharps bin in the clean utility had blood stains</td>
</tr>
<tr>
<td>2 30/1/14</td>
<td>Blood splash exposure</td>
<td>Cytotoxic bin in dirty utility had blood splash exposure</td>
</tr>
<tr>
<td>3 5/3/14</td>
<td>Blood splash exposure</td>
<td>Three areas in department being audited had blood splashes on the sharps bins. CNM in charge notified at the time</td>
</tr>
<tr>
<td>4 5/3/14</td>
<td>Blood splash exposure</td>
<td>Blood splashes noted inside and down a side of a bin that holds waste prior to transportation located on the back corridor</td>
</tr>
<tr>
<td>5 20/3/14</td>
<td>Blood splash exposure</td>
<td>Blood splashes on sharps bins in treatment room. CNM informed</td>
</tr>
<tr>
<td>6 24/4/14</td>
<td>Blood splash exposure</td>
<td>Two sharps bins had blood splashes on the lids along the ward corridor. CNM informed</td>
</tr>
<tr>
<td>7 28/4/14</td>
<td>Equipment / Instrument contamination / unsterilized</td>
<td>Two bedpans located on rack after been cleaned had faeces evident on them</td>
</tr>
<tr>
<td>Date</td>
<td>Incident Description</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>15/5/14</td>
<td>Blood splash exposure</td>
<td></td>
</tr>
<tr>
<td>26/5/14</td>
<td>Blood splash exposure</td>
<td></td>
</tr>
<tr>
<td>12/6/14</td>
<td>Blood splash exposure   Blood stains noted on 5 sharps bins, CNM 3 advised &amp; decontaminated</td>
<td></td>
</tr>
<tr>
<td>12/6/14</td>
<td>Blood splash exposure   Blood stain on underside of a non-clinical waste bin lid in Cubicle. Cleaning operative advised and cleaned immediately</td>
<td></td>
</tr>
<tr>
<td>12/6/14</td>
<td>Blood splash exposure   Significant blood stain on the electric trunking beside the ABG machine, small drops also located on the flooring under the same machine. Cleaning operative advised to decontamine.</td>
<td></td>
</tr>
<tr>
<td>8/7/14</td>
<td>Equipment / Instrument contamination / unsterilized   Blood splash identified on gluometer during planned hygiene audit</td>
<td></td>
</tr>
<tr>
<td>12/9/14</td>
<td>Blood splash exposure   Blood stains on sharps bin and tray.</td>
<td></td>
</tr>
<tr>
<td>24/9/14</td>
<td>Blood splash exposure   Blood stain on sharps bin lid at bed 2 in Room 2</td>
<td></td>
</tr>
<tr>
<td>25/9/14</td>
<td>Blood splash exposure   Blood stain on sharps bin at main nurses station</td>
<td></td>
</tr>
<tr>
<td>7/10/14</td>
<td>Blood splash exposure   Blood spots on sharps tray in sluice room</td>
<td></td>
</tr>
<tr>
<td>29/10/14</td>
<td>Blood splash exposure   Blood splashes noted inside and down a side of a temporary waste holding station</td>
<td></td>
</tr>
<tr>
<td>5/11/14</td>
<td>Equipment / instrument contamination / unsterilized   Blood splash / staining noted on 1. Gluometer 2. Injection tray 3. BP monitor base @ B17</td>
<td></td>
</tr>
<tr>
<td>2/12/14</td>
<td>Blood splash exposure   Blood stain on locked sharps bin in dirty sluice. CNM 2 informed during feedback</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3

Record of reason for carrying out Hydrogen peroxide fogging 2014

<table>
<thead>
<tr>
<th>Infection type</th>
<th>How many occasions fogging carried out</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDiff, 045 Ribotype</td>
<td>16</td>
</tr>
<tr>
<td>CRE</td>
<td>11</td>
</tr>
<tr>
<td>Clostridium difficile</td>
<td>42</td>
</tr>
<tr>
<td>ESBL</td>
<td>1</td>
</tr>
<tr>
<td>Mupirocin(bactroban) MRSA</td>
<td>35</td>
</tr>
<tr>
<td>Full decant of a ward</td>
<td>3, ABC x 2 MrMRSA &amp; Damien’s CDI cases</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>1 LTC pt with numerous infections Pauls 5</td>
</tr>
<tr>
<td></td>
<td>1 Miscommunication VRE instead of Cdiff Whit</td>
</tr>
<tr>
<td></td>
<td>1 LTC pt RIP room 5 Brigid’s</td>
</tr>
<tr>
<td></td>
<td>1 High burden of Norovirus on Whitworth</td>
</tr>
<tr>
<td></td>
<td>1 LTC discharged (2 years in room 5 AMC)</td>
</tr>
</tbody>
</table>

No. of occasions Hydrogen Peroxide fogging carried out 2014

- Other: 5
- Full decant of ward: 3
- Mupirocin(bactroban) MRSA: 35
- ESBL: 1
- Clostridium difficile: 42
- CRE: 11
- C.Difficile 045 Ribotype: 16
## Appendix 4

<table>
<thead>
<tr>
<th>Recyclables</th>
<th>Cardboard</th>
<th>Metal</th>
<th>Compost</th>
<th>Recovery</th>
<th>Non-Infectious to Landfill</th>
<th>Mixed Waste to Landfill</th>
<th>Wood</th>
<th>WEEE</th>
<th>Shredding</th>
<th>Batteries</th>
<th>Lamps</th>
<th>Glass</th>
<th>Totals</th>
<th>Monthly % Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>0.940</td>
<td>6.780</td>
<td>0.000</td>
<td>8.206</td>
<td>45.606</td>
<td>37.314</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>107.209</td>
<td>65%</td>
</tr>
<tr>
<td>February</td>
<td>1.260</td>
<td>6.120</td>
<td>0.000</td>
<td>7.083</td>
<td>49.442</td>
<td>37.872</td>
<td>1.066</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>108.703</td>
<td>64%</td>
</tr>
<tr>
<td>March</td>
<td>0.860</td>
<td>10.420</td>
<td>1.280</td>
<td>6.989</td>
<td>50.904</td>
<td>40.896</td>
<td>0.160</td>
<td>0.000</td>
<td>2.388</td>
<td>5.111</td>
<td>0.000</td>
<td>0.000</td>
<td>119.008</td>
<td>66%</td>
</tr>
<tr>
<td>April</td>
<td>0.980</td>
<td>7.600</td>
<td>1.800</td>
<td>9.459</td>
<td>50.437</td>
<td>39.573</td>
<td>0.230</td>
<td>2.760</td>
<td>1.060</td>
<td>6.139</td>
<td>0.000</td>
<td>0.000</td>
<td>120.038</td>
<td>67%</td>
</tr>
<tr>
<td>May</td>
<td>2.620</td>
<td>10.760</td>
<td>2.680</td>
<td>8.374</td>
<td>51.898</td>
<td>39.024</td>
<td>0.638</td>
<td>2.980</td>
<td>1.543</td>
<td>4.494</td>
<td>0.000</td>
<td>0.000</td>
<td>125.011</td>
<td>68%</td>
</tr>
<tr>
<td>June</td>
<td>4.220</td>
<td>5.900</td>
<td>0.000</td>
<td>8.203</td>
<td>50.901</td>
<td>39.537</td>
<td>0.462</td>
<td>2.160</td>
<td>0.000</td>
<td>4.832</td>
<td>0.000</td>
<td>0.000</td>
<td>116.215</td>
<td>66%</td>
</tr>
<tr>
<td>July</td>
<td>6.780</td>
<td>8.220</td>
<td>1.880</td>
<td>9.058</td>
<td>51.023</td>
<td>39.942</td>
<td>0.395</td>
<td>1.137</td>
<td>7.009</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>125.444</td>
<td>68%</td>
</tr>
<tr>
<td>August</td>
<td>0.360</td>
<td>9.620</td>
<td>6.672</td>
<td>8.588</td>
<td>51.430</td>
<td>40.716</td>
<td>0.274</td>
<td>2.480</td>
<td>0.000</td>
<td>5.831</td>
<td>0.979</td>
<td>0.228</td>
<td>127.178</td>
<td>68%</td>
</tr>
<tr>
<td>September</td>
<td>1.040</td>
<td>8.080</td>
<td>1.800</td>
<td>8.316</td>
<td>56.363</td>
<td>41.805</td>
<td>0.812</td>
<td>2.100</td>
<td>0.755</td>
<td>6.405</td>
<td>0.000</td>
<td>0.000</td>
<td>127.476</td>
<td>67%</td>
</tr>
<tr>
<td>October</td>
<td>1.020</td>
<td>7.560</td>
<td>1.700</td>
<td>7.126</td>
<td>56.164</td>
<td>44.136</td>
<td>0.200</td>
<td>0.000</td>
<td>1.423</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>119.329</td>
<td>63%</td>
</tr>
<tr>
<td>November</td>
<td>1.060</td>
<td>10.660</td>
<td>2.100</td>
<td>7.413</td>
<td>49.263</td>
<td>38.376</td>
<td>0.261</td>
<td>3.020</td>
<td>1.280</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>113.433</td>
<td>66%</td>
</tr>
<tr>
<td>December</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td></td>
</tr>
</tbody>
</table>

|       | 21.140    | 91.720 | 19.912 | 88.815   | 563.430                    | 439.191                  | 4.499| 15.500| 9.586   | 53.207    | 0.979 | 0.228 | 0.837 | 1309.044   |

% for 2014 | 1.61%  | 7.01%  | 1.52%  | 6.78%    | 43.04%                     | 33.55%                    | 0.34%| 1.18% | 0.73%   | 4.06%     | 0.07% | 0.02% | 0.06% | 100%        |
BEAUMONT HOSPITAL 2014

Recyclables
- Cardboard
- Metal
- Compost
- Recovery
- Non Infectious to Landfill
- Mixed Waste to Landfill
- Wood
- WEEE
- Shredding
- Batteries
- Lamps
- Glass

RECYCLING RATE FOR 2014

66%
Ebola Virus Disease (EVD)

In 2014, the World Health Organisation (WHO) reported a very extensive and ongoing outbreak of Ebola Virus Disease (EVD) affecting a number of countries in West Africa. Cases of EVD associated with this outbreak first appeared in December 2013.

Preparations for the unlikely possibility of a suspected or confirmed case of EVD commenced at Beaumont Hospital in April 2014. A high-level multidisciplinary EVD Preparedness Group of key stakeholders was established.

The work undertaken by the group included the identification of a designated assessment area, staff education and training, a detailed overview of staff’s roles and responsibilities, development of detailed local action cards and standard operating procedures for managing suspected or confirmed case of EVD, patient information posters and leaflets, liaison with the ambulance services, and a detailed communication plan. A training exercise was carried out to test and fine-tune the efficacy of the preparedness plan.

There were three presentations of patients for assessment for EVD at Beaumont Hospital, none of whom ultimately met the criteria for testing. In the event of a confirmed case, the patient will be transferred to the National Isolation Unit at the Mater Hospital.

Legionella / Water Safety Committee

The Legionella Steering Group is a multidisciplinary group set up in 2007 to ensure there are policies and procedures in place to monitor and control Legionella. Following the outbreak of pseudomonas in Northern Ireland in 2011 and the development of national guidelines for the prevention of infection from water systems in healthcare facilities, the terms of reference for the group are being broadened to focus on wider issues relating to water safety.

In 2014, the group continued its role in (a) regularly reviewing surveillance data including the results of Legionella (b) recommending and reviewing actions to mitigate positive Legionella results and (c) developed and monitored an action plan until close-out, following a risk assessment.

Emergency Planning

The Emergency Planning Department is responsible for ensuring that the hospital has in place emergency plans, in line with best international practice, for responding to and managing internal emergencies which take place on the hospital campus and major emergency events which take place outside the hospital, such as a plane crash. The Emergency Planning function engages on a regular basis with the emergency services, HSE Emergency Management and Dublin Airport to ensure that a coordinated emergency response takes place in the event of an emergency.

The Emergency Planning function planned and delivered exercises to simulate the evacuation of a critical care unit and to test the hospital’s plan for managing a suspect case of Ebola. They also took part in the planning and running of the Dublin Airport bi-annual live exercise which took place in October 2014. This exercise was one of the largest multiagency exercises which was run nationally in 2014. During this exercise, the hospital took part in an exercise of the Casualty Bureau process by An Garda Siochána.

Patient Registration

The Registration Department operates 24 hours seven days a week, 52 weeks of the year. The year also saw the retirement of one of our colleague’s Ms Sarah Weir.

Below is a summary of all the patients registered through the Registration Department during the year. The following is a summary of all the patients registered through the Registration Department during the year.
In Patient Registration

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>22,574</td>
<td>24,634</td>
<td>24,890</td>
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Out Patient New Attendees

<table>
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<tr>
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<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>49,128</td>
<td>51,994</td>
<td>48,088</td>
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Day Patient Admissions

Day Procedure Room (DPR)

<table>
<thead>
<tr>
<th>PERIOD</th>
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<th>2013</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>14,772</td>
<td>16,967</td>
<td>17,235</td>
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Endocrinology Day Room (EDR)

<table>
<thead>
<tr>
<th>PERIOD</th>
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<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>415</td>
<td>443</td>
<td>421</td>
</tr>
</tbody>
</table>

Infusion Day Room (INF)

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>1,641</td>
<td>1,632</td>
<td>1,931</td>
</tr>
</tbody>
</table>

Respiratory Care Centre (RCC)

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>527</td>
<td>828</td>
<td>896</td>
</tr>
</tbody>
</table>

Neurology Day Unit (NDU)

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>-</td>
<td>-</td>
<td>370</td>
</tr>
</tbody>
</table>

Healthcare Records

Executive summary:

The Healthcare Records (HCR) Steering Group are a multidisciplinary group set up to work towards ensuring all patients treated in the hospital have a healthcare record which meets the HSE Standards and Recommended Practices for Healthcare Records Management (2011). A previous risk assessment exercise identified the maintenance of the Healthcare Record together with loose filing to be a risk issue for the hospital, with a risk rating of 20. This has been further supported by a clinical audit carried out by the group in December 2014 / January 2015. While some work has been undertaken by the Medical Records Department and Directorate Management Teams to address these issues, a further action plan is currently under development.
Introduction

'The Health Information and Quality Authority (HIQA) developed the National Standards for Safer, Better Care to describe what a high quality, safe service looks like. They set out the need for healthcare decisions to be based on the best available evidence and information. Records are a valuable resource because of the information they contain. High-quality information underpins the delivery of high-quality evidence based safe healthcare for service users, and many other key service deliverables. Information has most value when it is accurate, up to date and accessible when it is needed. An effective records management service ensures that information is properly managed, is available whenever and wherever there is a justified need for that information, in whatever medium it is required and which is compliant with the relevant legislation.'

HSE Standards and Recommended Practices for Healthcare Records Management (2011)

The HSE Standards and Recommended Practices for Healthcare Records Management (2011) set out standards in relation to the suitability of the physical facilities, structure of the healthcare record, content of the healthcare record (HCR). The HCR Steering Group in Beaumont Hospital is a multidisciplinary group which is working towards ensuring that all patients treated in the hospital have a healthcare record, which provides comprehensive clinical information for safe and effective treatment.

Physical facilities (Standard 1)

In Beaumont Hospital the Healthcare Records Library is a secure facility located on the ground floor adjacent to the Outpatient Department. There is a secondary secure storage facility referred to as the DFU (dormant filing unit) on the lower ground floor in the Raphael Portacabins. There is approximately 115,400 HCR's held on site. Wincanton Records Management (WRM) are engaged to provide off site storage for a further 739,815 records approximately. Previously, there were risk issues due to the volume of HCRs being held in the main HCR library but systems have been put in place to regularly weed less active records from the main HCR library to DFU and onto WRM as appropriate. There are two scheduled deliveries from WRM daily and urgent requests can be delivered onsite within an hour.

Structure of the HCR (Standard 2)

The HCR is structured in such a way as to make clear the order in which documents should be filed. The challenge exists in maintaining the HCR in terms of the cover, the size of the HCR, loose filing and ensuring patients notes are filed in the correct HCR. Over time, with a lot of use, covers can become torn and the HCR can increase in volume, making it difficult to access file information, store at ward level and to physically lift. Loose filing and ensuring patients notes are filed in the correct HRC have been identified as risk issues. A clinical audit by the HCR steering group of 97 HCRs over December 2014 and January 2015 included these four elements. While this audit identified areas of good practice, one of the key findings was that an average of 84% of HCR's had loose filing. (see table 1 for breakdown of 'no loose filing' by directorate) In addition, 4% of HCR's audited contained documentation relating to another patient present.

Table 1: Clinical Audit Result – Standard 2 – Structure % Compliance
The full results are attached at appendix 1.

**Content of the HCR (Standard 3)**

This is a wide ranging standard requiring all disciplines including medical staff, nursing staff, health and social care professionals, and administration staff to provide documentary evidence of their interactions with patients which is clear and legible and can be used as a communication tool to ensure patients are safely cared for. The HCR Steering Group conducted an audit in relation to 13 elements of this particular standard of 97 inpatient HCRs between December 2014 and January 2015. While there were some areas of good practice identified (legibility of entries, use of black ink, entries dated), improvements in others (allergies/NKDA completed on admission in 71% of HCRs audited compared with 30% previously), a number of areas for improvement were also identified:

- The name and medical record number of the patient on every page where there is information documented,
- Timing of all entries into the healthcare record,
- Signatures, printed names, bleep numbers and, if applicable, Medical Council Number.

Table 2: Clinical Audit Result – Standard 3 – Clinical content compliance

The full results of this audit are attached in appendix 1.
Key Risks for the Organisation

Healthcare Records are currently recorded on the Corporate Risk Register with a risk rating of 20. The risk issues are:

- Poor maintenance of patients’ charts
- Lost and unfiled records and misfiling

It is worth noting that the risk assessment carried out in early 2014 was based largely on anecdotal evidence and a number of complaints received. The HCR audit referred to above, however, does substantiate the identified risks.

Management of Risks

The HCR Steering Group are using their influence to raise awareness of the national standards in conjunction with the Medical Records Department and the Directorate Management Teams.

Poor Maintenance of Patients’ Charts

In 2014, there were three designated staff in the Medical Records Department assigned to split HCR’s. Replacing covers was carried out on an ad hoc basis by other staff in the main library. Of the three designated staff, there was one retirement in March 2014 and one person on long term sick leave, leaving just one person designated to splitting HCRs. This resulted in a dramatic reduction in the number of HCRs split. The post for the retired member of staff was filled in August and the HCR Department reorganised the resources available to split HCR’s. In late 2014, two staff were redeployed to the Medical Records Department. These staff are now fully trained up and this has resulted in an increase in the numbers of HCRs split.

Along with the increase in resources in this area, the process for identifying what HCRs need to be split has changed. Splitting of charts has now been streamlined by allocating individual members of staff to specialty areas. This was supplemented in January by carrying out a ‘splitting blitz’ of all large inpatient HCRs, with additional support from staff in the main Library. Medical Records requested a list of all HCRs that required splitting from all inpatient wards. This list was worked off for one week. There were 188 records on the list. Since the list has been completed, the Directorate Support Managers have supplied up to date lists weekly. The ward lists are again managed by three designated staff in the Medical Records Department. The additional two staff are concentrating on large HCRs stored for long periods of time in units such as Day Oncology and Coleman K. Byrnes.

With these new processes in place and assuming staffing levels in this area remain static there will be an 83% increase in the number of records split and an increase of 68% in the number of damaged covers replaced on last years figures.

Table 3: Increase in maintenance of HCR in Medical Records

<table>
<thead>
<tr>
<th>Year</th>
<th>HCRs Split</th>
<th>Damaged cover replaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 - Jan &amp; Feb</td>
<td>289</td>
<td>461</td>
</tr>
<tr>
<td>Predicted 2015</td>
<td>2553</td>
<td>4072</td>
</tr>
<tr>
<td>2014</td>
<td>413</td>
<td>542</td>
</tr>
<tr>
<td>2013</td>
<td>1740</td>
<td>321</td>
</tr>
<tr>
<td>2012</td>
<td>1559</td>
<td>21</td>
</tr>
</tbody>
</table>

While this is a welcome improvement, it is focused mainly on the maintenance of HCR’s of inpatients. In addition, we are exploring the possibility of an outside company being involved in the maintenance of other HCR’s.

Lost and Unfiled Records

Local Directorate Management Teams, in conjunction with HR, carried out a workforce planning exercise, including but not limited to a review of ward clerk numbers and the impact of vacant posts. The recruitment process for filling some of these posts is underway.
Clinical Content
The Healthcare Records Steering Group is currently working on an action plan for 2015 to address some of the issues identified in the clinical audit mentioned above.
Portering Services

2014 was a very busy year for Portering Services; we saw the introduction and employment of nine interns.

We also said goodbye to Martin O’Neill, Porter (Labs), who was the second longest serving member (44 yrs) in Beaumont Hospital.

Also, in 2014, the Post Room acquired a new top of the range franking machine.

The portering services had a busy year with ward decants and internal ward moves to facilitate extra beds and overcrowding in ED.

The Ashlin Centre opened its doors.

We saw increased services from SLRON of inpatients’ movements.

St John’s Day Hospital moved to a new building in St Joseph’s Raheny. We still service this twice daily with charts.

The Annual GPs study day was held again in Beaumont Hospital and was a great success.

Security Department

The Security Department endeavours to provide a safe and secure environment for all patients, relatives and staff who attend Beaumont Hospital.

During 2014, training has been one of our main focuses. Four member of the Security Team, along with members of nursing staff, were trained as Trainers in Prevention and Safe Management of Aggression and Violence (PASMAV). In conjunction with Nursing Staff, Security Staff will rollout this training programme across Beaumont Hospital to multidisciplinary groups of staff. This course was designed specifically for Beaumont Hospital staff and deals with decalation techniques, safe-hold and restraint.

Further to this, three other members of security undertook the Organisational and Personal Skills Development Program resulting in one of the group’s having their project implemented in the ED and the second group’s project has been approved and is awaiting funding. Mandatory Fire Training continues, within the department ensuring that Security Staff are fully trained in front line response fire-fighting within Beaumont Hospital.

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 150 CCTV cameras which cover the internal and external areas of Beaumont Hospital. The staff car parks are also covered by CCTV, which is monitored by the security personnel from the CCTV Control Room. There are also 250 access controlled doors throughout Beaumont Hospital which continue to grow as new areas are developed. Access controlled doors help to restrict access and egress within Beaumont Hospital and surrounding buildings. It also enables security to lock down areas out of hours and restricts access.

The Security Management Team are active members of many committees involving the development of policies throughout the hospital including the committee for managing visitors with potential for aggression and violence, car parking and the Smoke Free Campus Committee, to mention a few.

Catering Department

The Catering Department Management Development Programme commenced in 2013, following the management re-structure and has continued in 2014. As part of this programme 5 catering officers have successfully completed the Management of Food Hygiene course, which equips managers with the skills and tools necessary for the competent management of a complex catering operation in terms of food safety. The development programme continues into 2015, with the final part involving Health & Safety for Managers.

The year 2014 also saw the appointment of Michael Murphy to the position of Catering Manager, reporting to the Head of Catering, with responsibility for the operational management of the catering department and
we offer our congratulations to Michael and wish him well in his new role.

During 2014 the catering department invested in a mechanical cutlery wrapping machine especially sourced from Germany (the first such machine in the Irish health service) to facilitate the provision of patient cutlery completely enclosed within an individual napkin, thus significantly reducing the potential for cross contamination of patient cutlery, whilst providing a significant saving in the labour required for cutlery wrapping.

The catering department participated in the patient hygiene satisfaction survey in 2014, with two questions dedicated to the catering service, the results identified that 99% of respondents rated the cleanliness of utensils provided to be either Excellent, Very Good or Good and 99% of respondents rating the standard of food supplied to be either Excellent, Very Good or Good.

The waste segregation system introduced into the Staff Restaurant in 2013 has now been fully integrated into the operation and has been well received by both staff and customers and resulted in the award of a prize in the Dublin City Council Waste Management Awards for 2014.

The work of the hospital-wide nutrition group has continued throughout 2014 and has led the development and implementation of an intensive training programme for catering staff in the areas of: Patient Diets, Patient Menu Types, and Patient Modified Diets. This programme consisted of interactive workshops facilitated by Dieticians and Speech & Language Therapists and was very well received by catering staff. The nutrition group has also facilitated the introduction of a trial of a Malnutrition Universal Screening Tool (MUST) on two wards, the aims of this trial are to determine any impact on length of hospital stay as the primary outcome with secondary outcomes to include: dietetic activity levels and the use of nutritional products (oral nutritional supplements and enteral feeds) and this trial continues into 2015. 2014 also saw the Staff Restaurant retain the Happy Heart Award, which continues to demonstrate the commitment to healthy eating integral to the staff restaurant service.

The Catering Department worked alongside a multidisciplinary team in order to provide a buffet style Christmas Lunch in 2014 which included a wide ranging entertainment programme and was well received by staff from all areas of the hospital.

The Catering Department looks forward to continuing many of these developments into 2015.

Transport/Mobility Management

Dublin City Neighbourhood Awards

It was the first year that Beaumont Hospital entered into the Dublin City Neighbourhood Awards in three categories: Shop Front, Business Environment Initiative and Waste Management Initiative. In the Dublin North Central Category, the hospital won all three categories, in addition to a new entrant merit award. This progressed the hospital to the next stage of Dublin Citywide Neighbourhood Awards, where Beaumont Hospital won first place for its Waste Management Initiative.

Beaumont Hospital Neighbourhood Partnership

Beaumont Hospital has commenced an open group forum with the neighbours in the surrounding areas. This group consists of members from Beaumont Hospital, Beaumont Hospital Neighbourhood Forum, the HSE and Dublin City Council.

National Transport Authority

The NTA has installed two Real-Time Passenger Information Units in the main foyer of the hospital. One unit shows time of each bus into the grounds and surrounding areas. There second shows a spider link of cross city connections from the hospital and adjacent areas.
Smarter Travel Workplace

Beaumont Hospital continues to work alongside the Smarter Travel Workplace and National Transport Authority groups to review smarter travel, bike to work, car sharing and carpooling.

Liaison Manager

The Liaison Manager continues to support the various external bodies on the site of Beaumont Hospitals these include Ashlin Centre – Psychiatric Adult Unit, MSCP, the Creche, the Irish Kidney Association, Dublin Bus, the National Transport Authority, and the Smarter Travel Workplaces.

Transport Tender

The process for a Transport Tender commenced in 2014, with the tender divided into seven lots including ambulance and taxi transfer for public patients and courier services.

Transport Costs

There was continued monitoring of transports costs in 2014 and, as a result, there has been significant improvement in the efficient use of the service and consequent savings to the organisation. There is a strict regime in place which must be adhered to prior to approval of these services.

Printing Services

Throughout 2014, with the expansion of hospital services, production has increased yet again and the projected targets and savings were met and exceeded. This was managed without additional staff and the service has proven to be excellent value for money. The graphic design service provided by the department has also increased during the year and forms a large part of our workload. Promotional work for hospital-wide and external events including poster campaigns, information stands, patient information, health promotion, hygiene awareness, infection prevention and control promotions, newsletters, screen savers, animations, presentations, hospital signage etc. The Print Room also provides designed promotional work and documentation, in digital format for use in E-learning, the hospital intranet site and the website.

Chaplaincy

The Chaplaincy Department is an integral part of the multidisciplinary team. Chaplains cover the whole hospital on a twenty-four hour basis over two twelve-hour shifts across the whole year.

Chaplains are in a unique position of meeting patients when they are at the most vulnerable, both on a physical or psycho-spiritual level.

Our work spreads out in many directions - meeting new patients and their families, particularly in the Emergency Department, and also in General ITU and Richmond ITU.

Patients faced with terminal illness have many issues that may need to be resolved. The chaplain is on hand to help them to work through these issues. In other words, the chaplain provides an empathic listening presence as well as sacramental healing presence.

The Chaplaincy Department is inter-denominational and multi-cultural in its approach. We work together as a team in preparing and celebrating inter-denominational services. For example, this includes services for members of staff who have died.

We have our annual inter-denominational service for adults on the first Saturday and Sunday of November.

We celebrate Mass everyday at 1pm, with the exception of Saturday when mass is at 7.30pm.

We are blessed to have two outstanding folk groups: one headed by Paschal Robinson,
who plays at 10am Mass and another headed by June Bibat, who leads the Filipino group at 1pm Mass.

We celebrate reconciliation services for staff and patients at Christmas and in the season of Lent. We have a service in Advent for all our volunteers, namely Eucharistic Ministers, pastoral associates, and our music groups. In 2014, the service was conducted by His Most Excellency Archbishop Charles Brown, Papel Nuncio.

In February 2014, we had a special course for all our readers and this was given by our Hospital Chaplain, Jenny Cuypers.

On Wednesday 26 February 2014, our Chaplaincy Department welcomed the prison and hospital committee from the Methodist Church of Northern Ireland. This was the day of sharing and reflection which was organised by the very Rev. David Nixon who is Methodist Chaplain in Beaumont Hospital.

On 28th of March 2014, we had an interdenominational service of blessing of hands in the hospital chapel for our newly qualified nurses. They received their certificates of nursing qualification after the service.

On 20th of May 2014, in conjunction with Beaumont Hospital chaplaincy, transition year students from the local secondary school of Our Lady of Mercy Beaumont, and St. David’s Secondary School Artane, completed a programme as Ministers of the Eucharist. This programme was a huge success both for the students and for the patients in the hospital. The students received special certificates from Mrs. Sharon Dwyer, General Service Manager.

On the evening of the 18th of November 2014, Fr. Patrick Boyle from the Archbishop’s House conducted a special training section for all our volunteers on child protection and vulnerable adults.

The Chaplaincy Department would like to thank the management and all the hospital staff for their support.
St Joseph’s Hospital Campus

Mary Keogh, Head of Services

The year 2014 was an extremely eventful year for St Joseph’s Hospital Campus with the official opening of the Day Hospital for Older Persons by An Taoiseach, Enda Kenny, in June. The Day Hospital functions as a centre providing specialist services for frail older persons living in the Beaumont Hospital catchment area, where there is an ongoing increased need for Specialist Geriatric Services in our local community.

In addition, it is a coordination, information and training hub supporting an integrated and holistic approach in the provision of services for older persons across hospital, community and other relevant agencies.

The service provides a comprehensive geriatric assessment and the provision of specialised interventions for elderly persons in the community. The focus of the service is on the prevention of admission or readmission of the frail elderly patients to the acute hospital and the facilitation of early discharge from the care of elderly services in Beaumont Hospital and the Rehabilitation Unit for ongoing treatment in the Day Hospital.

There will also be rapid access to specialised clinics and will be an education hub and specialist centre for all people working with older persons in Beaumont Hospital and community services.

The hospital was funded by public donations in the amount of €2.4 million.

The staff at St Joseph’s Hospital extends a warm welcome to our colleagues from Beaumont Hospital.

Rehabilitation Unit

The 20 bed Rehabilitation Unit continued to provide comprehensive multidisciplinary rehabilitation to older persons with a wide range of often complex rehabilitation needs. The length of stay reduced from an average of 41.9 days in 2012 to 33 days in 2014. The staff continue to work on the Plan for Every Patient which has been beneficial in reduction of length of stay.

Allied Health Professionals

The number of patients treated by AHPs on the Rehabilitation Unit on an annual basis continues to increase. A Goal Setting Process for long-stay stroke patients was trialled throughout the end of 2014. This involved scheduling a meeting attended by the patients and relevant AHP staff to discuss patient specific goals, timeframes and discharge plans early in the patient’s admission, with the aim of improving quality and relevance of therapy input and reducing length of stay.

Unit 1 – Surgical

In 2014, Unit 1 admitted approximately 3750 patients. These included patients for elective surgery, admissions from vascular and orthopaedic outpatients, admissions from Day Oncology for pre- and post-chemotherapy hydration and a wide range of patients for interventional radiology procedures, such as angiograms, angioplasties, uterine fibroid embolisations and vertebroplasties.

In 2014, the ‘Productive Ward Programme’ commenced with ‘Patient Status at a Glance’ board on the ward. This has proven to be very effective and is now used by all staff and has decreased the amount of interruptions, hence releasing time to care.

We also extend our congratulations to Clara Carey on her promotion to CNM II of the Unit.

Theatre

Theatre remained busy for 2014 with 3,644 patients treated in total.
We welcomed Jenny Rojas Lim in May and Glenda Madden in September, our first Graduate Nurse and in August, Carmel McHugh, our new HCA.

Plans are well underway for upgrade work to commence in Theatre 1 including lead lining, so that patients requiring radiological intervention can be treated.

Raheny Community Nursing Unit

Raheny Community Nursing Unit cares for older adults that require long-term care, many of whom have a high nursing dependency and complex medical needs. The multidisciplinary team work to ensure that a high standard of care is delivered in a friendly, home-like setting. This unit prevents the transfers of acutely ill residents to an acute setting which is of great benefit to our residents and their families. The team here are very committed to maintaining a home-like setting for our residents. Person-centred care and maintaining the dignity of our residents are our core values.

Boredom, social isolation and loneliness are key challenges in long-term care units. Our team have developed an activity programme that is person-centred and offers meaningful activities. We have joined the Eden Alternative to improve the quality of life for all our residents. This is a non-profit organisation and a worldwide movement that aims to improve the quality of life for older adults living in nursing homes by addressing boredom, helplessness, social isolation and loneliness which can be huge problems for our residents.

Haemochromatosis

The Haemochromatosis Outpatient Service continues to operate 3.5 days per week and in 2014 saw a total of 1,456 outpatients. Patients are now transferred to the Blood Transfusion service.

Sleep Apnoea Clinic

Sleep Apnoea clinics are run 5 nights a week and in 2014, saw a total of 541 patients undergoing sleep studies, in conjunction with Professor Costello’s clinic in Beaumont Hospital.

Immunology Clinic

An Immunology Day Procedure Clinic commenced in May 2014 led by Dr Mary Keoghan. The clinic treats patients who have been seen and triaged by the consultants and is deemed to be suitable for intermediate to low risk challenges. A total of 77 patients were treated in 2014.

Venous Clinic

The year 2014 also saw the opening of a direct access Varicose Vein Outpatients Clinic led by Mr Moneley, which treated 183 patients from June 2014 to the end of the year.

Pre-Admission Screening Service

The Nursing Department and Anaesthetic Lead for St Joseph’s Hospital introduced a screening service to improve on the quality and safety in service delivery. This resulted in a decreased rate of cancellations of patients on the day of surgery from 10% to 2%.

Reducing the number of cancellations enables the hospital to meet the demands more efficiently.

Fundraising

350 people of all ages, dressed in all types of Halloween costumes, turned out on Sunday morning (26th October) in St Anne’s Park to participate in the inaugural Jog for Joe’s event. They came to run, jog or walk the 5km and to take part in what was a great family event.

There were kids cycling bikes, parents pushing buggies, people pushing wheelchairs, all creating a wonderful atmosphere in the park as everyone raised funds for vital equipment for elderly care at St Joseph’s Hospital.

Huge thanks to all the staff of St Joseph’s who helped in the planning and execution of the event. It was a great morning and a great start to what we hope can become an annual event in support of elderly care in the community.
Royal College of Surgeons in Ireland

Introduction from the RCSI Chief Executive

As Chief Executive / Registrar of RCSI (Royal College of Surgeons in Ireland) and a former Consultant General and Vascular Surgeon in Beaumont Hospital, it is my privilege to provide an update of RCSI’s activity in Beaumont Hospital in 2014. Beaumont Hospital is the principal undergraduate medical training and research centre affiliated with RCSI and has been at the forefront of training the future generation of medical professionals for more than 20 years.

RCSI’s academic departments at Beaumont Hospital continue to play an important role in the provision of clinical services within the hospital and the following report provides an account of these departments.

The past year has seen RCSI grow as we continue to expand our core activities of education, training and research in the health sciences.

In the area of research, we are strongly committed to delivering on our translational research agenda. Key to our mission is the engagement of clinicians in research which we strongly encourage and support through research and training activities. In 2013/2014 we received external research funding in excess of €35.7 million. Despite the reduced levels of national funding support currently available, our researchers have been successful in major national grant applications as well as securing a number of international funding opportunities. In 2013/2014, RCSI continued to successfully communicate its research findings in a very broad range of health science disciplines, with a total of 260 Pubmed indexed articles published.

The College continues to make progress with its strategic plan for 2013-2017, ‘Growth and Excellence’, for the Faculty of Medicine and Health Sciences, which is now in its second year. The strategy builds on the College’s international reputation as a centre for excellence in healthcare professional development, training and education and addresses five goals that provide a clear roadmap for us to achieve our mission; ‘to educate, nurture and discover for the benefit of human health’. These five goals are:

- excellence in education; leadership in international medical education; impactful research and innovation in health sciences and education; enhanced organisational capabilities; and strong strategic partnerships. The staff in Beaumont Hospital are playing a pivotal role in achieving many of these goals and we look forward to working together to accomplish these in the coming years.

In 2014, the Minister for Health reaffirmed the Government’s commitment to progressing the implementation of Beaumont Hospital Groups. The catchment area for the RCSI Hospitals Group has the highest population growth expectations in the country, as well as a highly educated workforce, and presents a great opportunity for us to work together. The Group includes Beaumont Hospital, Cavan & Monaghan Hospital, Connolly Hospital, Louth County Hospital, Our Lady of Lourdes Hospital Drogheda and Rotunda Hospital. This partnership further strengthens the links between RCSI, Beaumont Hospital and the other six hospital partners in the Group. Bill Maher has been appointed as CEO of RCSI Hospitals and a Group Management Team is now in place. The focus in 2015 will be to get RCSI Hospitals up and running and to develop a strategic plan for the Group. We look forward to working even more closely with Beaumont Hospital and our other hospital partners for the benefit of patients, clinicians and health professions in training.

In recognition of the outstanding high-quality contribution of medical consultants and other senior health professionals to the teaching and learning activities of RCSI, the Honorary Appointments and Promotions
Process continued in 2014. As part of the Process, honorary titles are bestowed on individuals who have a track record of contributing to RCSI teaching, learning, assessment and development of our students in clinical and non-clinical settings, as well as to strategic initiatives of RCSI’s Faculty of Medicine and Health Sciences. A number of Honorary Clinical Senior Lecturers, Associate Professors and Professors based at Beaumont Hospital were among the honorary appointments and promotions were ratified by Medicine and Health Sciences Board in 2014. We are delighted to acknowledge their important contribution to our work.

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 RCSI. We will continue to support Beaumont Hospital in its many endeavours and look forward to continuing to work alongside our colleagues to provide the best in patient care.

Professor Cathal Kelly
Registrar / CEO
RCSI

Department of Surgery

Academic Activities

The Department of Surgery hosted the Intercollegiate Exams in General Surgery in May 2014 at Beaumont Hospital. The general surgery component of the Intercollegiate exam was the largest postgraduate clinical exam ever hosted in Ireland and the high quality of the facilities within Beaumont Hospital and the cooperation of all staff received high praise from all participants.

The department had a very successful year in grant funding as outlined in this document including those from the HRB. In addition the department supported the fund raising activities of Breast Cancer Ireland which was very successful in raising over 1 million euro.

Professor Patrick Broe continued in his role as President of the RCSI until June 2014 and Professor Hill was appointed as the first Head of School of Medicine at the RCSI.

Professor Arnold Hill was appointed as the first Head of School of Medicine at RCSI in June 2014

A number of higher degrees were awarded including:

Vareslija D. Estrogen independent ER signalling in aromatase resistant breast cancer is target gene specific, RCSI, PhD, 2014

Bolger J. Investigating novel mechanisms of metastasis in endocrine resistant breast cancer. RCSI, PhD, 2014

Academic Activities

Arnold Hill

- External examiner for Final Medical Examinations in University College of Limerick
- External examiner for Final Medical Examinations in Trinity College Dublin
- External examiner for Final Medical Examinations in Bahrain
- External examiner for MRCS in Penang
- External examiner for PhD for Trinity College Dublin (April 2014)
- External examiner for PhD from Bahrain (February 2014)
- Executive Member of National Cancer Control Programme
• Committee Member of Council of Deans of Faculties with Medical Schools in Ireland.

**Austin Leahy**

• Editor in Chief of The Surgeon: Journal of the Royal Colleges of Edinburgh and Ireland.
• Member of the Academic Supervisory Board of Penang Medical College, Malaysia.
• RCSI Examiner in Final Medical Examination in June 2014.

**Ann Hopkins**

External Committees:

• Honorary Treasurer Irish Association for Cancer Research Limited
• Expert evaluator, EU FP7 Marie Curie Programmes IOF, IIF and IEF, Brussels.

**Leonie Young**

• External PhD examiner for Malmö University, Sweden and St Catherine’s College Cambridge, UK

External Committees:

• Irish Association for Cancer Research Member
• Member of European Association for Cancer Research
• Pacific Rim Breast and Prostate International Research Group
• Board member, Capacity Building Irish Cancer Society
• Invited Member, Gap Analysis, Breast Cancer Campaign, UK
• Expert evaluator, Marie Curie Programmes, IOF, IIF and IEF, Brussels
• Invited member of the PacRim Breast and Prostate International Strategy Group
• Independent Chair of the Prostate Collaborative Group, Irish Cancer Society
• Invited Board Member, Open Breast Cancer Journal

**Distinguished Visitors hosted by Arnold Hill:**

• Delegation from the University of Hanoi Vietnam March 2014.
• Professor Ian Campbell, Officer of the New Zealand Order of Merit for services to breast cancer and research on a visit to the Breast Unit at Beaumont Hospital in June 2014.

**Invited Lectures**

**Arnold Hill**

‘Breast Cancer Update’ - Penang Medical College 19th August 2014

‘Postgraduate Educational Opportunities’ - Hanoi Medical University Vietnam 21st August 2014

‘Innovations in RCSI Curriculum’ - RCSI Alumni Gathering 11th September 2014

**Reem Salman**

‘Breast Cancer update - clinical lecture’ - IIMA Sharja- UAE April 2014

**Leonie Young**


**Azlena Ali – Oral Presentations**

‘Survival benefit conferred by the Androgen receptor is lost in aromatase inhibitor treated breast cancer’ - Patey Prize category in Society of Academic & Research Surgery (SARS) conference on 8-9th January 2014
Seminars, Conferences and Workshops
Arnold Hill
Laparoscopic Hernia Workshop. Tullamore General Hospital, April 2014.

Ann Hopkins

Reem Salman
Sentinel Node Biopsy in Breast Cancer-workshop IIMA Sharja- UAE April 2014

Marie McIlroy
Biomedical Imaging Conference -RCSI April 2014

Claire Condron
The development of A Volunteer Simulation Patient (SP) Bank and associated 4 day training programme for history role play and feedback. (20 participants) 2014 C. Condron, C. Sullivan, T. Pawlikowska F. Coffey

The development and implementation of a simulation training day on respiratory emergencies Paramedic Dip Emergency Medical Technology. (2014) R. Carney, P. FitzPatrick, C Sullivan, C. Condron.

Active Grants and Grants Awarded
Ann Hopkins
Principal investigator:
Health Research Board, Health Research Award 2014
Value=€312,745

Principal investigator:
Beaumont Hospital Cancer Research and Development Trust
Value=€41,000

Mentor:
Science Without Borders (Brazil) PhD studentship to Rodrigo Cruz
Estimated value=€180,000

Publications
Radiofrequency ablation: an assessment of clinical and cost efficacy.

The effect of carotid stenting on endarterectomy practice – A single institution experience.
The Surgeon, Available online 16 May 2014, ISSN 1479-666X.

Babina IS, McSherry EA, Donatello S, Hill AD, Hopkins AM.
A novel mechanism of regulating breast cancer cell migration via palmitoylation-dependent alterations in the lipid raft affiliation of CD44.

Broe M, Shaikh FM, Leahy A.
Endovenous radiofrequency ablation: no value in short-term duplex ultrasound follow-up.

Collins DC, Cocchiglia S, Tibbitts P, Solon G, Bane FT, McBryan J, Treumann A,
Eustace A, Hennessy B, Hill AD, Young LS.
Growth factor receptor/steroid receptor cross talk in trastuzumab-treated breast cancer.


Forde HE, Hill AD, Smith D.
Parathyroid adenoma in a patient with familial hypocalciuric hypercalcaemia.


*Breast clinic referrals: can mastalgia be managed in primary care?*


Leahy AL.

‘The Surgeon’ impact factor reaches 1.973,

*The Surgeon,* Volume 12, Issue 1, February 2014, Page 2, ISSN 1479-666X

McHugh SM, Corrigan MA, Hill ADK, Humphreys H.

Surgical attire, practices and their perception in the prevention of surgical site infection.


McHugh SM, Leahy AL.

What next after thermal ablation for varicose veins: Non-thermal ablation?,


McHugh SM, Leahy AL.
Patient perception of quality online: A double edged sword,

*The Surgeon,* Volume 12, Issue 1, February 2014, Pages 1-2, ISSN 1479-666X.

Pathiraja TN, Nayak SR, Xi Y, Jiang S, Garee JP, Edwards DP, Lee AV, Chen J,

Epigenetic reprogramming of HOXC10 in endocrine-resistant breast cancer.


NCOA1 Directly Targets M-CSF1 Expression to Promote Breast Cancer Metastasis.


Redmond AM, Byrne C, Bane FT, Brown GD, Tibbitts P, O’Brien K, Hill AD, Carroll JS, Young LS.

Genomic interaction between ER and HMGB2 identifies DDX18 as a novel driver of endocrine resistance in breast cancer cells.
Sheil F, Davis S, Lowery AJ, Hill AD.

The use and limitations of SMS reminders to improve outpatient attendance rates.


Walsh CA, Bolger JC, Byrne C, Cocchiglia S, Hao Y, Fagan A, Qin L, Cahalin A,

McCartan D, McIlroy M, O’Gaora P, Xu J, Hill AD, Young LS.

Global gene repression by the steroid receptor coactivator SRC-1 promotes oncogenesis.


Woods JF, De Marchi JA, Lowery AJ, Hill AD.


Commercialisation Activities

Industry engagement:

The role of the Androgen Receptor in breast cancer therapy is being targeted by an investigative team led by Dr McIlroy. An Investigator led study has been presented to Astellas Pharma Europe entitled: RACE – Response of Aromatase inhibitor resistant breast Cancer to Enzalutamide. This project was presented to the Astellas Investigator Sponsored Research Committee in August. If successful this will fund a collaborative three year study with enormous clinical potential.

Professor Arnold Hill
Professor and Chair of Surgery and Head of School of Medicine, RCSI

Department of Medicine

As Senior Cycle (Director, Professor McElvaney) commenced a number of new teaching initiatives in in the past academic year including the new SC1 two week blended programme of online delivery and teaching workshops, the introduction of summative assessment of sub-internship in SC2 contributing to the final professional degree and the introduction of summative prescribing MCQs contributing to an overall prescribing certificate. This year also saw the introduction of the use of Speedwell automated correcting software and borderline regression analysis to SC1 and SC2 clinical assessments and trial implementation of the bookmark standard-setting methodology in conjunction with Dr Richard Arnett, Quality Enhancement Office.

In 2014, Professor McElvaney and his team made a series of important breakthroughs in the understanding and treatment of hereditary emphysema and cystic fibrosis which were published in Science Translational Medicine, The American Review of Respiratory and Critical Care Medicine, Blood, Journal of Clinical Investigation and the Journal of Immunology.

Professor McElvaney was chosen to give the introductory speech to this year’s Ambershorn lecture at the American Thoracic Society meeting in San Diego. Professor McElvaney continues in his role as Honorary President of the Irish Academy of Medical Sciences (IAMS) and participated in the IAMS Annual Symposium which took place in Dublin in November 2014.

Professor Richard Costello continues his work on remote monitoring solutions for inhaler adherence. This is part of his work as a HRB Clinical Scientist and devices are being used in clinical studies in a number of centres throughout Ireland. Professor Costello is the Specialty Director in Respiratory Medicine and a member of the European HERMES Board.
A number of new appointments and promotions were made in the Department including the promotion of Dr Catherine Greene to Associate Professor and Dr Frances Meagher to Associate Professor in PU-RCSI, Kuala Lumpur.

**Academic Activities**

The national Alpha-1 screening programme received an Irish Healthcare Centre Award for ‘Best Community Care Initiative’ in February 2014. Alpha-1 deficiency was also highlighted during the year by *The Irish Daily Mail*, Dr Pixie McKenna on the Ray D’Arcy show, and in a series of three excellent articles on TheJournal.ie.

Dr Cormac McCarthy, won the European Alpha-1 Antitrypsin Laurell’s Training Award (September 2014). Cormac’s project is entitled ‘Glycosylation modifies the anti-inflammatory effect of alpha-1 antitrypsin’ and is currently being carried out in the Department of Medicine, under the supervision of Professor Gerry McElvaney and Dr Emer Reeves.

At the RCSI Annual Research Day, Ciara O’Dwyer was awarded first prize in the PhD Scholars category and Dr Bojana Mirkovic was awarded the Barnes Medal for her presentation in the Early Career Investigators Oral Research section (March, 2014).

Michelle White was awarded the distinguished Young Investigators Award at the 3U Conference; Applications of Proteomics in Human and Infectious Disease. This event took place on September 16th, 2014, in The Helix, Dublin City University. Michelle’s winning oral presentation was entitled ‘Inflammatory induced plasma membrane alterations in neutrophils of individuals with cystic fibrosis corrected by CFTR potentiator therapy’.

Professor Catherine Greene was recently appointed to the organising committee of the European Respiratory Society annual meeting. She has received a number of important grants for her work in the area of micro-RNAs.

Dr Emer Reeves was an invited speaker at a number of important symposia including the European Cystic Fibrosis Conference and the North American Alpha-1 Antitrypsin Foundation Conference. She is also taking up a role as deputy head of the School of Postgraduate Studies, with a particular focus on support for MD thesis work.

**Invited Lecturers**


McElvaney NG: Alpha 1-antitrypsin deficiency registries; the way forward, Brussels, September 2014.

McElvaney NG The role of the neutrophil in CF lung disease: International Symposium of cystic fibrosis in Asia from basics to clinics, Nagoya, September 2014.

McElvaney NG. The role and importance of glycosylation for the function of alpha 1-antitrypsin. Alpha One foundation meeting, Miami, October 2014.

McElvaney NG. Biomarkers of inflammation in cystic fibrosis. Italian CF annual meeting Salerno, October 2014.


Greene C. miR-CATCH: miRNA capture affinity technology EMBO Practical Course in miRNAs, Galway, June 2014.


Carroll TP. UCD School of Medicine Rare Disorders Module, Dublin, February, 2014.

Carroll TP. Diagnosis of Alpha -1 St. James’s Hospital Immunology Seminar, Dublin, March, 2014.


Carroll TP. Genetic emphysema. 3rd National COPD Support Meeting, Waterford, September, 2014.

Carroll TP. How to diagnose alpha-1 antitrypsin deficiency. RCPI Respiratory SpR training day, Cork, September, 2014

Reeves EP. Cystic Fibrosis COST ACTION BM1003. Dublin, September, 2014.

Seminars, Conferences & Workshops
Workshops

Conferences
Reeves EP. 3U Conference, Applications of Proteomics in Human and Infectious Disease. The Helix, Dublin City University. September, 2014.

Active Grants and Grants awarded
Costello R. HRB/Health Research Award. Inhaler compliance Study (INCA)

Costello R. GSK. Agreement for GSK supported clinical research involving GSK product supplied by GSK -between GSK and RCSI

Costello R. HRB/Clinical Scientist Award. Chronic Respiratory Management

Costello R. HRB/Health Research Award. INCA SU. A prospective randomised multicentre study to optimise the management of symptomatically uncontrolled asthma patients.

Costello R. EU-FP7/Collaborative Project. Wearable Sensing and Smart Cloud Computing for Integrated Care to COPD Patients with Co-morbidities

Greene C. HRB/Research Training Fellowships for Healthcare Professionals. The role of Stenotrophomonas maltophilia in cystic fibrosis lung disease.

Green C. 3U. The regulation of innate immunity in CF by X-chromosome linked miRNAs

Greene C. National Childrens Research Centre/Project Grant. MicroRNA modulation of aberrant interleukin-8 expression in cystic fibrosis bronchial epithelial cells

McElvaney NG, Alpha One Foundation. AATD Targeted Detection Programme

McElvaney NG, Alpha One Foundation/Research Project Grant. Alpha-1 antitrypsin glycoforms direct dynamic activity

McElvaney NG. HRB/PhD Scholar Programme. Diagnostics and Therapeutics for Human Disease.

McElvaney NG. HRB/Joint Funding Scheme. The role of carbohydrate residues in Alpha-1 antitrypsin anti-inflammatory properties

McElvaney NG. NIH/Advanced Training Fellowship. The role of anaerobic bacterial infection in cystic fibrosis

McElvaney NG. Cystic Fibrosis Foundation/Project Grant. Is the circulating neutrophil in individuals with cystic fibrosis intrinsically abnormal?

Reeves EP. SFI/Research Frontiers Programme. Increased cholesterol alters lipid raft structure and function of circulating neutrophils in cystic fibrosis

Reeves EP. MRCG/HRB/Project Grant. Regulation of neutrophil membrane receptor profile and signalling by serum alpha-1 antitrypsin

McCarthy C: eALTA award (2014), The role and importance of glycosylation for the function of alpha-1 antitrypsin and alterations in response to acute infection.

Publications

Refereed original papers


Reviews


Book Chapters


Professor Noel G McElvaney Chairman, Department of Medicine, RCSI

Clinical Research Centre (CRC)
The RCSI Clinical Research Centre (CRC) continues to provide a resource to Beaumont Hospital physicians for clinical research.

There were a number of recognised successes for the centre in 2014. The centre initiated a course in Good Clinical Practice to facilitate physician investigators and this course was accredited by the Nursing and Midwifery Board of Ireland. In addition the course was TransCelerate approved, which means that industry sponsors recognised this training as acceptable. The centre has developed new research alliances with Beaumont Hospital and the centre was the national coordination site for the ESCAPE study led by Dr John Thornton in Beaumont Hospital.

In keeping with our strategy to provide excellence in nursing support, the CRC hosted the 7th annual Irish Research Nurses Conference and 10 new nurses were awarded postgraduate Certificates in Clinical Research. The re-alignment of Irish Hospitals with their medical school partners has created new Academic Health Centres. The CRC has extended its role in facilitating sponsorship of clinical trials with the Rotunda Hospital and in developing protocols to facilitate research across the Academic Health Centres in Ireland.

The centre provided new resources and support in the key areas of Respiratory Medicine, Endocrinology, Cardiovascular Disease, Neurology and Nephrology in 2014. Many of these studies were audited in 2014 and the expertise of the staff involved in these studies was recognised in the positive outcomes of these studies.
Professor Dermot Kenny  
Director, Clinical Research Centre, RCSI

Pathology Department

The RCSI Pathology Department has very close links with the Beaumont Hospital Histopathology Department. Consequently, there is integration between Beaumont Hospital and RCSI in the provision of 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 (CALPATH) 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. This programme was subject to extensive improvements during the year. 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 as part of the Faculty of Pathology Accredited Training Programme in Histopathology.

The department has collaborative research links with external institutions including the Conway Institute UCD, Queen’s University Belfast, Trinity College, Dublin and the National Cancer Institutes in Washington. The RCSI research laboratory is accredited by the Irish National Accreditation Board. The Laboratory acts as a reference laboratory for the UK National External Quality Assessment Scheme (NEQAS) for both in situ hybridisation and molecular pathology.

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. The department, through collaborative funding, has acquired the Illumina MiSeq next generation sequencing platform which is an instrument that evaluates among other things the presence or absence of mutations in formalin fixed paraffin embedded material. This instrument will be used for a wide variety of molecular analyses which includes the detection of druggable mutations in colorectal cancer, lung adenocarcinomas and melanocytic lesions. 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 and Penang. A number of staff in the department are carrying out theses for PhDs and MScs.

Professor Mary Leader is a member of the Irish Medical Council and Beaumont Hospital Foundation. She is Past President of the Irish Society of Surgical Pathology, is a member of the Consultants Applications Advisory Committee (CAAC) and is a member of a number of editorial boards of international journals. She is President Elect of the British Division of the International Academy of Pathology. Professor Leader contributes to the teaching of pathology to the Faculty of the College of Surgeons in East, Central and Southern Africa (COSECSA) in southern sub-Saharan Africa twice a year and in December 2014 she travelled to Dar es Salaam to act as the basic sciences external examiner. She has published in excess of 200 publications.
Professor Leader was one of 53 Teaching Heroes from 27 higher education institutions throughout Ireland who was presented with a ‘Teaching Hero’ award by Professor Mary McAleese. The teaching hero campaign was launched in 2014 and aimed to identify and celebrate the impact that teachers in Higher Education are having on their students’ learning at key transitions. Working in partnership with the Union of Students in Ireland (USI) and other student bodies, the National Forum launched the inaugural National Teaching Hero campaign on January 23rd 2014. Individual students nominated their Teaching Hero through an online nomination form in which students were asked to describe why their nominees deserved recognition as teaching heroes.

Dr Dorman is secretary of the Irish Branch of the Association of Clinical Pathologists. He has been the sole Consultant Renal Pathologist in Beaumont Hospital for many years and provides an on-call service for renal pathology. He is soon to be joined by a consultant colleague, Dr Brendan Dolan for the delivery of this local and national service.

The Pathology Department is deeply indebted to all the teachers/lecturers from Beaumont Hospital and Connolly Hospital and Our Lady of Lourdes Hospital, Drogheda who contribute to our teaching with such dedication and commitment.

Professor Mary Leader
Professor of Pathology, RCSI

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 cellular cytoarchitectural and protein signature of major psychiatric disorders, the developmental epidemiology of psychosis, the neuropsychiatry of epilepsy, behavioural phenotypes of genetic disorders, structural and functional neuroimaging of genetic and neuropsychiatric disorders and a PhD programme in Mental Health Services research.

There is close integration with the Clinical Department of Psychiatry at Beaumont Hospital with Professors Murphy, Cannon and Cotter holding joint RCSI/Beaumont Hospital appointments and Dr MacHale contributing to the academic department as Senior Lecturer.

Professor Kieran Murphy continues in his role as Vice-Dean for Professionalism in RCSI. He is also a member of the Board of Management of the International Association of Medical Regulatory Authorities and, in addition, is a member of both the Council

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_Pictured at the Teaching Hero Awards 2014 are (left to right) USI President Laura Harmon; Minister for Education & Skills Ms Jan O’Sullivan TD; Vincent Healy, RCSI Student Union President; Patron of the National Forum; Professor Mary Leader, RCSI Department of Pathology; Professor Mary McAleese; and Chair of the Forum Professor Sarah Moore._

Professor Elaine Kay is a member of the following Committees/Boards: The Histopathology Committee of the Faculty of Pathology, The All Ireland NCI Scientific Advisory Board and the ICORG Translational Research Sub-Group. She is external examiner for the UK-based FRCPath examination. Professor Kay is Clinical Director of the Pathology Laboratory Directorate in Beaumont Hospital and a council member of IAMS._
and the Professional Conduct Committee of the Pharmaceutical Society of Ireland. Professor David Cotter continues in his role as Vice-Dean of the College of Psychiatrists of Ireland and Dean of RCSI Deanery for Basic Specialist Trainees in Psychiatry.

Dr Siobhan MacHale was appointed as Chair of the Irish College of Psychiatrists (ICP) Faculty of Liaison Psychiatry, and member of the ICP Council, whilst continuing to lead on the first National Clinical Care Programme in Mental Health, on the Management of Self Harm in the Emergency Department.

Professor Mary Cannon featured in the world's most influential scientific minds and is ranked among the world's top 3,000 by the multinational media body Thompson Reuters. Inclusion means the person’s research is listed in the top 1 per cent for the number of times their work has been cited by other scientists. All were gauged to be ‘highly cited researchers’ who had had an ‘exceptional impact’, Thompson Reuters said. Their work ‘has consistently been judged by peers to be of particular significance and utility’, the company said when releasing the list on the website highlycited.com. Those selected were also published in book form, the Thompson Reuters 2014 World’s Most Influential Scientific Minds. Not only is Professor Cannon just one of 11 Irish academics to make this outstanding achievement, she is the only woman in Ireland to achieve this.

Professor David Cotter continues a prestigious HRB Clinician Scientist Award to study serum metabolic biomarkers of early psychosis and this award has facilitated the appointment of Dr Helen Barry as Locum Consultant for Professor Cotter's clinical responsibilities. Professor Cotter was shortlisted for Royal College of Psychiatry Academic Researcher of the year Award.

Dr Diane Mullins continues in her role as RCSI Clinical Senior Lecturer and contributes to the Neuropsychiatry service in Beaumont Hospital. Dr Selena Pillay was appointed as RCSI Clinical Senior Lecturer and contributes to the Liaison Psychiatry service in Beaumont.

Dr Louise Brennan returned from the Institute of Psychiatry, King’s College London to RCSI / Beaumont Hospital for the second year of her RCSI/ KCL rotating Lecturer in Psychiatry post.

Professor K. C. Murphy,
Professor of Psychiatry, RCSI

Molecular Medicine

Professor Brian Harvey has been director of the RCSI Department of Molecular Medicine (www.rcsi.ie/molmed) since its establishment in 2002. In 2011, the Medical Oncology Research group directed by Dr Bryan Hennessy joined the Department of Molecular Medicine. The Research activities of the Department of Molecular Medicine are focussed on the molecular basis of disease states and the identification of biomarkers of therapeutic efficacy in malignancy.

National and international research networks coordinated by Molecular Medicine include the National Biophotonics & Imaging Network, the European Molecular Imaging Doctoral School (EMIDS), the EuroBioImaging Consortium, EU FP7 Cystic Fibrosis COST network, EU COST ADIMIRE network in Aldosterone, the Irish Epithelial Physiology Group, and the International Committee on Rapid Responses to Steroid Hormones. Professor Brian Harvey is director of research of the DOCTRID International Research Institute (www.doctrid.ie) and co-ordinator of the ASSISTID EU Marie Curie COFUND
programme (www.assistid.eu) which promotes research into the development and application of assistive technologies to enhance the quality of life for people with intellectual disabilities and autism. The ASSISTID programme which is also supported by the charity RESPECT Ireland was officially launched in May 2014 by Máire Geoghegan-Quinn, the EU commissioner for research, innovation and science. Over the next five years, the programme will provide 40 fellowships to in the field of assistive technologies and behavioural sciences, applied to autism and intellectual disability.

Researchers from the Department of Molecular Medicine organised and participated in a number of national and international meetings and workshops in 2014:

In July, Dr Stephen Keely organised a symposium on post-transcriptional and post-translational regulation of epithelial transport at the Physiological Society Meeting held in London.

Professor Brian Harvey coordinated the CF COST Training School on Ion Transport, Airway Liquid Dynamics & Host Pathogen Interactions in CF Lung Epithelia held in RCSI in September. Early Stage Researchers from throughout Europe attended this course and participated in practical training sessions as well as lectures.

In October, Professor Harvey organised the European Molecular Imaging Doctoral School (EMIDS) workshop. Participants received training in tissue electron microscopy and confocal microscopy at this workshop.

The 7th Annual Irish Epithelial Physiology Group (IEPG) Meeting organised by Professor Brian Harvey, Dr Stephen Keely and Dr Olive McCabe took place in Kilkenny. This year’s keynote speaker Professor Ellis Levin from the University of California, Irvine, gave a stimulating talk on ‘Extra-nuclear Estrogen Receptors: Roles in biology determined from mouse models’. Professor Cliff Steer, University of Minnesota Medical School, Minneapolis, gave the Guest Lecture on the use of Urso- and Tauroursodeoxycholic Acid in the treatment of non-liver diseases.

Professor Brian Harvey was the keynote speaker at Annual West Coast Salt and Water Club meeting held in Avila Beach, CA in March 2014, where he gave a presentation on estrogen regulation of epithelial ion transporters in health and disease.

Professor Harvey was also an invited lecturer in the University of Aarhus, Denmark where he spoke about estrogen regulation of epithelial ion transport in health and disease and in the University of La Laguna, Tenerife he presented findings on his groups research into estrogen and the cystic fibrosis gender gap.

In June 2014, Professor Harvey gave a series of invited lectures in Taiwan at the National Yang Ming University, Taipei, National Chiao Tung University, Hsinchu, Asia University, Taichung, and China Medical University, Taichung.

Dr Stephen Keely was an invited speaker at the British Society of Gastroenterology meeting where he spoke about the effects of bile acids in the colon.

Dr Bryan Hennessy was an invited speaker at ESMO Symposium on Signalling Pathways 2014 - Targeting the PI3K/AKT/mTOR pathway in cancer, where he presented his findings on the ‘Biomarkers in the pre-clinical setting’. He was also invited to speak about overcoming the hurdle of endocrine resistance in breast cancer at American Society of Clinical Oncology (ASCO), Chicago.

Dr Warren Thomas was invited to present his research on steroid receptor co-activators and oestrogen receptor beta-1 isoform as survival biomarkers in malignant pleural mesothelioma at the 9th International Conference of Anticancer Research, Sithonia, Greece.

Researchers from the Department of Molecular Medicine received a number of awards for their presentations at conferences in 2014:
Sinéad Quinn, PhD student with Professor Brian Harvey and Dr Warren Thomas was awarded the Donegan Medal for best oral communication for her presentation ‘Protein kinase D2, a novel regulator of aldosterone and sodium reabsorption in the renal system’ at the Annual RAMI meeting held in Dublin in June. Sinéad was also awarded prizes for the best PhD presentation at this year’s IEPG meeting and at the Annual ADIMIRE COST meeting, Padua University for her lectures on aldosterone-induced protein kinase D activation in the distal nephron, and its contribution to health and disease. Natalia Lajczak, PhD student with Dr Stephen Keely was also awarded a prize at the RAMI meeting for her presentation ‘Bile acids regulate innate barrier functions of colonic epithelia in vitro and in human colonic resections’. Natalia received the Pfizer prize at the Physiological Society Meeting where she spoke about her research into protective and anti-inflammatory effects of Ursodeoxycholic acid in colonic epithelia.

Research carried out in the Department of Molecular Medicine is funded by Science Foundation Ireland, The Health Research Board, the Higher Education Authority, the Children’s Medical Research Foundation, the Chilean Science Foundation, the Irish Cancer Society, the North Eastern Cancer Research Trust and EU COST.

**Publications 2014**


Professor Brian Harvey
Professor of Molecular Medicine, RCSI

Department of Clinical Microbiology

The Department of Clinical Microbiology is based at the RCSI Educational and Research Centre on the Beaumont Hospital campus since 2000. 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 department has links with the National Reference Laboratories at St. James’ Hospital and Children's University Hospital and contributes to their services.

The major research interests of the department are healthcare-associated infection (HCAI), including that caused by methicillin-resistant *Staphylococcus aureus* (MRSA), bacterial biofilm development, multi-drug resistant Gram-negative bacilli, hospital hygiene and new approaches to the treatment of bacterial infections including the use of novel peptides. The prevention and control of HCAI and the reduction in antimicrobial resistance are major strategic aims of the Health Service Executive and the Department of Health in Ireland.

The Department, with colleagues in Dublin City University, have developed and evaluated the potential of gas plasma as a means of environmental decontamination. This programme has verified optimum methods for the detection of bacteria in the environment and confirmed that plasma can reduce bacterial numbers on common healthcare surfaces by a factor of log 2.

The Health Research Board and the Healthcare Infection Society are funding new approaches to treating biofilm related device-associated bloodstream infection and the molecular characteristics of such infections. The Department also leads in the serotyping of bacteria responsible for invasive pneumococcal infections using molecular approaches as well as undertaking research on the interaction between MRSA and other staphylococci and the assessment of new approaches to treating bacterial infections.

The Department contributes to the undergraduate and postgraduate programmes in Medicine as well as those delivered by the Schools of Physiotherapy and Pharmacy in RCSI. The Department has in recent years used podcasts and online materials, and evaluated their effectiveness in improving medical students’ knowledge and their comprehension of important issues in microbiology such as HCAI and its prevention. The Department is also developing an app to inform technology/learning on the use of antibiotics and has evaluated the use of clickers to facilitate interactive sessions. The Department with the Health Protection Surveillance Centre organises a very popular Foundation Course on HCAI each September and also contributes to the RCSI postgraduate course for infection prevention and control nurses.

Departmental members are active on regional, national and other groups, have contributed to the development of clinical guidelines, and advise nationally on the sensible and appropriate use of antibiotics. Dr Fidelma Fitzpatrick, who joined the Department in October 2014 as Senior Lecturer was National Clinical Lead for HCAI and Antibiotic Resistance, and she has a major interest in novel educational approaches and healthcare quality.

**Selected publications**


Forde E, Humphreys H, Greene CM, Fitzgerald-Hughes D, Devocelle M. Potential of host defense peptide prodrugs as neutrophil elastase-dependent anti-infective


Professor Hilary Humphreys
Head of Clinical Microbiology Department, RCSI

**Department of Academic Radiology**

The Department of Radiology provides diagnostic and interventional radiology services to patients in the Beaumont Hospital catchment area and combined undergraduate and postgraduate teaching to students and NCHDs.

Professor Lee finished his Presidency of the Cardiovascular and Interventional Radiology Society of Europe (CIRSE) at the end of 2013 and became past President for two further years. He was invited to give a Keynote Lecture at the 11th Asia-Pacific Congress of Cardiovascular and Interventional Radiology (APCCVIR) in Singapore in May 2014 on ‘Endovascular Intervention in the Diabetic foot’. Professor Lee was also invited to the Society of Interventional Radiology Meeting in San Diego in March 2014 to lecture on the ‘Endovascular treatment of Visceral Artery Aneurysms.’

Professor Lee was invited to deliver a lecture on ‘Renal Denervation’ at the CIRSE Meeting in Glasgow in September 2014 and to lecture on ‘Renal Artery Intervention’ in Prague in October 2014. Professor Lee was also invited to join the European Diabetic Association’s working group on the Diabetic Foot.

Dr Seamus Looby was invited to prepare and deliver the ‘Neuroradiology Quiz’ at the British Society of Neuroradiology (BSNR) meeting in Belfast in October 2014. The World International Day of Radiology, co-organised by the European School of Radiology (ESR) was held in November 2014. Dr Seamus Looby was formally interviewed for this.

The Irish Society of Neuroradiology (ISNR) was formed and held its first ever meeting in Dublin in May 2014. The local organiser was Dr Seamus Looby. The meeting was attended by 100 delegates and was a great success. Professor Hugh Curtin from the Massachusetts Eye and Ear Infirmary in Boston, USA and Dr Julie Olliff from Birmingham, UK delivered talks on imaging of the temporal bone, the parapharyngeal spaces and laryngeal cancer. Professor Turgut Tali, the head of the European Society of Neuroradiology (ESNR), attended the meeting to formally welcome the ISNR into the ESNR.

The Fifth Book in Lee and Watkinson series of *Techniques in Interventional Radiology* was published in 2014. *Interventional Neuroradiology* was edited by Kieran Murphy and Fergus Robinson. The second


Professor Michael J Lee
Professor of Radiology, RCSI

**Department of Otolaryngology / Head and Neck Surgery**

The Department of Otolaryngology in RCSI is a mix of subspecialty ENT interests including lateral and anterior skull base surgery, rhinology, paediatrics, facial plastic and head and neck cancer surgery. We are the national
leaders in postgraduate ENT education, organising weekly national teaching lectures for our trainees, grand round video conferencing, and ENT surgical skills courses running all year round.

We have 300–350 undergraduate students being taught every year by dedicated surgical and medical lecturers. We offer essential surgical care for many of our allied specialties both in malignant tumour extirpation and benign disease of the head, neck and skull base. Our departmental colleagues have leadership roles nationally and internationally in their respective fields namely lateral skull base surgery and head and neck cancer surgery.

The Department of Otolaryngology in Beaumont Hospital is the largest single provider of otolaryngology surgical primary procedures in the country. We also have a separate National Cochlear Implant Department which is one of the largest in the British Isles. Through clinical experience, research, and didactic lectures we strive to increase knowledge of otolaryngic disorders and their treatments for students and postgraduate surgeons at all levels of training.

**Departmental Changes 2014**

2014 saw a number of changes in the Otolaryngology Department. RCSI said farewell to Professor Michael Walsh who retired from RCSI after 24 years of service. His academic achievements include a BSc in 1973, Fellowship in General Surgery in '77, and Residency in Toronto General '80. He returned to Ireland in 1983 and initiated head and neck surgical oncology services in St. James’s Hospital and Beaumont Hospital, and was appointed Professor of ENT Surgery at RCSI in 1990. The support from RCSI in the development of the Department of Otolaryngology proved to be a crucial part of the success of undergraduate education and the evolution of a postgraduate curriculum and training programme. Michael drove this process and is deservedly credited by its great success.

Professor Cathal Kelly, Chief Executive, RCSI (pictured right) makes a presentation to Professor Michael Walsh (left) on the occasion of his retirement.

In honour of Michael, we announced a new academic medal which was opened for all surgical trainees (SHO / Registrars / SpRs / SR) this year. The ‘Michael Walsh’ Medal is an essay on contemporary Head and Neck Surgical Oncology and presentations will take place at the Irish Otolaryngology Society Meeting 2015.

Noeline Conway, who worked for Professor Michael Walsh, for 14 years also retired in 2014. Noeline was an asset to the department and was very helpful and dedicated. She was organised, efficient and extremely competent and had an excellent rapport with both students and colleagues alike. She will be missed.

In September 2014, James Paul O’Neill was appointed Professor of Otolaryngology Head and Neck Surgery. He was a graduate of the RCSI in 2001 and became a Fellow of the College in 2004. He has an MBA from the UCD School of Business, a Masters in Medical Education from Queens University and a Doctorate of Medicine (Thyroid cancer) from RCSI. He completed his speciality training in Ireland in 2010 and left for a Fellowship in Head and Neck Cancer Surgery at Memorial Sloan Kettering Cancer Centre, New York under the guidance of Professor Jatin P. Shah.

Maureen Brooks was appointed PA to Professor O’Neill in November 2014.
**Undergraduate Education**

We have approximately 300-350 undergraduate students from SC2. Otolaryngology teaching format for SC2 students is a combination of lecture series and clinical attachments, which involves compulsory attendance at outpatient clinics, theatre allocation and team shadowing.

In 2015, otolaryngology teaching will change as we provide undergraduate education for both SC2 and SC1. Ultimately, Otolaryngology will only be taught in SC1 and examinations will be linked with Ophthalmology. The format for SC1 students will encompass lecture series, clinical problem solving and video assisted learning. Students will have a dedicated SC1 clinical tutor and have professorial lead lectures. We are incorporating USMLE and Canadian ENT Exam questions into teaching to further prepare our students for international examination success.

Dr Thavakumar Subramaniam is the current RCSI Otolaryngology lecturer. A Galway graduate, he completed a year of Internship and 2 years of Basic Surgical Training in the west of Ireland. He was recently appointed as a Specialist Trainee in the Otolaryngology Higher Surgical Training Programme in Ireland.

The department will welcome two new lecturers in 2015:

Dr Tara Ramachandra pursued her undergraduate studies in Biomechanical Engineering at Stanford University, and she subsequently worked as a design engineer at Stryker Endoscopy. She returned to Stanford, where she earned her degree in Medicine in 2009. Tara then moved to Nashville, Tennessee, where she completed her internship and residency in Otolaryngology at Vanderbilt University in 2014. The following year, she became Vanderbilt's first Fellow in Facial Plastic and Reconstructive Surgery.

Dr David Hogan completed his undergraduate studies with a BSc at The University of Queensland, majoring in biomedical science and anatomy. He then went on to complete his medical training, graduating with an MBBS in 2006. In 2014 he successfully passed his part 2 fellowship examinations with the Royal Australasian College of Surgeons and now holds his FRACS in the specialty of Otorhinolaryngology, Head and Neck Surgery. He holds an associate lecturer position with the University of Queensland Medical School.

**Departmental Academic Activities**

Mr Rory McConn Walsh continues as Chairman of Postgraduate Otolaryngology Training in RCSI. He has navigated our specialty through the many recent changes in postgraduate training.

Mr McConn Walsh has a special interest in Lateral Skull Base Surgery. Rory acted as the convenor for the British Skull Base Society meeting and invited Dr Dennis Kraus from New York and Dr Luc Morris from MSKCC to deliver key note speeches.

The British Skull Base Society (BSBS) is the multidisciplinary, multi-professional body whose membership is the clinical specialists responsible for the treatment of patients in the UK and Ireland with skull base tumours and other disorders of the skull base.

**IFHNOS & RCSI**

IFHNOS (The International Federation of Head and Neck Oncologic Societies) is a global organisation established through cooperation of national and regional Societies and Organisations in the Speciality of Head and Neck Surgery and Oncology with membership from national and regional multidisciplinary organisations, representing 65 countries. The purpose of the federation is to provide a common platform for Specialists in the field of Head and Neck Cancer to interact in professional matters of mutual interest. IFHNOS appointed Professor O’Neill as Chairman of Examinations in 2014.

**Lectures**

RCSI Millin Meeting
The purpose of the Millin Meeting is to promote best practice and innovation, to highlight issues affecting the profession and seek solutions to these challenges. At the 37th Millin Lecture ‘The Evolving Treatment Paradigm of Thyroid Cancer’ was delivered by Professor O’Neill which was the first time an ENT Surgeon was awarded the Millin Medal.

RCSI Charter Day

Professor O’Neill delivered a talk on ‘The future directions in the reconstructive management of laryngeal carcinoma patients, with particular focus on laryngeal transplantation’.

Irish Otolaryngology Society 2014

The 55th Annual Meeting of the Irish Otolaryngology Head and Neck society took place in 2014. This annual meeting is considered a key event in the Irish Otolaryngology calendar, and proves hugely successful. Professor O’Neill delivered a talk on ‘The implications of p16 positivity in carcinoma of the unknown primary’

The 5th Annual Head & Neck Surgical / Oncology Conference

This took place in St. Vincent’s Hospital and Professor O’Neill discussed the ‘Management of Laryngeal Cancer in the Elderly’.

Canadian Licence

Professor James Paul O’Neill has taken on the clinical lead to establish an RCSI MCCLE’s programme in order to support undergraduate medical students who wish to prepare and apply for residency programmes in Canada. To advise the School of Medicine periodically on the licencing requirements and options to address changing landscape requirements for returning CSA/IMG’s. This programme is to help the students assess challenges pertaining to preparation for successful completion of licencing exams (MCCEE + NACOSCE) prior to graduation and to access the resources available and needed to address these challenges.

Selected Publications

‘Treatment complications and survival in advanced laryngeal cancer: A population based analysis.’
Laryngoscope. December 2014

‘Treatment-Related Toxicities in Older Adults with Head and Neck Cancer’: A Population-Based Analysis
Cancer. February 2015

‘In reference to Use of the lymphocyte count as a diagnostic screen in adults with suspected Epstein-Barr virus infectious mononucleosis.’
Laryngoscope. 2014 Mar

RCSI Clinical Surgery
‘Passing the Finals’
Otolaryngology, Head and Neck Surgery Chapter
T.Subramaniam, JP O’Neill, A.Hill

‘Clinical Dilemma; Justifying laryngeal preservation in advanced tracheal adenoid cystic carcinoma
Case Reports in Otolaryngology 2015
T.Subramaniam, P.Lennon, J.Kinsella, JP. O’Neill

‘Ongoing challenges in the treatment of Adenoid Cystic Carcinoma of the Head and Neck’.
T.Subramaniam, P.Lennon, JP O’Neill
Irish Journal of Medical Science

Self-Assessment in Head and Neck Surgery and Oncology’ medical reference textbook published by Elsevier in July 2014. This text showcases international, expert knowledge and judgment in the practice of head and neck surgery and oncology.
The text is a collaborative project between Professor O'Neill and Professor Jatin Shah, MSKCC. A second text ‘Self-assessment in Otorhinolaryngology’ is near completion and will be published in 2016.

World Head and Neck Cancer Day

The International Federation of Head and Neck Oncologic Surgeons (IFHNOS) are having the first ‘World Head and Neck Cancer Day’ on July 27th 2015. Over 50 countries around the world are holding free clinical screening clinics and public lectures etc. It was unanimously supported by the attendees at the 5th World Congress on Head and Neck Cancer and has been endorsed by numerous governmental and non-governmental agencies throughout the world.

The aim is to bring awareness, early diagnosis, prevention and continuing Medical Education for the benefit of current generation of clinicians and patients as well as those who are at risk of becoming Head and Neck Cancer patients in the future.

Professor O'Neill has corresponded with colleagues and hospitals in Ireland over the last numbers of weeks to organise: Free Screening Clinics in nine hospitals around the country and a host of informative events for the public to take place on the 27th July 2015 in conjunction with The International Federation of Head and Neck Oncologic Surgeons.

Professor James Paul O'Neill
Head of Department of Otolaryngology, Head and Neck Surgery

RCSI Beaumont Hospital Library

The RCSI Library in Beaumont Hospital supports the academic, clinical research, and professional development activities of health care professionals, researchers and students in RCSI and Beaumont Hospital. Library Services include the provision of print and electronic resources, reference desk service, information skills training, document supply, literature searches, study space and extended opening hours. Electronic resources include e-books, e-journals and databases such as Medline, Cinahl, Embase and PsycInfo as well as clinical summaries such as Up-To-Date and Dynamed, and specially selected relevant web resources.

Uptake on all library services increased in 2014, including a 63% increase in usage by researchers of our Document Supply service. Reference Desk enquiries increased by 71%, with Beaumont Hospital library staff answering over 4,550 reference queries from students and staff. In 2014, library e-journal and book collections were updated in core clinical areas. Book borrowing by students and staff increased to a total of 5,700 books, and over 421,000 database searches were carried out by library users accessing our e-resources within the college and from home. Following the successful extension of Beaumont Hospital Library opening hours for early mornings, the evening opening hours were extended to 10pm with the library building open as a security monitored reading room space. Library usage went up by 25%, with a noticeable increase in early morning access by students.
The library Information Skills Training program supports students and researchers by providing tutorials and presentations on database search techniques for literature reviews and systematic reviews. The librarian presented at Study Days, Academic Writing Days, Staff Development Days and Undergraduate Information Skills modules in both RCSI and Beaumont Hospital locations. The Information Skills Training schedule saw an 89% increase in attendance by staff and students, and informal feedback from tutors noted a resulting improvement in search skills and the quality of resources used in student assignments. The library Literature Search service provided support for researchers in RCSI, Beaumont Hospital and clinical teams working on national clinical guidelines. The service was expanded in 2014 to provide tailored supports for busy researchers and clinicians who are already proficient in literature searching to ensure that their current search strategies meet best practice for systematic reviews and publication. New ‘Search Clinics’ were set up in Beaumont Hospital Library, modelled on a service provided by the Outreach Medical Librarians in the Bodleian Health Care Libraries in the University of Oxford.

The hospital librarian continued to be active on external committees, and joined the Working Group of the National Clinical Effectiveness Committee, as well as continuing in her role as Communications Officer for the Health Science Libraries Group in Ireland. She organised the programme for the HSLG Annual Conference entitled ‘Synergy: Skills, Standards and Collaboration among Health Science Librarians’ which emphasised the importance of improving standards of evidence based research in Ireland. The librarian attended the European Association for Health Information and Libraries Annual Conference in Rome, Italy and won Best Poster Presentation for 2014.

Publications:


Breffni Smith
Assistant Librarian
RCSI Beaumont Hospital Library