Annual Report

Beaumont Hospital

25th anniversary

2012
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Chairman’s Statement
Chairman’s statement

For Beaumont Hospital, as for the wider health service, 2012 was another year of significant challenge and change. Challenges in terms of funding and staffing numbers had to be met while essential changes were introduced which enabled us to do “more with less”.

All associated with Beaumont and especially the staff at all levels at the hospital can be proud that despite difficult circumstances, patient activity increased in all key areas with exceptional achievements in day cases which were up 29% and laboratory diagnostic services up 12%, and in-patient waiting lists down by 47%.

The most pressing challenge faced by the Board in 2012 was managing a 6% cut in our revenue allocation, a decline in private income while meeting demands for increased activity. This reduction in revenue allocation was the fifth consecutive year in which the hospital’s budget had been reduced and represented a decrease of 23% on the 2008 allocation.

Notwithstanding the implementation of a range of cost saving measures across the hospital, the outturn for the year was a deficit of €22.629m which we carried into 2013. Resolving this deficit was the subject of continuous discussion with the Department of Health which focused on improved reform helps the delivery of a better health service to our patients.

The reopening of St Clare’s Oncology Ward in early 2012, with critical funding from a number of supportive sources represented a major improvement for day patients and is a great example of partnership between public, private and charitable sources delivering for patients.

Diligent work done in 2012 in preparing and submitting proposals for expansion of the living-related kidney transplantation bore fruit in 2013 with the approval of an investment €8.5m to cover the equipping of an existing operating theatre, refurbishment of the transplant ward and development of laboratory facilities to accommodate the expansion.

I referred earlier to the dedicated work of all staff at Beaumont. However, I want to pay a special tribute to all those who served on the Board during the year made. Their wisdom, counsel and commitment were evident at all times.

Aligned with the increased patient activity levels in key areas, I want to point to some specific highlights which I believe deserve mention.

2012 marked a year of very close co-operation between Beaumont and Special Delivery Unit of the Department of Health which focused on improved pathways to care for patients. Significant outcomes from this collaboration included the Acute Medicine Unit, a reduction of 1.2 days in length-of-stay, and an increase in access to long-term care facilities.

Throughout 2012, Beaumont worked closely with the Strategic Board who assisted the Department of Health in the design and establishment of hospital groups. The designation, in May 2013, of Beaumont as the lead hospital in the Dublin North East group was welcomed and we will work closely with colleagues in the other participating hospitals and our academic partner the RCSI to ensure that this reform helps the delivery of a better health service to our patients.

I referred earlier to the dedicated work of all staff at Beaumont. However, I want to pay a special tribute to all those who served on the Board during the year made. Their wisdom, counsel and commitment were evident at all times.

Code of Practice for the Governance of State Bodies

In accordance with the Code of Practice for the Governance of State Bodies paragraph 13.1, I am pleased to make the following statements:

1. There were no commercially significant developments affecting Beaumont Hospital Board in 2012 or major issues likely to arise in the short to medium term.

2. All appropriate procedures for financial reporting, internal audit, travel, procurement and asset disposals are currently being carried out.
3. A statement on the system of internal financial control is included in the annual accounts. No breaches of the system were identified in 2012.

4. The code of conduct for directors and employees has been put in place and is being adhered to.

5. Government policy on the pay of the Chief Executive and all other employees is being complied with.

6. Government guidelines on the payment of directors’ fees are being complied with.

7. There were no instances of failure to comply with any of the above during 2012.

8. There have been no significant post balance sheet events.

9. Guidelines for the appraisal and management of capital expenditure proposals in the public sector are being complied with.

10. Government travel policy requirements are being complied with in all respects.

11. The Code of Practice for the Governance of State Bodies has been adopted by Beaumont Hospital and is being complied with.

This will be my last Statement as Chairman of Beaumont Hospital. In a hospital, every day, every week, every year brings with it new challenges, new tasks and new opportunities. In Beaumont, working within a reduced budget, securing approval for much needed investment such as in our information system or managing the flow of patients to make the most of our resources remain perennial challenges. Beaumont is fortunate to have the staff and the leadership to meet those challenges and fulfil the hospital’s mission to deliver the highest quality of care to our patients, excellent training to our students and a friendly, stimulating and professional environment for staff.

Donal O Shea

Chairman
# Beaumont Hospital Board Members 2012

**Mr Donal O’Shea, Chairman**

**Mr Maurice Ahern**

**Ms Catherine Duffy**

**Professor Arnold Hill**

**Ms Jennifer Cullinane**

**Dr Ursula O’Brien Counihan**

**Mr Gerard Barry**

**Ms Patricia McCann**

**Mr Patrick Mercer**

**Ms Raphaela Kane**

**Ms Mary Horgan**

**Professor Arnold Hill**

**Mr Alan Eustace**

**Mr David O’Brien**

### Board Meetings attended in 2012

<table>
<thead>
<tr>
<th>Name</th>
<th>Nominated by</th>
<th>Term of office</th>
<th>Expected no. of meetings to attend 2012</th>
<th>No. of meetings attended 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Donal O’Shea, Chairman</td>
<td>Minister for Health</td>
<td>09.05.12 – 30.09.13</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Mr Maurice Ahern</td>
<td>Minister for Health</td>
<td>15.06.09 – 14.06.12</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Mr Gerard Barry</td>
<td>Chairman</td>
<td>15.06.09 – 14.06.12 and 08.10.12 – 30.09.13</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Ms Jennifer Cullinane</td>
<td>Royal College of Surgeons in Ireland</td>
<td>15.06.09 – 14.06.12 and 08.10.12 – 30.09.13</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Ms Catherine Duffy</td>
<td>Minister for Health</td>
<td>15.06.09 – 14.06.13 and 08.10.12 – 30.09.13</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Mr Alan Eustace</td>
<td>Elected by hospital staff</td>
<td>15.06.09 – 14.06.12</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Professor Arnold Hill</td>
<td>Chairman, Medical Board (ex officio)</td>
<td>01.01.12 – 14.06.12</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Dr Raphaela Kane</td>
<td>Dublin City University</td>
<td>15.06.09 – 14.06.12 and 08.10.12 – 30.09.13</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Ms Patricia McCann</td>
<td>Chairman</td>
<td>15.06.09 – 14.06.12</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Mr Patrick Mercer</td>
<td>Minister for Health</td>
<td>15.06.09 – 14.06.12 and 08.10.12 – 30.09.13</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Dr Ursula O’Brien Counihan</td>
<td>Corrigan Faculty of Royal College of General Practitioners</td>
<td>15.06.09 – 14.06.12 and 08.10.12 – 30.09.13</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Mr David O’Brien</td>
<td>Vice Chairman, Medical Board (ex officio)</td>
<td>08.10.12 – 30.09.13</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Note: There were no meetings of the Beaumont Hospital Board in July, August or September as the Board’s term of office ended in June and members were not reappointed until October (apart from the Chairman who was reappointed in May 2012).
Hospital Board/Board Chairman

Dept of Health

HSE

Board Sub-Committees
- Audit Committee
- Governance & Services Committee
- Planning /Strategy Committee
- Finance Committee

Internal Audit

Chief Executive

SENIOR MANAGEMENT TEAM

Clinical Directors:
- Imaging & Interventional Radiology
- Transplant /Urology /Nephrology
- Neurocent
- Critical Care /Anesthesia
- Laboratory Medicine
- Medicine
- Surgery
- Chair of Clinical Governance

Head of Human Resources

Head of Organisational Development/Deputy CEO

Head of Finance & Procurement

Head of ICT

Director of Nursing

Head of Operations/Deputy CEO

Head of Clinical Services/Business Planning

AHC Project Director
Chief Executive’s Review

Activity

Continuing the trends of recent years, patient activity in the year under review showed an increase in all key areas. Admissions increased by 2%, day cases by 29%, out-patient attendances by 4% overall (new patients 7%; returns 3%); emergency attendances by 4%. The hospital provided services to 22,574 in-patients (73% of which were emergency admissions; 27% elective); 56,220 day cases, 175,032 out-patients and 51,296 emergency attendances.

Theatre activity rose by 4% in Beaumont Hospital, with a 9% increase recorded in St Joseph’s Hospital, Raheny. Laboratory diagnostic services to support this activity also increased by 12% overall, with GP referrals increasing by 11%. A detailed breakdown of activity is illustrated in the tables below.

A very positive development in the management of waiting lists was recorded in 2012. Waiting lists for in-patient treatment fell by 47%, with a total of 538 patients on the list at year-end. The hospital achieved the national target of nine-months set for elective in-patient treatment. This would not have been possible without the commitment and dedication of staff in all disciplines.

The hospital worked closely with the Special Delivery Unit in the Department of Health in relation to the clinical care programmes for both scheduled and unscheduled care. Improved pathways of care continued to be introduced under the Acute Medicine Programme which also led to reductions in delays in the Emergency Department. One of the major contributors to this was the Acute Medicine Unit, which is now staffed by three Consultant Physicians, who were appointed in 2012. Access to senior decision-makers and the allocation of appropriate NCHD and nursing resources were critical to the efficient operation of the unit. Other factors which contributed to improved services were the reduction in the length-of-stay by 1.2 days and improved access to long-term care facilities, including the opening of the final tranche of beds in the 100-bed Community Nursing Unit in St Joseph’s Hospital, Raheny.

A significant, positive development was the establishment of the Patient Flow Department (formerly the Bed Management Department), reporting to the Director of Nursing. The department was restructured and The Visual Hospital© was introduced in March 2012. This is a “lean” visual operational management tool, with the primary objective of introducing a structured process to bed management function. It also makes demands on hospital services visible, provides a visual hour-by-hour patient flow management and contributes to sustained reductions in patient length-of-stay.

CORPORATE GOVERNANCE

Beaumont Hospital Board
The term of office of the Chairman of the Board, Mr Donal O Shea, ended on December 31, 2013. The post remained vacant until May 9, 2012, when we welcomed the reappointment of Mr O Shea for a further twelve-month period.
The remaining Board members’ term of office ended on June 14, 2012. The following members were appointed to the Board for the period October 8, 2012 to September 30, 2013:

- Mr Gerard Barry
- Ms Jennifer Cullinane
- Ms Catherine Duffy
- Dr Raphaela Kane
- Mr Patrick Mercer
- Dr Ursula O’Brien Counihan
- Mr David O’Brien

I wish to acknowledge the support which the Chairman and Board members have given to me and the senior management team.

Establishment of hospital groups
As a hospital, we engaged with the Strategic Board who assisted the Department of Health in the design and establishment of hospital groups. The formal announcement of the hospital groups was made in May 2013. Beaumont Hospital was announced as the lead hospital in the Dublin North East group, which includes Connolly, Rotunda, Our Lady of Lourdes Drogheda, Dundalk and Cavan/Monaghan group, with RCSI being the academic partner. We look forward to working with all participants to become a leading group within the health sector.

Clinical Directors
A number of changes in clinical directors occurred during the year:

- Surgical Directorate: Prof Arnold Hill replaced Mr Patrick Broe
- Interventional and Imaging Radiology Directorate: Dr Paul Brennan replaced Prof Michael Lee
- Anaesthesia/Critical Care Directorate: Dr Joseph Keaveny replaced Dr Aidan Synnott
- Laboratory Medicine Directorate: Prof Elaine Kay replaced Dr Anthony Dorman

Prof Patrick Broe resigned as lead Clinical Director on taking up his appointment as President of the RCSI, and was succeeded by Dr Paul Brennan.

I would like to acknowledge the work and support of all the Clinical Directors during their term of office.

FINANCE
The hospital was presented with one of its most challenging years in 2012. The revenue allocation for 2012 was €236.089m, which represented a reduction of €14.510m (6%) from 2011. This reduction in funding, coupled with increased activity volumes and a decline in private income, resulted in the hospital incurring a deficit at year-end of €22.629m. Across all areas of the hospital, cost containment measures were applied but, despite these measures, it is not possible for the hospital to continue to deliver the same level of services with the successive yearly reductions in funding.

I acknowledge the tremendous efforts and cooperation of staff at all levels to continue to deliver services in these difficult circumstances. We continue to work with the HSE regarding the funding situation and, as will be reported in the hospital’s 2013 report, a rebalancing of funding took place which acknowledged the additional level of funding required by Beaumont to continue with existing level of service provision.

ICT
The replacement of the hospital’s information systems (BHIS) remains a critical requirement. As reported in previous reports, these systems are over twenty years old and maintaining them continues to present serious challenges. We continued to engage with senior officials in the Department of Health and HSE and completed a business case for a fully integrated electronic patient record for submission to the Special Delivery Unit of the Department of Health.

Two projects were embarked upon to mitigate the risks posed by the current systems: a project designed to reduce the hospitals’ dependency on hardware, and a corporate business continuity project focusing on continuing service delivery in the event that the BHIS went down for an extended period.

ORGANISATION DEVELOPMENT
Transforming Practice – Innovating and Sustaining – Collaborative workshop
During the year, the Special Delivery Unit identified Beaumont Hospital as an innovation site (one of five) in light of patient flow process changes (the Visual Hospital) which had enabled significant improvements in the overall patient experience. A presentation was organised on December 13,
2012 to highlight all the recent innovative work and achievements. The event was very successful and was attended by over 100 staff from across the health service. Presentations were given on recent innovations, in particular the organisation development work, the Visual Hospital and the Emergency Department experiment. There was very positive feedback from attendees with requests for further information. The workshop was particularly valuable for staff to gain an understanding of the extent of the innovative work across the hospital.

MSc Programme
The first graduates of the unique MSc programme in Organisational Change and Leadership Development, created through an innovative partnership between Beaumont Hospital, DCU Business School and the RCSI Institute of Leadership, were conferred in RCSI on November 15, 2012. The class of 19 graduates were the first from the 3U Partnership between RCSI, NUI Maynooth and DCU. The programme was specifically designed to address the learning and development needs of staff at Beaumont Hospital and the wider health service. A second group of 14 students has recently been enrolled on the programme.

The initiative has been hugely beneficial to the hospital and the graduates are playing a major role in change management in the organisation. I would like to pay tribute to Anne McNeely, Deputy Chief Executive/Head of OD, and Kate Costello, Head of Learning and Development, for the key role they played in bringing this programme to fruition.

SERVICE DEVELOPMENTS

The following were the key service developments proposed and/or introduced in 2012:

- **Oncology ward**

  On January 25 St Clare’s Oncology Ward was reopened following refurbishment, funded chiefly by Beaumont Hospital Foundation, the Dublin Airport Authority, the Ross Nugent Foundation and the National Cancer Care Programme. The upgrade greatly enhanced facilities for day oncology patients, and we are very grateful for the contributory funding.

- **Development of Beaumont Hospital Kidney Transplant Programme**

  Proposals were developed for expansion of the living-related kidney transplantation programme to a level of 100 live-donor transplants per annum. A three-year implementation programme was drawn up and presented to the Minister for Health in February 2012. Funding for the programme was approved as part of the 2013 service plan.

- **Medical equipment replacement programme**

  In the economic climate of recent years, limited capital funding has been provided for replacement of medical equipment. During the year, the Chief Physicist undertook a comprehensive review of critical equipment that will need to be replaced and we initiated discussions with the HSE on the significant quality and service risks posed by ageing equipment, 70% of which is over eight years old.
• National Paediatric Hospital

The Review Group to consider the decision of An Bord Pleanala to refuse planning permission for the National Paediatric Hospital (NPH) issued a letter on April 5, 2012 asking each of the academic teaching hospitals in Dublin whether they remained interested in being considered as a potential co-location site in the review process and, if so, to make an updated submission to the Review Group. Beaumont Hospital did express an interest in being reconsidered as the location for the NPH and therefore submitted a proposal on the basis requested in the Review Group’s letter. The hospital also joined with RCSI in a proposal regarding a potential healthcare campus at the end of the M50 which would incorporate the NPH, acute hospital services, pharmaceutical and business interests. The site was Belcamp College, 47+ hectares or approx 120 acres, located adjacent to the N32, zoned for hospital development. Regrettably, neither of these proposals was successful and the decision of the Review Group was to locate the NPH at the St James’s Hospital site.

• Future capital developments / site development plan

The hospital has identified as a key priority the development of a strategy on the key infrastructural developments that should be pursued from the Development Control Plan and has commenced discussions with the HSE in this regard. It is critical that there is investment in the hospital’s infrastructure to upgrade facilities to the levels demanded for the provision of modern high-quality and safe services.

QUALITY AND STANDARDS

In November 2011, HIQA conducted an audit of self-assessment against the National Standards for the Prevention and Control Standards of Healthcare Associated Infections. Self-assessment returns showed an overall baseline score of 94% in 2009 and a current score of 97%. Whilst this is a very high score, HIQA found that Beaumont Hospital can justifiably tick the majority of the boxes on the self-assessment returns.

However, one issue of continuing concern is the low level of hand hygiene compliance amongst medical staff. A major drive is required at all levels to enforce compliance with the standards and to protect our patients. There are programmes in place to increase compliance with this standard.

The hospital held its first clinical audit and patient safety day on April 26, 2012. This very successful and comprehensive event was organised by Prof Edmond Smyth, Chair of Clinical Governance, and Helen Ryan, Clinical Governance Manager. The purpose of the event was to provide an opportunity for staff to demonstrate their commitment to continuously improving patient care and safe-guarding standards of care by presenting clinical audits undertaken by various directorates, departments and services. The event was very well attended and it is planned to hold it annually.

Under HSE obligations and as a centre of excellence for cancer care, Beaumont Hospital is required to become a Tobacco-Free Campus. This was implemented with effect from July 4, 2012. The policy is proving extremely difficult to manage in the face of opposition from hospital patients and members of the public alike. The multi-disciplinary team continues to battle with enforcing the regulations in the face of these objections.

HUMAN RESOURCES

The moratorium on recruitment introduced on March 27, 2009, continued into 2011. However, flexibility was secured within the continuing Government moratorium on public sector recruitment, to replace essential front-line posts on an exceptional basis.

As part of the HSE Employment Control Framework for 2012 (issued in March, 2012) the hospital was given an end-of-year ceiling of 2,693, a reduction of 119.67 based on end-of-year ceiling at 2011. This proved extremely challenging and undeliverable in a situation where activity levels continued to grow and organisations had no authority or flexibility to introduce any staff rationalisation schemes. In the event, the hospital year-end outturn was 2906.14, which represented a reduction of 47 posts against the 2011 outturn.

New consultant appointments

We were pleased to welcome the following new consultants to the hospital:

- Dr Abel Wakai, Consultant in Emergency Medicine
• Dr Cora McNally, Consultant Physician in Acute Medicine Unit
• Dr Peter Branagan, Consultant Physician in Acute Medicine Unit
• Dr Alan Martin, Consultant Physician in Geriatric Medicine
• Dr Conal O’Seaghdha, Consultant Nephrologist
• Dr Declan de Freitas, Consultant Nephrologist
• Mr Ronan Cahill, Consultant Colorectal Surgeon
• Dr Lisa Costelloe, Consultant Neurologist

AWARDS

We were delighted that staff in Beaumont Hospital were recognised by being granted the following awards:

• Irish Institute Training and Development Award for the MSc in Organisational Change and Leadership Development

• 2012 Computerworld Laureate honour for “the innovative use of IT to improve the safety and quality of patient care” in the Cystic Fibrosis Unit

• Taoiseach’s Public Service Excellence Awards for the project entitled Information When and Where Needed Safe and Effective Patient Care

BEAUMONT HOSPITAL FOUNDATION

I would like to record the hospital’s appreciation for the continued support of the Beaumont Hospital Foundation in funding many valuable projects across the hospital. We are grateful to the Board members, to the Fundraising Director, Padraic Walsh, and the staff of the Foundation for their tireless efforts for the benefit of patients served by the hospital.

ACKNOWLEDGEMENTS

I am deeply appreciative of the excellent workforce we have in Beaumont Hospital who are committed to delivering the highest quality care to our patients. I also acknowledge the support of my colleagues on the senior management team and the staff in the Chief Executive’s Office, Claire Tyrrell and Tracey McDonald.

Liam Duffy
Chief Executive
Table 1: Admissions 2008-2012

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>838</td>
<td>802</td>
<td>902</td>
<td>810</td>
<td>632</td>
</tr>
<tr>
<td>ENT</td>
<td>1,310</td>
<td>1,198</td>
<td>1,316</td>
<td>1,274</td>
<td>1,423</td>
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<tr>
<td>Medical</td>
<td>8,352</td>
<td>8,447</td>
<td>8,100</td>
<td>8,272</td>
<td>8,783</td>
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<tr>
<td>Nephrology</td>
<td>1,414</td>
<td>1,334</td>
<td>1,365</td>
<td>1,400</td>
<td>1,199</td>
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<tr>
<td>Neurology</td>
<td>1,023</td>
<td>971</td>
<td>1,143</td>
<td>1,069</td>
<td>826</td>
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<tr>
<td>Neurosurgical</td>
<td>2,279</td>
<td>2,173</td>
<td>2,320</td>
<td>2,477</td>
<td>2,478</td>
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<tr>
<td>Surgical</td>
<td>5,407</td>
<td>5,595</td>
<td>5,206</td>
<td>5,338</td>
<td>5,665</td>
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<tr>
<td>Urology</td>
<td>1,210</td>
<td>1,269</td>
<td>1,370</td>
<td>1,453</td>
<td>1,568</td>
</tr>
<tr>
<td>Total</td>
<td>21,833</td>
<td>21,789</td>
<td>21,722</td>
<td>22,093</td>
<td>22,574</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>Medical</th>
<th>Surgical</th>
<th>ENT</th>
<th>N/S</th>
<th>Neph &amp; Urology</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catchment Area</td>
<td>8,746</td>
<td>4,380</td>
<td>801</td>
<td>404</td>
<td>1,129</td>
<td>15,460</td>
</tr>
<tr>
<td>Non-Catchment Area</td>
<td>1,495</td>
<td>1,285</td>
<td>622</td>
<td>2,074</td>
<td>1,638</td>
<td>7,114</td>
</tr>
<tr>
<td>Total</td>
<td>10,241</td>
<td>5,665</td>
<td>1,423</td>
<td>2,478</td>
<td>2,767</td>
<td>22,574</td>
</tr>
</tbody>
</table>

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

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

Table 3: Bed Days Used

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical</td>
<td>48,893</td>
<td>43,724</td>
<td>41,296</td>
<td>43,005</td>
<td>44,823</td>
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<tr>
<td>Neurosurgical</td>
<td>26,288</td>
<td>26,264</td>
<td>26,899</td>
<td>24,933</td>
<td>25,470</td>
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<tr>
<td>Urology</td>
<td>7,341</td>
<td>8,226</td>
<td>8,111</td>
<td>8,639</td>
<td>8,644</td>
</tr>
<tr>
<td>ENT</td>
<td>5,845</td>
<td>6,059</td>
<td>5,764</td>
<td>6,225</td>
<td>5,729</td>
</tr>
<tr>
<td>Medical</td>
<td>104,210</td>
<td>117,665</td>
<td>111,694</td>
<td>102,850</td>
<td>106,552</td>
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<tr>
<td>Nephrology</td>
<td>15,188</td>
<td>12,903</td>
<td>12,185</td>
<td>11,814</td>
<td>10,613</td>
</tr>
<tr>
<td>Cardiology</td>
<td>14,150</td>
<td>13,446</td>
<td>14,488</td>
<td>13,198</td>
<td>12,092</td>
</tr>
<tr>
<td>Neurology</td>
<td>11,488</td>
<td>11,323</td>
<td>12,570</td>
<td>12,423</td>
<td>9,897</td>
</tr>
<tr>
<td>Unallocated</td>
<td>5,586</td>
<td>1,001</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>238,989</td>
<td>240,611</td>
<td>233,008</td>
<td>223,087</td>
<td>223,820</td>
</tr>
</tbody>
</table>

St. Joseph’s Hospital activity is included in above information.
Table 4: Day Case Discharge Procedure 2008-2012

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARDIOLOGY</td>
<td>1,113</td>
<td>989</td>
<td>1,083</td>
<td>1,036</td>
<td>1,150</td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td>1,718</td>
<td>1,416</td>
<td>1,509</td>
<td>1,432</td>
<td>1,986</td>
</tr>
<tr>
<td>ENT</td>
<td>1,723</td>
<td>2,424</td>
<td>3,668</td>
<td>4,195</td>
<td>4,746</td>
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<td>GYNAECOLOGY</td>
<td>468</td>
<td>367</td>
<td>332</td>
<td>402</td>
<td>1,143</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>21,419</td>
<td>24,678</td>
<td>26,565</td>
<td>27,151</td>
<td>30,789</td>
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<tr>
<td>NEUROSURGERY</td>
<td>286</td>
<td>273</td>
<td>263</td>
<td>261</td>
<td>247</td>
</tr>
<tr>
<td>NEUROLOGY</td>
<td>358</td>
<td>421</td>
<td>283</td>
<td>382</td>
<td>347</td>
</tr>
<tr>
<td>NEPHROLOGY</td>
<td>372</td>
<td>604</td>
<td>602</td>
<td>685</td>
<td>791</td>
</tr>
<tr>
<td>ORTHOPAEDICS</td>
<td>551</td>
<td>541</td>
<td>506</td>
<td>424</td>
<td>687</td>
</tr>
<tr>
<td>PAIN RELIEF</td>
<td>730</td>
<td>708</td>
<td>623</td>
<td>587</td>
<td>813</td>
</tr>
<tr>
<td>SURGICAL</td>
<td>5,706</td>
<td>6,007</td>
<td>5,935</td>
<td>5,778</td>
<td>9,256</td>
</tr>
<tr>
<td>UROLOGY</td>
<td>3,606</td>
<td>3,631</td>
<td>3,600</td>
<td>3,443</td>
<td>4,265</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>38,050</td>
<td>42,059</td>
<td>44,969</td>
<td>45,776</td>
<td>56,220</td>
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</table>

Haemodialysis

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31,182</td>
<td>31,002</td>
<td>29,573</td>
<td>31,007</td>
<td>26,009</td>
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</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

Table 5: OPD Attendances 2008-2012

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>30,794</td>
<td>36,420</td>
<td>43,988</td>
<td>45,873</td>
<td>49,128</td>
</tr>
<tr>
<td>Return</td>
<td>112,958</td>
<td>117,080</td>
<td>118,383</td>
<td>121,747</td>
<td>125,904</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>143,752</td>
<td>153,500</td>
<td>162,371</td>
<td>167,620</td>
<td>175,032</td>
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</table>

Table 6: Accident & Emergency Attendances 2008-2012

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>44,655</td>
<td>42,883</td>
<td>43,490</td>
<td>45,459</td>
<td>48,005</td>
</tr>
<tr>
<td>Return</td>
<td>1,304</td>
<td>3,009</td>
<td>3,678</td>
<td>3,883</td>
<td>3,291</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>45,959</td>
<td>45,892</td>
<td>47,168</td>
<td>49,342</td>
<td>51,296</td>
</tr>
</tbody>
</table>

*With effect from November 2011 A&E figures include the Acute Medical Assessment Unit attendances
Table 8: Theatre Activity 2009 - 2012

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Beaumont Hospital Theatre Activity</th>
<th>St. Josephs Theatre Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>3,566</td>
<td>3,258</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>1,580</td>
<td>1,533</td>
</tr>
<tr>
<td>Urology</td>
<td>1,869</td>
<td>1,677</td>
</tr>
<tr>
<td>ENT</td>
<td>1,118</td>
<td>1,094</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>1,966</td>
<td>1,915</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>319</td>
<td>317</td>
</tr>
<tr>
<td>Breast Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Spec</td>
<td>276</td>
<td>365</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,694</strong></td>
<td><strong>10,407</strong></td>
</tr>
</tbody>
</table>

Table 9: In-Patient waiting Lists > 3 Months December 2008 - 2012

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>General</td>
<td>157</td>
<td>110</td>
<td>190</td>
<td>281</td>
<td>148</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>26</td>
<td>12</td>
<td>19</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>239</td>
<td>225</td>
<td>248</td>
<td>338</td>
<td>193</td>
</tr>
<tr>
<td>Urology</td>
<td>25</td>
<td>38</td>
<td>27</td>
<td>71</td>
<td>19</td>
</tr>
<tr>
<td>ENT</td>
<td>73</td>
<td>33</td>
<td>92</td>
<td>186</td>
<td>135</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>Pain</td>
<td>17</td>
<td>14</td>
<td>13</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>862</td>
<td>640</td>
<td>941</td>
<td>1,138</td>
<td>538</td>
</tr>
</tbody>
</table>

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


Medicine: “General” includes Dermatology, Endocrinology, Gastroenterology, General Medicine, Geriatrics, Immunology, Infectious Diseases, Detoxification, Oncology, Psychiatry, Respiratory Medicine, Rheumatology
### Table 10: Average Length of Stays - Days 2000 - 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Ave LOS</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
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<tr>
<td>2001</td>
<td>10.1</td>
</tr>
<tr>
<td>2002</td>
<td>10.2</td>
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<tr>
<td>2003</td>
<td>10.3</td>
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<tr>
<td>2004</td>
<td>11.1</td>
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<td>2005</td>
<td>11.3</td>
</tr>
<tr>
<td>2006</td>
<td>11.0</td>
</tr>
<tr>
<td>2007</td>
<td>10.6</td>
</tr>
<tr>
<td>2008</td>
<td>11</td>
</tr>
<tr>
<td>2009</td>
<td>11</td>
</tr>
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<td>2010</td>
<td>11</td>
</tr>
<tr>
<td>2011</td>
<td>10.1</td>
</tr>
<tr>
<td>2012</td>
<td>9.9</td>
</tr>
</tbody>
</table>

### Table 11: Cardiac Intervention Suite Statistics 2008 - 2012

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>AICD</td>
<td>106</td>
<td>90</td>
<td>91</td>
<td>69</td>
<td>81</td>
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<tr>
<td>ALCOHOL ABLATION</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ANGIOGRAM TOTAL</td>
<td>1,461</td>
<td>1,447</td>
<td>1,588</td>
<td>1,461</td>
<td>1,252</td>
</tr>
<tr>
<td>E.P. STUDIES</td>
<td>14</td>
<td>7</td>
<td>16</td>
<td>22</td>
<td>38</td>
</tr>
<tr>
<td>E.P. STUDY WITH RADIO FREQUENCY ABLATION</td>
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<td>3</td>
<td>2</td>
<td>17</td>
<td>36</td>
</tr>
<tr>
<td>IVUS TOTAL</td>
<td>22</td>
<td>25</td>
<td>30</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>LOOP RECORDER</td>
<td>58</td>
<td>35</td>
<td>37</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>22</td>
<td>25</td>
<td>12</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>NON CORONARY STENTING (RENAL STENTS)</td>
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<td>1</td>
<td>1</td>
<td>1</td>
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<td>PACEMAKER TOTAL</td>
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<td>204</td>
<td>185</td>
<td>246</td>
<td>161</td>
</tr>
<tr>
<td>PFO/ASD Closures</td>
<td>16</td>
<td>7</td>
<td>16</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>PLAATO</td>
<td>31</td>
<td>43</td>
<td>33</td>
<td>26</td>
<td>23</td>
</tr>
<tr>
<td>PRESSURE WIRE/FFR</td>
<td>447</td>
<td>511</td>
<td>554</td>
<td>449</td>
<td>388</td>
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<tr>
<td>PTCA TOTAL</td>
<td>5</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>2</td>
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<tr>
<td>RENAL ANGIOGRAMS</td>
<td>117</td>
<td>169</td>
<td>116</td>
<td>89</td>
<td>58</td>
</tr>
<tr>
<td>RIGHT &amp; LEFT HEART</td>
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<td>1,039</td>
<td>1,412</td>
<td>1,109</td>
<td>298</td>
</tr>
<tr>
<td>STENTS USED PER MONTH</td>
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<td>2</td>
<td>1</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>VALVULOPLASTY</td>
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<td></td>
</tr>
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</table>
**Beaumont Hospital Annual Report 2012**

### Theatre Activity 2009 - 2012

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>3,566</td>
<td>3,258</td>
<td>3,146</td>
<td>3,075</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>1,580</td>
<td>1,533</td>
<td>1,191</td>
<td>1,379</td>
</tr>
<tr>
<td>Urology</td>
<td>1,869</td>
<td>1,677</td>
<td>1,675</td>
<td>1,803</td>
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<tr>
<td>ENT</td>
<td>1,118</td>
<td>1,094</td>
<td>1,255</td>
<td>1,269</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>1,966</td>
<td>1,915</td>
<td>1,931</td>
<td>2,073</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>319</td>
<td>317</td>
<td>257</td>
<td>282</td>
</tr>
<tr>
<td>Breast Surgery</td>
<td>248</td>
<td>215</td>
<td>222</td>
<td></td>
</tr>
<tr>
<td>Medical Spec</td>
<td>276</td>
<td>365</td>
<td>360</td>
<td>323</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10,694</td>
<td>10,407</td>
<td>10,030</td>
<td>10,426</td>
</tr>
</tbody>
</table>

### Endoscopy 2009 - 2012

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENDOSCOPY</td>
<td>1,320</td>
<td>1,235</td>
<td>1,113</td>
<td>881</td>
</tr>
<tr>
<td>GENERAL</td>
<td>435</td>
<td>438</td>
<td>583</td>
<td>771</td>
</tr>
<tr>
<td>UROLOGY</td>
<td>435</td>
<td>472</td>
<td>447</td>
<td>567</td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td>117</td>
<td>117</td>
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<td>168</td>
</tr>
<tr>
<td>PLASTIC SURGERY</td>
<td>161</td>
<td>173</td>
<td>189</td>
<td>199</td>
</tr>
<tr>
<td>PAIN RELIEF</td>
<td>203</td>
<td>165</td>
<td>182</td>
<td>282</td>
</tr>
<tr>
<td>ENT</td>
<td>357</td>
<td>403</td>
<td>377</td>
<td>470</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>3,793</td>
<td>3,846</td>
<td>3,923</td>
<td>4,262</td>
</tr>
</tbody>
</table>

### Management Information

- **Total Lab Activity Requests 2008 - 2012**
  - **Total Requests**
    - 2008: 1,942,754
    - 2009: 1,897,685
    - 2010: 1,977,238
    - 2011: 2,050,034
    - 2012: 2,125,324
  - **G.P. Referrals**
    - 2008: 570,737
    - 2009: 577,185
    - 2010: 633,635
    - 2011: 684,757
    - 2012: 765,021

### Accident and Emergency Attendances 2008 - 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>New</th>
<th>Return</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>44,655</td>
<td>1,304</td>
<td>45,959</td>
</tr>
<tr>
<td>2009</td>
<td>42,883</td>
<td>3,009</td>
<td>45,892</td>
</tr>
<tr>
<td>2010</td>
<td>43,490</td>
<td>3,678</td>
<td>47,168</td>
</tr>
<tr>
<td>2011</td>
<td>45,459</td>
<td>3,883</td>
<td>49,342</td>
</tr>
<tr>
<td>2012</td>
<td>48,005</td>
<td>3,291</td>
<td>51,296</td>
</tr>
</tbody>
</table>

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

### In-Patient Waiting Lists 2008 - 2012

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>157</td>
<td>110</td>
<td>190</td>
<td>281</td>
<td>148</td>
</tr>
<tr>
<td>Orthopaedic</td>
<td>26</td>
<td>12</td>
<td>19</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>239</td>
<td>225</td>
<td>248</td>
<td>338</td>
<td>193</td>
</tr>
<tr>
<td>Urology</td>
<td>25</td>
<td>38</td>
<td>27</td>
<td>71</td>
<td>19</td>
</tr>
<tr>
<td>ENT</td>
<td>73</td>
<td>33</td>
<td>92</td>
<td>186</td>
<td>135</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>Pain</td>
<td>17</td>
<td>14</td>
<td>13</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Medicine:</td>
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<td></td>
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<td>General Medicine</td>
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<td>54</td>
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<tr>
<td>Nephrology</td>
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<td>Haematology</td>
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<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>862</td>
<td>640</td>
<td>941</td>
<td>1,138</td>
<td>538</td>
</tr>
</tbody>
</table>

*Surgery: General includes General Surgery, Vascular Surgery, Plastic Surgery, Ophthalmology, Maxillo Facial and Breast surgery. Medicine: General includes Dermatology, Endocrinology, Gastroenterology, General Medicine, Geriatrics, Immunology, Infectious Diseases, Detoxification, Oncology, Psychiatry, Respiratory Medicine, Rheumatology.*

*Above information represents a snapshot of patients waiting > 3 months in Dec of appropriate year.*
Finance Report
These factors culminated in an increase in pay and non-pay, a decrease in income, together with the decreased funding allocation, resulted in a deficit for 2012 at €22.629m.

Financial Outcome

At the end of 2012 the hospital had a cumulative deficit of €24.198m compared to a deficit of €1.569m at the end of 2011.

Gross expenditure in the year increased by €11.602m (+4.6%). This increase was largely attributable to:

- Pay cost increases €2.942m
- Pension and Lump Sums increases €2.144m
- Non-Pay increases €4.943m

Income for the year declined by €1.573m (2.5%) resulting in an overall increase in net expenditure of €13.142m.

Funding

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

The revenue allocation for 2012 was €236.089m, which was down by €14.510m (6%) from 2011. The 2011 capital allocation, at €2.164m, was up by €0.908m (72%).

Revenue Funding

The main reductions in the 2012 revenue allocation were:

- General allocation cut €5.405m
- Staff retirements cut €4.385m
- Increased Private Income charges €1.222m
- Legislation to charge all Private Patients €5.526m

All of the above reductions, with the exception of the increase in private income charges, were not matched with respective cost reductions and/or additional income. The staff retirements reduction was fundamentally overstated. The general allocation reductions were an amalgam of nine separate general reductions, none of which had any basis in achievability, nor calculated accuracy. The legislation change to compel private health insurers to cover all private patients in a public hospital bed, irrespective of whether it is a designated private bed, or a public bed, was never legislated for in 2012.

Financial Outcome

At the end of 2012 the hospital had a cumulative deficit of €24.198m compared to a deficit of €1.569m at the end of 2011.

Gross expenditure in the year increased by €11.602m (+4.6%). This increase was largely attributable to:

- Pay cost increases €2.942m
- Pension and Lump Sums increases €2.144m
- Non-Pay increases €4.943m

Income for the year declined by €1.573m (2.5%) resulting in an overall increase in net expenditure of €13.142m.

Funding

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

The revenue allocation for 2012 was €236.089m, which was down by €14.510m (6%) from 2011. The 2011 capital allocation, at €2.164m, was up by €0.908m (72%).

Revenue Funding

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Capital Funding

Capital funding continued to be at historically low levels, notwithstanding the many significant infrastructural, equipment and minor works submissions, and needs of Beaumont Hospital, during the year. The impact of the national fiscal challenges has, no doubt, reduced the availability of funding for capital projects.

The most significant capital projects in 2012 were:

- Epilepsy Monitoring Unit €0.835m
- ICT Development/Replacement Program €0.428m
- Minor Capital Infrastructure €0.380m
- Clinical Care Programs €0.150m
- Acute Psychiatric Unit €0.071m

Service Developments

A number of important clinical developments were progressed or completed in 2012, including:

- NCCP funding for development of cancer services
- Start-up funding for colorectal screening
- Care Program funding for:
  - Acute Medicine Program
  - Critical Care Program
  - Emergency Medicine Program
  - Epilepsy Care Program
Income and Expenditure Account

Pay Costs
Pay Costs (including superannuation) increased by €5.086m (2.3%) reflecting an increase in clinical pay cohorts (consultants, NCHDs and nursing) and an increase in pensions and lump sums. Administration, allied health professionals and maintenance/technical pay levels decreased in 2012.

The principal causal factors behind the increases in pay were:
- Consultant Locum Pay €0.767m
- NCHD Overtime €0.456m
- Nursing Overtime €0.598m
- Nursing Agency €0.389m
- HCA Agency €1.203m

The breakdown of the increase in pensions and lump sums is shown below.

<table>
<thead>
<tr>
<th>Description</th>
<th>€m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in pensions paid and contribution refunds</td>
<td>1.230</td>
</tr>
<tr>
<td>Increase in Lump Sums</td>
<td>0.922</td>
</tr>
<tr>
<td><strong>Total increase in pensions and lump sums</strong></td>
<td><strong>2.152</strong></td>
</tr>
</tbody>
</table>

Non-Pay Costs
Non-pay expenditure increased by €4.943m (5.1%). 65% of all non-pay categories were below the previous year levels; however, the overall increase was largely due to increased direct patient care non-pay costs, due to the increased patient activity volumes.

The majority of the increase in non-pay costs is shown in Table 2 below.

<table>
<thead>
<tr>
<th>Description</th>
<th>€m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs &amp; Medicines</td>
<td>3.154</td>
</tr>
<tr>
<td>Medical &amp; Surgical Supplies</td>
<td>1.549</td>
</tr>
<tr>
<td>Laboratory Reagent Costs</td>
<td>0.342</td>
</tr>
<tr>
<td>Medical Equipment Purchases</td>
<td>0.322</td>
</tr>
<tr>
<td><strong>Total increase in non-pay costs</strong></td>
<td><strong>5.367</strong></td>
</tr>
</tbody>
</table>

Direct patient care costs increased by €4.560m (8.7%), support costs increased by €0.345m (1.2%) and financial and administrative costs were up by €0.038m (0.2%). As a result, the proportion of non-pay spending going to direct patient care rose from 54.7% to 56.5%.

The main pressure in non-pay costs related to increased treatment (anti-neoplastic drugs) costs for cancer patients, with medical oncology/haematology patient volume increases; this resulted in €1.448m increases in related drug costs.

Income
Income decreased by €1.573m (2.5%).

The main factors in this outcome were:
- Private bed income declined by €2.744m (10%) as a result of declining private patient volumes attending the hospital, and reciprocal lower private bed utilisation rates.
- Statutory inpatient charges declined by €0.354m (11%)
- Superannuation deductions fell by €0.410m (5%) in line with the reduction in pay costs.
- Recoverable costs reduced by €4.415m (37.9%) due to a reduced quantum of rechargeable consultant salaries to other hospitals, from shared posts.
- Car parking income fell by €0.16m as a result of reduced payments by the car park operator into the sinking fund.

Taxation
The hospital had a taxation credit in 2011 of €0.313m, which relates to the reversal of a previous over-accrual for the resolution of tax due on the multi-storey car park, described below. There was no equivalent amount in 2012.

Multi-Storey Car Park
The taxation credit relates to income of the multi-storey car park which was received through The Beaumont Hospital Car Park Company Limited in the years 1999-2003. (See Annual Report 2004). The hospital had been providing for corporation tax, interest and penalties, for the contingent liability, in its accounts over the preceding years.

The directors considered and were advised that the rents were held in trust for Beaumont Hospital Board and were collected by the company as its agent. However, the Revenue Commissioners contested this view and had initially raised assessments of €1.200m which the hospital appealed.
Whilst engaging with the Appeals Commissioner in January 2012, an opportunity for a negotiated settlement presented, and both parties agreed a full and final settlement on February 16, 2012, of this matter at €1.35m. Thus, the taxation credit represents the reversal of the surplus provision set aside heretofore in the accounts above the €1.35m full and final settlement.

Voluntary Declaration

The Revenue Commissioners informed the hospital in August 2010 that exemption from corporation tax on the profits of the hospital shop and restaurant had been refused in 1989. The hospital management had no record of this decision and at all times assumed that the shop and restaurant operations were exempt from tax in line with the Revenue Statement of Practice. Following discussions between Revenue and the hospital’s tax advisers, Revenue agreed to accept a voluntary declaration from the hospital covering all tax headings. The hospital had fully provided €0.310m in the respect of the total liability for taxes, interest and penalties under all tax headings in previous year’s accounts. The amounts were settled in April 2012.

Liquidity

The hospital had a net cash outflow of €16.305m in 2012. The main components were:

Inflows
- HSE capital grants received - +€3.056m.

Outflows
- An increase in the operating deficit – (€22.629m)
- Capital expenditure payments – (€1.724m)
- Changes in Net Debt – (€7.359m)

There was a significant decrease in HSE and non-HSE debtors in the year of €19,260m. There was also a decrease in creditors of €5.397m.

During 2012 the hospital increased its dependence on overdraft funding by €8.905m to €19.973m. This level represented the maximum overdraft limit set by HSE.

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

Balance Sheet

Capital employed at the end of 2012 was €105.534m (2011: €130.934m). This comprised fixed assets at net book value, €127.749m, current assets, €36.557m, current liabilities, €58.0m and long-term liabilities, €0.772m.

The majority of the cash balances shown in the balance sheet represent the balance on the multi-storey car park sinking fund account. Under the multi-storey car park agreement, these funds are not available for use by the hospital until 2013 and may then be used only to exercise the hospital’s option to acquire title to the multi-storey car park.

Significant Issues

Funding for equipment replacement and building maintenance continues to be a significant problem. The lack of an equipment programme gives rise to replacement cycles for plant and equipment that are unrealistically long and ultimately unsustainable.

Finance Developments

The most important development priorities for the Finance function are:

- Operation of effective cost, revenue and cash management controls: In the context of continually reducing allocations this is the overriding priority and will remain so for the foreseeable future.
- Support for Clinical Directorates: The Finance function has supported the roll-out of the directorate structure and will continue to refine and expand its services particularly in the areas of cross-charging and devolved budgetary control.
- Costing: The Finance function delivered patient level costing in 2012. The data sources continue to be improved and the hospital is now capable of delivering business value from the system. The hospital’s capability in patient level costing will be particularly important in the context of the planned move away from block funding for hospitals, and the shift to money-follows-the patient funding, which is due to commence in 2014.
- Debtors and Debt Collection: Beaumont has been implementing an electronic claims processing solution, Claimsure, in 2012, which went “live” in January 2013. It is anticipated this electronic solution will ultimately reduce debtor days, and release important working capital.
## REVENUE INCOME & EXPENDITURE ACCOUNT
### YEAR ENDED 31ST DECEMBER 2012

### STAFF COSTS

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012 €000</th>
<th>2011 €000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>1</td>
<td>208,087</td>
</tr>
<tr>
<td>Superannuation</td>
<td>1</td>
<td>15,547</td>
</tr>
</tbody>
</table>

### NON-PAY EXPENDITURE

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012 €000</th>
<th>2011 €000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Patient Care</td>
<td>2</td>
<td>57,189</td>
</tr>
<tr>
<td>Support Services</td>
<td>2</td>
<td>28,812</td>
</tr>
<tr>
<td>Financial and Administrative Costs</td>
<td>2</td>
<td>15,133</td>
</tr>
</tbody>
</table>

Expenditure for the year | 324,768 | 314,739 |
Income for year | 61,027 | 62,600 |
Net expenditure for the year | 263,741 | 252,139 |

Taxation | - | (313) |

Allocation for the year | 236,089 | 250,599 |
Fair Deal Funding | 5,023 | - |

**DEFICIT / (SURPLUS) FOR THE YEAR**

<table>
<thead>
<tr>
<th></th>
<th>2012 €000</th>
<th>2011 €000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>22,629</td>
<td>1,227</td>
</tr>
</tbody>
</table>

Cumulative Revenue Deficit / (Surplus) from previous year | 1,569 | 342 |

**CUMULATIVE REVENUE DEFICIT / (SURPLUS) AT END OF YEAR**

<table>
<thead>
<tr>
<th></th>
<th>2012 €000</th>
<th>2011 €000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>24,198</td>
<td>1,569</td>
</tr>
</tbody>
</table>
### BALANCE SHEET

**AT 31ST DECEMBER 2012**

<table>
<thead>
<tr>
<th>Notes</th>
<th>2012 €’000</th>
<th>2011 €’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>127,749</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>27,506</td>
<td>47,658</td>
</tr>
<tr>
<td>Stocks</td>
<td>8,002</td>
<td>8,057</td>
</tr>
<tr>
<td>Bank/Cash Balance</td>
<td>1,049</td>
<td>36,557</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors</td>
<td>38,024</td>
<td>41,680</td>
</tr>
<tr>
<td>Bank Overdraft / Loan</td>
<td>19,973</td>
<td>11,068</td>
</tr>
<tr>
<td>Finance Leases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxation</td>
<td>3</td>
<td>58,000</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS / LIABILITIES</strong></td>
<td></td>
<td>-21,443</td>
</tr>
<tr>
<td><strong>LONG TERM LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financing Obligations</td>
<td>772</td>
<td></td>
</tr>
<tr>
<td>Finance Leases</td>
<td></td>
<td>772</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>105,534</td>
</tr>
<tr>
<td><strong>FINANCED BY:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Capital Income &amp; Expenditure Account (Deficit) / Surplus</td>
<td></td>
<td>(24,198)</td>
</tr>
<tr>
<td>Capital Income &amp; Expenditure Account (Deficit) / Surplus</td>
<td></td>
<td>1,983</td>
</tr>
<tr>
<td>Capitalisation Account</td>
<td></td>
<td>127,749</td>
</tr>
<tr>
<td><strong>FINANCED BY:</strong></td>
<td></td>
<td>105,534</td>
</tr>
</tbody>
</table>
## 2012 EXPENDITURE

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>€'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management / Administration Pay</td>
<td>8%</td>
<td>27,006</td>
</tr>
<tr>
<td>Medical / Dental Pay</td>
<td>18%</td>
<td>59,696</td>
</tr>
<tr>
<td>Nursing Pay</td>
<td>24%</td>
<td>76,355</td>
</tr>
<tr>
<td>Paramedical Pay</td>
<td>8%</td>
<td>27,224</td>
</tr>
<tr>
<td>Support Services Pay</td>
<td>5%</td>
<td>14,792</td>
</tr>
<tr>
<td>Maintenance / Technical Pay</td>
<td>1%</td>
<td>3,014</td>
</tr>
<tr>
<td>Superannuation</td>
<td>5%</td>
<td>15,547</td>
</tr>
<tr>
<td>Direct Patient Care</td>
<td>18%</td>
<td>57,189</td>
</tr>
<tr>
<td>Support Services</td>
<td>9%</td>
<td>28,812</td>
</tr>
<tr>
<td>Financial and Administration</td>
<td>5%</td>
<td>15,133</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>100%</td>
<td>324,768</td>
</tr>
</tbody>
</table>

## 2012 INCOME

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>€'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private/semi-private charges</td>
<td>42%</td>
<td>25,779</td>
</tr>
<tr>
<td>Statutory In-Patient Charges</td>
<td>5%</td>
<td>2,901</td>
</tr>
<tr>
<td>Out-patient Charges (including A&amp;E and MRI)</td>
<td>1%</td>
<td>903</td>
</tr>
<tr>
<td>RTA receipts</td>
<td>1%</td>
<td>807</td>
</tr>
<tr>
<td>Sundry In-patient charges</td>
<td>2%</td>
<td>1,449</td>
</tr>
<tr>
<td>Recoverable costs</td>
<td>12%</td>
<td>7,136</td>
</tr>
<tr>
<td>Laboratory Income</td>
<td>1%</td>
<td>895</td>
</tr>
<tr>
<td>Superannuation</td>
<td>13%</td>
<td>8,187</td>
</tr>
<tr>
<td>Other Payroll deductions</td>
<td>3%</td>
<td>1,603</td>
</tr>
<tr>
<td>Retail / Car Park receipts</td>
<td>7%</td>
<td>4,280</td>
</tr>
<tr>
<td>Canteen receipts</td>
<td>1%</td>
<td>838</td>
</tr>
<tr>
<td>Income from Research Funds</td>
<td>5%</td>
<td>3,337</td>
</tr>
<tr>
<td>Other Income</td>
<td>5%</td>
<td>2,912</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>100%</td>
<td>61,027</td>
</tr>
</tbody>
</table>

### EXPENDITURE

- **Financial and Administration**
- **Management / Administration Pay**
- **Support Services**
- **Direct Patient Care**
- **Superannuation**
- **Maintenance / Technical Pay**
- **Support Services Pay**
- **Paramedical Pay**
- **Medical / Dental Pay**
- **Nursing Pay**

### INCOME

- **Private/semi-private charges**
- **Statutory In-Patient Charges**
- **Out-patient Charges (including A&E and MRI)**
- **RTA receipts**
- **Sundry In-patient charges**
- **Recoverable costs**
- **Laboratory Income**
- **Superannuation**
- **Other Payroll deductions**
- **Retail / Car Park receipts**
- **Canteen receipts**
- **Income from Research Funds**
- **Other Income**
### 1. Staff Costs

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Administration</td>
<td>27,006</td>
<td>27,107</td>
</tr>
<tr>
<td>Medical / dental</td>
<td>59,696</td>
<td>58,140</td>
</tr>
<tr>
<td>Nursing</td>
<td>76,355</td>
<td>74,230</td>
</tr>
<tr>
<td>Paramedical</td>
<td>27,224</td>
<td>27,565</td>
</tr>
<tr>
<td>Support Services</td>
<td>14,792</td>
<td>14,630</td>
</tr>
<tr>
<td>Maintenance / Technical</td>
<td>3,014</td>
<td>3,473</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>208,087</td>
<td>205,145</td>
</tr>
</tbody>
</table>

Superannuation

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pensions and refunds</td>
<td>11,539</td>
<td>10,266</td>
</tr>
<tr>
<td>Gratuities and lump sums</td>
<td>4,008</td>
<td>3,137</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15,547</td>
<td>13,403</td>
</tr>
</tbody>
</table>

**Total Staff Costs**

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>223,634</td>
<td>218,548</td>
</tr>
</tbody>
</table>

### 2. Non-Pay Expenditure

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Patient Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs and medicine</td>
<td>23,047</td>
<td>19,901</td>
</tr>
<tr>
<td>Blood and blood products</td>
<td>4,540</td>
<td>4,914</td>
</tr>
<tr>
<td>Medical and surgical supplies</td>
<td>26,693</td>
<td>25,279</td>
</tr>
<tr>
<td>Medical equipment</td>
<td>2,909</td>
<td>2,535</td>
</tr>
<tr>
<td>Supplies &amp; contract med. eq.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>57,189</td>
<td>52,629</td>
</tr>
</tbody>
</table>

Support Services

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-ray/imaging</td>
<td>4,837</td>
<td>4,897</td>
</tr>
<tr>
<td>Laboratory</td>
<td>7,943</td>
<td>7,419</td>
</tr>
<tr>
<td>Catering</td>
<td>2,015</td>
<td>1,991</td>
</tr>
<tr>
<td>Heat, power, light</td>
<td>3,030</td>
<td>2,484</td>
</tr>
<tr>
<td>Cleaning and washing</td>
<td>5,986</td>
<td>6,116</td>
</tr>
<tr>
<td>Furniture, crockery, hardware</td>
<td>511</td>
<td>444</td>
</tr>
<tr>
<td>Bedding and clothing</td>
<td>325</td>
<td>422</td>
</tr>
<tr>
<td>Maintenance - Buildings</td>
<td>3,239</td>
<td>3,617</td>
</tr>
<tr>
<td>Patient Transport</td>
<td>752</td>
<td>874</td>
</tr>
<tr>
<td>Travel and Subsistence</td>
<td>174</td>
<td>203</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>28,812</td>
<td>28,467</td>
</tr>
</tbody>
</table>

Financial and Administrative

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank loan Repayment</td>
<td></td>
<td>231</td>
</tr>
<tr>
<td>Bank interest and charges</td>
<td>145</td>
<td>210</td>
</tr>
<tr>
<td>Insurance &amp; claims</td>
<td>1,022</td>
<td>911</td>
</tr>
<tr>
<td>Audit</td>
<td>56</td>
<td>54</td>
</tr>
<tr>
<td>Legal</td>
<td>358</td>
<td>242</td>
</tr>
<tr>
<td>Office expenses (rent/rates/postage/tel.)</td>
<td>2,800</td>
<td>2,925</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>197</td>
<td>245</td>
</tr>
<tr>
<td>Computer</td>
<td>2,763</td>
<td>2,834</td>
</tr>
<tr>
<td>Professional services</td>
<td>512</td>
<td>710</td>
</tr>
<tr>
<td>Bad Debts</td>
<td>598</td>
<td>570</td>
</tr>
<tr>
<td>Shop/Restaurant Purchases</td>
<td>2,022</td>
<td>2,121</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1,323</td>
<td>1,416</td>
</tr>
<tr>
<td>Expenditure from Research Funds</td>
<td>3,337</td>
<td>2,626</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15,133</td>
<td>15,095</td>
</tr>
</tbody>
</table>

**Total Non-Pay Expenditure**

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>101,134</td>
<td>96,191</td>
</tr>
</tbody>
</table>
3 INCOME

<table>
<thead>
<tr>
<th></th>
<th>2012 €'000</th>
<th>2011 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private/semi-private charges</td>
<td>25,779</td>
<td>28,523</td>
</tr>
<tr>
<td>Statutory In-Patient Charges</td>
<td>2,901</td>
<td>3,255</td>
</tr>
<tr>
<td>Out-patient Charges (including A&amp;E and MRI)</td>
<td>903</td>
<td>1,062</td>
</tr>
<tr>
<td>RTA receipts</td>
<td>807</td>
<td>1,021</td>
</tr>
<tr>
<td>Sundry In-patient charges</td>
<td>1,449</td>
<td>775</td>
</tr>
<tr>
<td>Recoverable costs</td>
<td>7,136</td>
<td>7,224</td>
</tr>
<tr>
<td>Laboratory Income</td>
<td>895</td>
<td>932</td>
</tr>
<tr>
<td>Superannuation</td>
<td>8,187</td>
<td>8,597</td>
</tr>
<tr>
<td>Other Payroll deductions</td>
<td>1,603</td>
<td>1,560</td>
</tr>
<tr>
<td>Retail / Car Park receipts</td>
<td>4,280</td>
<td>4,644</td>
</tr>
<tr>
<td>Canteen receipts</td>
<td>838</td>
<td>995</td>
</tr>
<tr>
<td>Income from Research Funds</td>
<td>3,337</td>
<td>2,626</td>
</tr>
<tr>
<td>Other Income</td>
<td>2,912</td>
<td>1,386</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>61,027</strong></td>
<td><strong>62,600</strong></td>
</tr>
</tbody>
</table>

4 FIXED ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Land €'000</th>
<th>Buildings €'000</th>
<th>Work - in - Progress €'000</th>
<th>Equipment €'000</th>
<th>Vehicles €'000</th>
<th>Total €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 January 2012</td>
<td>215</td>
<td>165,884</td>
<td>408</td>
<td>56,492</td>
<td>67</td>
<td>223,066</td>
</tr>
<tr>
<td>Transfers from Work in Progress</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>382</td>
<td>411</td>
<td>1,330</td>
<td>-</td>
<td>2,123</td>
</tr>
<tr>
<td>Revaluations</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>(16)</td>
<td>-</td>
<td>-</td>
<td>-16</td>
</tr>
<tr>
<td>Balance at 31 December 2012</td>
<td>215</td>
<td>166,266</td>
<td>819</td>
<td>57,806</td>
<td>67</td>
<td>225,173</td>
</tr>
<tr>
<td>Depreciation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Accumulated depreciation at 1 January 2012</td>
<td>-</td>
<td>43,009</td>
<td>-</td>
<td>49,094</td>
<td>67</td>
<td>92,170</td>
</tr>
<tr>
<td>Depreciation Charge</td>
<td>-</td>
<td>3,021</td>
<td>-</td>
<td>2,249</td>
<td>-</td>
<td>5,270</td>
</tr>
<tr>
<td>Depreciation on Disposals</td>
<td>-</td>
<td>-</td>
<td>(16)</td>
<td>-</td>
<td>-</td>
<td>(16)</td>
</tr>
<tr>
<td>Accumulated depreciation at 31 December 2012</td>
<td>46,030</td>
<td>51,327</td>
<td>67</td>
<td>97,424</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net book amount at 31st December 2012</td>
<td>215</td>
<td>120,236</td>
<td>819</td>
<td>6,479</td>
<td>127,749</td>
<td></td>
</tr>
<tr>
<td>Net book amount at 31 December 2011</td>
<td>215</td>
<td>122,875</td>
<td>408</td>
<td>7,398</td>
<td>130,896</td>
<td></td>
</tr>
</tbody>
</table>

Notes
1. The Multi-Storey Car Park on which the Hospital holds a call option maturing in 2013 has been included in Buildings at the option value, €8,888,165. No depreciation has been provided on this asset. A corresponding long-term liability has been included in the Balance Sheet.

3. Additions were funded from the following sources:

<table>
<thead>
<tr>
<th></th>
<th>Buildings €'000</th>
<th>Work - in - Progress €'000</th>
<th>Equipment €'000</th>
<th>Vehicles €'000</th>
<th>Total 2012 €'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Grants</td>
<td>323</td>
<td>411</td>
<td>1,073</td>
<td>-</td>
<td>1,807</td>
</tr>
<tr>
<td>Revenue Grants</td>
<td>59</td>
<td>-</td>
<td>257</td>
<td>-</td>
<td>316</td>
</tr>
<tr>
<td>Other income</td>
<td>382</td>
<td>411</td>
<td>1,330</td>
<td>-</td>
<td>2,123</td>
</tr>
</tbody>
</table>
Nursing Administration
The nursing service at Beaumont Hospital continued during 2012 to demonstrate its commitment to the delivery of quality and safe patient care, which is evidence-based and in line with best practice.

2012 has provided the profession with a number of challenges, the most significant of which related to the impact of the moratorium on recruitment of staff and maintaining a satisfactory level of skill-mix in the clinical areas. In the face of these difficult circumstances, I would like to take this opportunity to extend my most sincere appreciation to all our nursing and health care assistant staff for their continued focus on ensuring optimal care for our patients and their families.

Retirements

A number of nursing staff retired during 2012. All were very valued members of the nursing team. The Department of Nursing acknowledges the dedication of these staff and the many years of service they gave to patient care in the hospital. We wish them many happy and healthy years in retirement.

As you will see in this report, nursing staff have been involved and led on various projects and initiatives in service improvements, policy development, practice development, education and training.

Some Highlights of 2012

The Home Haemodialysis Nursing Team

The Home Haemodialysis Nursing Team were winners of the Innovation Category ‘Home Haemodialysis Revived’ in the Astellas Changing Tomorrow Awards. This programme gives patients back the control of their medical treatment, with the hospital as a support service to them. Home haemodialysis is now an established treatment choice for patients.

‘NEWS’ Implementation Approach presented at national conference

The Beaumont Hospital NEWS implementation approach was presented at the first National Early Warning Score conference, “Sharing the NEWS”. They also presented three posters at the event which was attended by more than 200 delegates from across the country and included presentations from EWS international experts from the UK and Australia.

Beaumont Nurse Specialists Help to Develop Booklet that Won Best Hospital Project at Crystal Clear Awards

The NCCP Rapid Access Lung Cancer Clinic patient booklets, which included a booklet for patients attending Beaumont Hospital written by the Clinical Nurse Specialists in Lung Cancer, were awarded the “Best Project in a Hospital” at the Crystal Clear literacy Awards 2012.

National Clinical Care Programme

Beaumont Hospital nurses have been key members of a number of clinical care programmes and national teams such as Epilepsy, Acute Medicine and also members of the Clinical Cares Nursing Advisory Groups, influencing the design and models of care for patients.

CPR Training

The CPR department held their 4th Annual Family & Friends Community CPR project. 23 members of our local community took part. One family member had recently been successfully resuscitated by their spouse who subsequently then brought other family members to the course to learn basic life support skills. This course is about supporting our local community and is about building basic life support skills.

Attendees at CPR training course
Enhancing Hospital/Schools & Community Partnerships

In November 2012, 50 Transition Year students from Beaumont Hospital’s catchment area participated in the TY Programme. The TY Programme which has been designed and co-ordinated by members of the Hospital Nursing, Health & Social Care Professionals and the Learning and Development Department is aimed at TY students with an interest in a career in Healthcare. The purpose of this initiative was to provide a structured insight for TY students into the Multidisciplinary Team workings in a modern day teaching Hospital and to build and develop community network supports.

The Nursing Practice Development team, led by Susan Hawkshaw, supported many nursing and organisational initiatives to improve the quality and safety of patient care within the hospital.

Some Highlights of Nursing Practice Development in 2012

Releasing time to care- The Productive Ward
The Productive Ward is a self-directed quality improvement programme, based on lean principles. Adams McConnell and Phoenix wards participated in the HSE Productive Ward national pilot. In 2012, Adams McConnell and Phoenix wards completed a number of the productive ward modules and both wards have demonstrated savings in productivity and efficiency which has allowed nursing staff spend more time with their patients. St Laurence’s Ward joined the project in November 2012.

HfH & Beaumont Hospital Emancipatory Practice Development Programme – End of Life Care (2010-2012)
This practice development programme engaged groups of nurses and healthcare attendants in work-based learning and development using facilitation approaches that enabled them to explore their current practices. All teams engaged in exploring ways in which end-of-life practices could have been enhanced and changed. Six wards participated.

Assuring safe quality patient care- Pilot of two measurement systems-NIQAT and Test your care systems.
In 2011 - 2012 the nursing management team identified the need to implement a framework to enable fundamental nursing care to be measured and how performance is managed. As a result two different measurement systems were piloted in Beaumont in 2012.

The first instrument for Measuring of Nursing Care piloted was the Nursing Instrument for Quality Assurance Tallaght (NIQAT).

The second measurement system piloted was ‘Test Your Care’ Nursing Metrics System. Both assisted in identifying ways of measuring nursing care and development of quality improvement plans.

Tissue Viability
A number of patient information leaflets were launched in the clinical areas to assist patients and carers in the role that they play in understanding and managing pressure ulcers.

Patient Flow Department

In 2012 the Patient Flow Department (formerly Bed Management Department) came under the governance of the Office of the Director of Nursing. The department was restructured and The Visual Hospital was introduced.

The Visual Hospital© is a “lean” visual operational management tool which was introduced to the
Patient Flow Department in March 2012. Its primary objective was to introduce a structured process to bed management function. It also makes demands on hospital services visible, provides a visual hour by hour patient flow management and contributes to sustained reductions in patient length-of-stay.

Centre of Education

The Centre of Education continues to provide clinical education/support for Nurses, HCAs and other clinical staff across the hospital which is led by Bernie Kerin, Senior Education Co-ordinator.

Some Highlights of Courses Provided

Post Graduate Diploma in Nursing
Four post registration programmes leading to the award of Post Graduate Diploma (PGD) in Nursing took place in 2011/2012 in partnership with the Faculty of Nursing & Midwifery; RCSI. A total of 41 students undertook the programmes.

Stand-Alone Modules
Six new stand-alone nursing modules have been developed with the Faculty of Nursing and Midwifery, RCSI. Modules at level 8 and at level 9. The Programmes in Breast Cancer, Heart Failure and Haemodialysis have been accreditation by An Bord Altranais & RCSI/National University of Ireland (NUI). A total of 23 students successfully completed the programmes in 2012.

Specialist Practice Programme
Specialist Practice Programmes (SPPs) in Medical and Surgical, Oncology/Haematology, Intensive Care and Neuroscience Nursing took place in 2012. Thirty-one students completed programmes.

Nursing Updates/ Special one day Programmes
To update nurses’ knowledge and skills in the clinical care of patients, twenty study days were held in 2012. Themes included Respiratory, Cardiovascular, Neuroscience, Endocrine, Renal, Gastroenterology, Heart Failure, Academic Writing, Mentor/Supervision. Over 500 nurses attended.

Nurse Prescribing
Six nurses undertook the nurse prescribing education programme in 2012 and the total number registered in the hospital to prescribe is eighteen.

Dementia Care
In co-operation with our professional colleagues in the community, a Caring for Patients diagnosed with Dementia Day was held. This supported the health needs of the ageing population of the catchment of north Dublin city and county.

Compass Early Warning Score Training
This programme is an interdisciplinary education programme designed to enhance our healthcare professionals’ understanding of patients who are clinically deteriorating and the significance of altered clinical observations. Training commenced in January and ran on a weekly basis for all staff within the hospital. In 2012 the attendance was 538 over the twelve-month period.

Undergraduate Education
There were 260 students in training in 2012. These students received high levels of support in the clinical learning environment from nursing staff, nursing staff particularly trained as preceptors and from the Clinical Placement Coordinators. In 2012 there were 958 student placements co-ordinated and facilitated in clinical areas.

In 2012, 68 nurses graduated with 55 of our graduates remaining with us as staff nurses. Thank you to all nursing staff who support our undergraduate training and mentoring of student nurses.

Infection Prevention and Control Department
The team is multidisciplinary, led by a Consultant Microbiologist and Assistant Director of Nursing (ADON). The team continued to be involved in various hospital groups and committees while maintaining a clinical focus and offering advice, support and guidance on a wide range of issues.

Presentations
The team attended and presented posters and oral presentations at various national conferences such as, Infection Prevention Society, SARI annual conference and study days.

Achievements
- Five Key Performance Indicators (KPI); namely hand hygiene training and practice, standard precautions training, hygiene score, PVC care bundle compliance and communication management (MRSA and C difficile) for effective infection prevention and control were agreed with the clinical directorate management teams in achieving safe patient care related to effective infection prevention and control.
- Quarterly infection prevention and control surveillance reports were issued in standard format with agreed KPIs to five clinical directorates.
a. Hand Hygiene
Compliance on Hand hygiene practice is agreed to be a key performance indicator. Mandatory hand hygiene training and staff attendance is being monitored in all clinical directorates. Each quarter, hand hygiene audits are undertaken in respective clinical directorates, during the calendar year. Twice-yearly national reporting of the hand hygiene data (HPSC) continued in 2012. The HSE set target for hand hygiene practice in 2013 is >90%.

b. Surveillance
Surveillance programmes on alert organisms, including tuberculosis (TB), MRSA, Vancomycin-resistant enterococci (VRE), *Clostridium difficile*, Carbapenem resistant enterobacteriaceae (CRE) and bloodstream infections (BSI), continued through the year.

The number of new cases of methicillin-resistant staphylococcus aureus (MRSA) is on the decline in comparison to previous years. Although the number and proportion of cases due to MRSA has declined, there remain cases of MSSA and MRSA blood stream infections (BSI) that are preventable, i.e. secondary to either central or peripheral vascular catheter (CVC, PVC) infections. Beaumont Hospital continues to have a higher rate of MRSA BSI than nationally although this may partly be due to the presence of high risk patients in Beaumont Hospital compared to the case mix in other hospitals.

The prevalence of VRE continues to be on the increase, almost double the number of new cases in 2012 in comparison to 2011.

There has been a marginal increase in the monthly number of new cases of *C. difficile* in 2012. This increase in new cases of CDI may be partly explained by a change in laboratory methodology in early 2011 to a highly sensitive PCR assay.

In 2012, six cases of CRE were identified, involving four incidents. The emergence of CRE is of great concern in any clinical area as there are very few antimicrobial agents to treat infections caused by CRE and these difficulties are compounded in a neurosurgical setting as many antibiotics penetrate poorly in to the brain.

c. Outbreaks
Infection outbreaks are reviewed by the IPCT and with hospital management and are controlled to minimise disruption to services and to safeguard patient welfare. Outbreaks of norovirus and Influenza, *C. difficile*, a cluster of MRSA, Linezolid resistant VRE and incidents of CRE were managed during the year.

d. Audit
During May, Beaumont Hospital participated in a national point prevalence survey (PPS) of HCAI. The rate of infection reported was 10.9%, which was higher than other tertiary hospitals where the rate was 7.5%.

The Quality and Patient Safety Agency (QPSA) of the HSE undertook an on-site audit of the hospital after a self-assessment submission on the National Standards on Prevention and Control of Healthcare Associated Infection (PCHAI) in November 2011. Report of the audit was published March 2012. The hospital was complimented on its compliance and commitment to these standards.

e. Policy / guidelines
- Hospital guideline on taking blood cultures, updated,
- The prevention and management of tuberculosis (TB)
- The control of Legionella bacteria in water systems
- The procedure for unscheduled wall washing were revised / updated and ratified during the year.

f. Education & Training
Educational sessions were provided by the team to a wide range of hospital staff. Infection Prevention and Control education is also delivered to undergraduate students both medical and nursing.

In 2012 over 2,500 staff received hand hygiene training and 805 staff training on Standard Precautions.

Details of training listed in Table 1.

<table>
<thead>
<tr>
<th>Educational Topic</th>
<th>Staff Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand hygiene (HH)</td>
<td>1444 (86 Sessions)</td>
</tr>
<tr>
<td>HH accessed online</td>
<td>1125</td>
</tr>
<tr>
<td>Standard precautions (SP)</td>
<td>380 (29 Sessions)</td>
</tr>
<tr>
<td>SP accessed online</td>
<td>425</td>
</tr>
<tr>
<td>Hand hygiene auditor training</td>
<td>18 (4 Sessions)</td>
</tr>
<tr>
<td>Venepuncture &amp; cannulation /ANTT</td>
<td>205 (13 Sessions)</td>
</tr>
<tr>
<td>HIQA audit preparation</td>
<td>257 (4 Sessions)</td>
</tr>
</tbody>
</table>
Human Resources
Recruitment and Employment Control

Our Workforce

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

On March 27, 2009 the Government declared a moratorium on recruitment and promotion in the public services on all grades of staff with the exception of medical staff and a number of social care professionals. In addition recruitment to cancer services was also exempted. This moratorium continued throughout 2012. However, flexibility was secured within the continuing Government moratorium on public sector recruitment, to replace essential front-line posts on an exceptional basis.

As part of the HSE Employment Control Framework for 2012 (issued in March, 2012) the hospital was given an end-of-year ceiling of 2,693, a reduction of 119.67 based on end-of-year ceiling at 2011.

Figure 1 identifies the actual numbers in post per category per month for 2009 – 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>WTE December 2009</th>
<th>% of Total</th>
<th>WTE December 2010</th>
<th>% of Total</th>
<th>WTE December 2011</th>
<th>% of Total</th>
<th>WTE December 2012</th>
<th>% of Total</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>
</tr>
<tr>
<td>Nursing</td>
<td>1,084.15</td>
<td>35.95</td>
<td>1,011.39</td>
<td>34.77</td>
<td>971.97</td>
<td>34.30</td>
<td>1022.09</td>
<td>35.17</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>
</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>
</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>
</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>
</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>2906.14</td>
<td>100.00</td>
</tr>
</tbody>
</table>
Figure 2 represents the census movement per month for 2012.

Figure 3 represents the absence % rate per month for 2012.
In the above context managing and monitoring our human resources in 2012 involved focusing on:

- Mechanisms to achieve our overall approved ceiling by year-end
- Deployment of our human resources in order to ensure that services could be maintained in this context
- Recruitment of the skills required to the exempted grades and to meet our service development needs
- The nursing bank initiative which commenced in 2009 continued in 2012 and is continuing to contribute significantly to the reductions in nursing agency costs. However, in December 2011 the HSE requested the inclusion of the nursing bank wte to be included in our census returns. Discussions are ongoing in relation to securing an additional ceiling adjustment for this.
- Analysis of data and development of specific initiatives to achieve the HSE KPI of < 3.5% absenteeism
- Training programmes were organised for managers across all disciplines on absence data inputting on to the HR personnel system.
- Collaborative working with the Integrated Quality & Safety team on initiatives to support staff wellbeing
- Collaborative working with Learning & Development in the design and delivery of training programmes for managers and staff.

**Diver Reporting**

In 2012 Employment Control Section implemented diver reporting. We have successfully completed automation via email of monthly absence rates to managers and senior executive members. In addition monthly reports for increments, probations, temporary contracts etc, are also sent to managers monthly via diver reporting. This has eliminated many manual processes in this section and is clearly a valuable asset to the department. It has proven to be very efficient and time-saving in generating last minute urgent reports.

Work is still ongoing in relation to census reporting which we envisage will be completed in 2013.

**Employment Control Monitoring Group**

The HSE issued a memo to all hospitals on July 23, 2012 confirming a recruitment pause across the health services with effect from July 20, 2012. Any exceptions where required had to be submitted and approved by the HSE together with a completed business case before recruitment to the post could proceed. In this context the Employment Control Monitoring Group (ECMG) was established comprising the Director of Human Resources, Director of Finance and the Employment Control Manager. ECMG analyses each application/business case submitted with discussions with the relevant senior executive member to ensure HR and finance due diligence is applied to each application. All approved posts deemed critical are submitted to the HSE. On a point of information, all applications are tracked by the Employment Control Section.

The HR Department continues to lead the positive attendance group which is a hospital-wide working group involving Occupational Health, Health & Safety, Health Promotion, Staff Counselling, Learning & Development, line managers and trade union representatives, aimed at improving levels of attendance, staff health and staff morale.

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

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

An indication of the success of one of these initiatives can be demonstrated in the data on Beaumont Hospital’s employment of people with disabilities. The annual disability survey was carried out in accordance with Part 5 of the Disability Act, 2005. The national target for all public service employers on the employment of people with disabilities is 3%. In 2012 Beaumont Hospital achieved 3.5%.

The Positive Attendance Group has utilised the data available from the HR system to analyse the trends and patterns attaching to absenteeism in the workforce and to gain an understanding of the causes of absenteeism. In order to improve the quality of data available to report on the reasons for absenteeism, the group agreed a modification to the HR IT system to remove free text and operate on a predetermined drop menu of medical reasons. This facility will enable far more accurate reporting on absenteeism causes and subsequently the targeting of interventions to reduce the level of absenteeism.
In order to monitor the performance of managing attendance procedures across the hospital this group commenced audits in 2012 to ensure that absence management was being addressed in a systematic way throughout the hospital. In Quarter 4 of the year 25% of the organisation was sampled in an audit and the results were very encouraging. A full schedule has been developed for 2013.

The HR Department continue supporting Line Managers in the following way:

- Training in managing absenteeism and disciplinary matters in the Management Development Programme.
- Specific support for line managers who are engaged in addressing particularly high or challenging levels of absenteeism.
- Addressing long term absenteeism with the Occupational Health Department

In Quarter 4 of 2012 we successfully introduced the revised arrangements for self-certified sick leave. This was implemented directly through line managers and a number of briefings were held with managers and staff to apprise all of the new procedures.

**Relationship Management & Supporting the Change Agenda**

During 2012 the HR Department worked closely with senior management and line managers across the hospital in introducing change, managing grievances and complaints and a range of individual and group claims. Once again this year the hospital can be justifiably proud of the fact that in most instances such issues were resolved locally. A small number of issues were referred for third party consideration and in such cases the hospital utilised the services of the Rights Commissioner, the Labour Relations Commission and the Labour Court to resolve the issues.

Throughout 2012 we utilised the Public Service Agreement to progress the efficiency improvement and value-for-money programmes in the hospital. Throughout these programmes the HR Department led many initiatives and assisted local managers and employees to bring about the necessary changes and improvements to delivery of services and to reduce costs and headcount. During the year we returned four progress reports to the health sector verification group detailing the change initiatives that the hospital was engaged in. The following is a sample of these:

- **Reassignment of Staff**
  The HR Department continued to have an extensive role in engaging with managers to support them in managing redeployment of staff to cover vacancies created and which could not be filled by recruitment due to headcount restrictions.

- **Annual Leave Standardisation**
  In 2012 we successfully introduced the standardisation of annual leave in accordance with HSE Circular 011 – 2012

- **Delivering Better Patient Care**
  At times of considerable pressure on headcount and budgets it is critically important to maintain a focus on further developing and enhancing the care we provide to our patients at local, regional and national level. The Public Service Agreement (PSA) has allowed us to achieve this in co-operation with staff and their representatives; some examples of these in 2011 are as follows:
  - Extended role for nursing has seen the administration of IV fluids and blood products by nurses.
  - CVVH circuits in the Intensive Care Unit now applied to nursing staff.
  - Full co-operation with all National Clinical Care Programmes.
  - Rapid Access Triage introduced in the Emergency Department.

- **Restructuring of the Catering Service**
  The HR Department was involved in a restructuring project of catering services along with colleagues in finance and catering. This activity commenced in 2011 and the current phase was completed in 2012 when the management structure in the department was reduced from two layers to one, with the subsequent re-assignment of 4 WTE. Work will continue in 2013 on developing the most efficient use of the catering assistant resource in the hospital.

The hospital continues to respond to the needs of employees through the provision of a number of family-friendly working initiatives, including shorter working year/term-time leave, flexible working arrangements, job sharing, and various forms of unpaid leave which are all well utilised by staff. Uptake of statutory leave entitlements is also high, e.g. parental/paternity leave. In addition, the hospital provides an Employee Assistance Programme which includes the Staff Counselling Service, Occupational Health Service and Financial Advice.
Superannuation Section

The Public Service Pension Rights Order 2010 which extended the period by which public sector staff could retire on the salary scales which operated prior to the salary reduction of January 1, 2010 was in operation until February 29, 2012. Staff who retired under this scheme were deemed “Grace Period” retirements. In total 50 staff retired between January 1 and February 29.

Throughout the year the Department of Public Expenditure and Reform introduced changes to public sector pension schemes such as the application of the superannuation scheme for staff who are re-hired after retirement and clarification of the application of ill-health added years for part-time staff.

Public Service Pensions (Single Scheme and Other Provisions) Act 2012 became law on July 28, 2012. Whilst the new public sector pension scheme did not commence in 2012, other aspects of the legislation were enacted including a duty for employees to give certain information to their current and ex employers, a duty to inform new employers of other public sector retirement benefits and extension of abatement of public sector pensions in the event of re-employment.

In 2012 a total of seventy-one staff retired whilst five ex-staff members became eligible for preserved retirement benefits. Sadly four members of staff passed away during the year R.I.P. As at December 31, 2012 there were a total of 594 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. Twenty-six staff members attended this course.

The superannuation staff act as secretary and treasurer of the Beaumont Hospital Active Retirement Association. In 2012 the group organised a trip to Poland and there was a short break to Cork along with several day trips both in Dublin and around the country. The AGM was held in October and in December the Christmas party was held which started the celebrations for the Association’s 21st birthday year.

Medical Administration

The Medical Administration unit within the Human Resources Department is focused on recruiting and supporting the best medical staff in order to provide our patients with quality patient care. The induction, training and development of the hospital’s NCHD staff and the recruitment of permanent, temporary and locum consultants are the main areas of work. In undertaking this work the unit is required to maintain hospital standards and the standards set out by the various external training bodies and the Medical Council.

EWTD compliance

The HSE has placed increasing emphasis on compliance with the European Working Time Directive. During the year the unit, together with the HR Director and the Finance Director, engaged with consultants to review the overtime associated with individual services. A number of initiatives were introduced to curtail and reduce the level of overtime. This will be ongoing into the coming year.

E – Roster

Attendance and overtime records are collated manually; this system is not compatible with the production of reliable data. The hospital has embarked on a series of initiatives aimed at rationalising and recording working patterns of NCHDs. Encompassed in this exercise is the introduction of an electronic rostering system which will be linked with the clocking system and which will ultimately link to the payroll system.

Training and Education

The Post Graduate area in partnership with Professor Frank Murray, Post Graduate Coordinator, arranges teaching for NCHDs preparing for MRCP part 1 and part 2 exams; this is supported by consultants and SpR’s /regs 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
The unit is responsible for arranging a week long induction programme for interns in partnership with the RCSI. The hospital provides support for doctors who may be experiencing personal or professional difficulties. Together with the consultants, the unit plays an active part in providing support and arranging meetings and appointments with Occupational Health and the Staff Counselling service.

Administration
Administrative support is provided to the Intern Tutor, the SHO Coordinator, and the Post Graduate Coordinator. This includes administering three-monthly assessments for all intern staff and organising regular meetings with intern representatives. In addition, support is provided for the Medical Board, the Medical Executive, Medical Cogwheel, Surgical Division and the Neuroscience Cogwheel.

On behalf of the hospital, the unit maintains regular contact with a number of external agencies including the Medical Council, Department of Enterprise, Trade and Employment, Garda Vetting Unit, RCSI, RCPI and the IMO.

The Irish Committee on Higher Medical Training visited the hospital on a number of occasions to inspect our facilities for trainees. This is an important opportunity for external validation of the hospital’s facilities.
Organisational Development
Organisational Development

Introduction
The year of the 25th anniversary saw Beaumont Hospital face unprecedented funding challenges impacting at every level, while we continued to be monitored against a range of performance targets and KPIs.

In the current financial environment it is very challenging to maintain a focus on a development agenda, with funding and resources under constant pressure.

However, the imperative for supporting and encouraging creativity, innovation, flexibility and adaptability could not be greater. From a development perspective as we faced into 2012, there was an imperative to continue to ensure that we created the conditions where Beaumont was in a position to influence decisions around its role in acute care in the longer term.

The start of 2012 saw us head into a new phase for Organisational Development, with the development of a new hospital strategy a key objective. Phase I (2006-2011) had a core objective of restructuring to move decision making closer to the point of service delivery i.e. breaking down traditional hierarchies and boundaries and empowering staff to make well informed decisions and judgements; and included the implementation of the clinical directorate structure, and the embedding of improvement methodologies such as project management, process mapping, and business case development. The approach hinged on involving staff in design as well as implementation, expanding roles, utilising skills and expertise across disciplines, customising change management techniques to fit with our culture as well as embarking on specific culture change initiatives.

This work has stood the hospital in good stead particularly in relation to many of the more recent developments such as the Acute Medicine Programme; our ability to respond to rigorous SDU monitoring; and the capacity to develop and implement corporate strategies in areas such as Information and Communications Technology, Human Resources, Learning Development and Education etc. Additionally we have managed to maintain a focus on influencing the external environment and positioning ourselves as a leading healthcare provider in the Dublin North East. Collaborations with Connolly, RCSI and other potential partners within an AHC/Hospital Trust construct is a culmination of this and will stand us in good stead as we move towards grouping of hospitals.

Without exception, we all want Beaumont to continue to develop as a leading edge, high performing progressive hospital which is dedicated to optimising the patient care experience, promoting research and innovation and constantly finding creative ways of delivering enhanced service on a daily basis. With a clear mandate and high expectations, we moved into the next phase of Organisational Development.

Revitalising the OD Agenda (See Table 1)
In the context of needing a continuous focus on creativity, innovation, flexibility and adaptability, the elements of the proposed Organisational Development Next Phase are very closely aligned with helping improve current operational systems and processes as well as ensuring attention is paid to future strategy and positioning. Initial discussions with members of the Hospital Board, Clinical Directors and Senior Executive helped to identify the following strategic priorities:

1. Engaging internal and external stakeholders to develop a new strategic plan for Beaumont.
2. Continuing to seek opportunities to deliver a high quality public health service in an efficient cost effective manner that competes favourably with other providers and is accepted as a good value for money model.
3. Embed hospital-wide process improvement plans that reduce waiting lists, cancellations and delays and streamline work practices and systems.
4. Continue to work at developing the Clinical Directorate structure, including on-going
alignment of services whilst simultaneously strengthening the corporate and facilities infrastructure.

5. Preparing for greater collaboration and strategic alliances with other service providers in Dublin North/North East and ensuring the development of partnerships with academic institutions to create an Academic Health Centre/Hospital Trust model of service delivery.

6. Acknowledge the implications of the current economic context for the system as a whole and commit to on-going engagement and collaboration as recognised survival techniques and as a means to building a strong exciting future.

To broaden this discussion to include representatives from across a wide range of internal and external stakeholders, a series of engagement workshops were convened.

**Strategy Development – Workshops**

A series of four innovative workshops were held in 2012 with representatives of a wide range of internal and external stakeholders to capture their views, perspectives, ambitions and priorities for the hospital. The first three workshops created an internal discussion with broad representation from departments and professions from across the organisation attending each one. The final workshop included a wide range of external stakeholders from the community and region. Overall, the level of interest and attendance at the workshops was extremely high and ultimately staff’s commitment and appreciation of the opportunity to be involved was a key success factor.

1. **Clinical Directorate Contribution to the Ongoing Development Agenda**

Attended by: Directorate management teams and directorate staff, staff supporting/interfacing with the directorates. Members of the Senior Management Team, the Lead Clinical Director and the Chief Executive were also in attendance.

Overall it was clear that staff were well informed of current challenges, international trends and had a view on Irish Healthcare Policy and decisions. There was a good understanding of the need for flexibility, responsiveness, and integration of services (internally and externally). The staff were supportive of hospital management attempts to influence what is happening and to have an ambitious plan that genuinely improves patient care and services.

Key themes which emerged were:

- The importance of shared leadership within the hospital
- Enabling the skilled, well informed staff cohort to work across directorates
- Developing the directorate structure to extend across sites
- Striving to keep a longer-term focus whilst attending to the here and now

2. **Enhancing Day to Day Service Delivery**

Attended by: A combination of clinical and non-clinical staff (37 different departments, roles and disciplines represented).

The session was aimed at getting people to talk about their respective experiences both in Beaumont and outside, and created a good sense of the extent of knowledge, skills and experience shared within the group. A respectful culture among staff and between staff and patients was highlighted as being very important, and also the importance of empowering frontline staff. The centre-piece of the engagement methodology was based on a number of patient experiences/stories which were presented as case studies for groups to discuss. These proved very helpful in enabling participants to demonstrate that they had a deep understanding of the wide range of things that contributed to what had happened in these scenarios.

Key themes which emerged were;

- Communications and engagement, or indeed lack of these at times
- Perspectives/potential impact of an Academic Health Centre on frontline staff
- Impact of process improvement on frontline staff

3. **The Role of Operations, Corporate Service and Facilities Management**

Attended by: Over 70 employees from across a wide range of departments loosely fitting under headings of “operations”, “facilities”, “general services” and “corporate departments”.

A number of themes were discussed, including; Data, Operations/Facilities, Multi-Site Agency or Facility, Implications for Patient Centred/Patient Engaged Care, Shared Services, Communications and Connectivity.
Key messages heard from staff included;
- Connotations of “Frontline” - mindsets need to be changed away from current meanings which are divisive and lend themselves to dysfunctional decisions regarding resource allocation, demarcations and derogatives i.e. more important/less important etc.
- Technology - the challenge, tele-health, the opportunity and many twists in between
- The challenge of creating and developing in the current financial climate
- Data, information knowledge, decision-making - the need for improved detailed knowledge management
- Mergers/Partnerships/Collaborations

4. Public Consultation

Attended by: An interface of hospital leadership and staff with patients, patient representative groups, members of local community health services, union representatives, community groups and local TDs.

The public consultation workshop enabled a diverse grouping of interested people to engage in a conversation about the perceptions of and future of Beaumont. Discussion topics included Beaumont’s role in the current environment, the hospital’s connection to the local area and wider environment and perceptions of the hospital versus the reality.

Key discussions included;
- Prevention versus Cure: what is the hospital’s role in promoting health
- Negative perceptions versus positive experiences. Quality of care good in Beaumont but a lack of ‘good news’ stories generated in the media.
- The need for a greater connection with the local community. Could be achieved through linking with local partnerships, schools and other healthcare providers, including nursing homes.
- The importance of always recognising and listening to the patient voice. Hospital should always have a ‘heart’.
- The value of taking time to think about what the future will look like.

The public consultation workshop identified the appetite from a broad range of stakeholders to work together, and the presence of a shared sense of responsibility in optimising Beaumont’s role within the local community and regionally, nationally.

Work with Senior Management Team

As described, already 2012 was a challenging year for senior management with unprecedented funding and service constraints. The engagement both internally and externally provided a degree of reassurance and support and the commitment of staff to process improvements and efforts to enhance quality of care was a major source of strength and a real example of distributed leadership in action across the hospital. The Organisational Development Department also supported the Chief Executive in designing a number of Leadership Team Development Workshops.

Patient Engagement

Voices from NeuroCENT: - What patients have to share and what we have to learn

A Quality and Standards initiative, together with NeuroCENT and Organisation Development in Beaumont

Beaumont Hospital is committed to engaging with our patients in a meaningful way, and learning from patient experiences. ‘Patient Engagement’ initiatives in Beaumont have taken different forms over the years. In 2012, the Neurosurgery Department, together with Organisational Development, and Quality and Standards, invited ex-neurosurgery patients, their family members and carers to a conversation about their experiences of being patients in Beaumont. Staff who had previously acted as facilitators in recent years were invited to join in this initiative, together with nursing staff from neurosurgery. Preparation for, and contributing to planning the session, as well as a de-brief afterwards, offered staff an opportunity to be part of an immediate, learning experience within the hospital. Patients and their family members/carers spoke about their experience of needing neurosurgery – of their experience prior to getting in to the hospital, their experience in Beaumont and their subsequent experience after leaving Beaumont.

Patients described the impact on them of postponed admissions, delayed surgeries, unavailability of beds, quick discharges, and difficulties with re-admission. Delays and uncertainty led to more anxiety and tension about the illness itself as well as its treatment. Specific elements of care highlighted as important to patients included early communication in the case of surgery cancellations, improved communication and information on ward transfers, and improved discharge planning including information to patients, families and external care providers. Following this
feedback the Discharge Planning Group developed discharge information for patients and families, including the identification of a discharge contact name & details. The discharge planning group also commenced work on a new Hospital Transfer Policy, to support the handover of patient information, internally and externally.

Innovation Day
Leading Change – Transforming Practice: a collaborative workshop involving the SDU and Beaumont Hospital

In acknowledgement of the achievements made in 2012 in implementing high impact changes and utilising recognised performance and process improvement methodologies, Beaumont Hospital was invited to host a joint “innovation workshop” with the Special Delivery Unit. This was an opportunity to share learning and details of the “Visual Hospital”, a lean healthcare methodology which transformed patient flow tracking and management, and to give an account of the wider organisational development and approach to change management in Beaumont Hospital.

Over 150 delegates attended the event designed to share the story of leading change and innovation in Beaumont Hospital over the past seven years. Interactive workshops were held on the themes of “Leadership & Engagement”, “The Visual Hospital in Practice”, “Improving Patient Flow” and “Innovative Approaches to Learning Development and Education”. As well as providing an opportunity to share our experiences with a wider audience, the event made it possible for the hospital to reflect on and celebrate the innovative work carried out daily by our staff throughout the hospital.

Learning, Development, Education

2012 saw the graduation of the first class of the MSc in Organisational Change and Leadership Development and the completion of a variety of action research projects which showed clear organisational benefit. This was a very proud occasion for the staff graduating and their families, and for Beaumont and work colleagues.

Irish Institute Training and Development Award 2012

The MSc in Organisational Change and Leadership Development won an Outstanding Achievement Award in the large enterprises section.

This was the only Healthcare winner

A first for Beaumont LDE in achieving success in a wider than healthcare environment

The internal Learning and Development agenda continued, including a review of Staff Development Programmes. Two three day Management Development Programmes were held and specific skills/knowledge updates were provided as required. Projects commenced around enhancing eLearning capabilities and improving processes to electronically capture our attendance at training, for the purpose of maintaining up to date records and providing meaningful reports and information to line managers in respect of attendance at mandatory courses and refresher courses.

Our picture shows (l-r) Des O’Toole Beaumont Hospital, Finian Buckley DCU, Pauline Fordyce Beaumont Hospital, Kate Costelloe Beaumont Hospital, Anne McNeely Beaumont Hospital, Fiona Markey Beaumont Hospital, Pauline Joyce RCSi, Steve Pitman RCSi & Marie Kelly Beaumont Hospital.
<table>
<thead>
<tr>
<th>Performance Improvement</th>
<th>Inter – organisational design / AHC</th>
<th>Integrated learning and research</th>
<th>On-going regional, national and international positioning, strategy and identity</th>
<th>Sustaining a values driven and people orientated culture</th>
<th>Integrating business intelligence and value for money</th>
<th>Delivery and Review of Corporate Strategies</th>
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<tr>
<td>Previous: Operational Excellence</td>
<td>Previous: Organisational Design</td>
<td>Previous: Learning and Development</td>
<td>Previous: Corporate Identity and communication</td>
<td>Previous: Culture Change</td>
<td>Previous: Functional financial management</td>
<td>Previous: Departmental Strategy Portfolio</td>
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<tr>
<td>Implementing system wide performance improvement strategies</td>
<td>Further embedding the clinical directorate infrastructure</td>
<td>Developing integrated research practice and aligning Hospitals</td>
<td>Development of the next Strategic Plan</td>
<td>Ensure a focus on values including ethical standards and corporate social responsibility</td>
<td>Delivering ‘value for money’ public healthcare</td>
<td>Supporting the ongoing development of departmental strategies and monitoring and review of completed strategic plans (ICT, HR, Quality and Patient Safety) Directorate Business Plans etc</td>
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<tr>
<td>customised LEAN healthcare process reviews/ standardisation robust balance scorecard/KPI’s</td>
<td>Role development and coaching/mentoring for Clinical Directors</td>
<td>Ongoing strategic developments</td>
<td>Continuing to improve internal communication while enhancing new identity as an AHC/Hospital Trust</td>
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<td>Performance Management</td>
<td>Sucession Planning</td>
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<tr>
<td>Clinical Care Programmes</td>
<td>Re-focusing role of Medical Executive/ Cogwheel Structure</td>
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<td>Workforce planning</td>
<td>Inter-organisation collaboration and design Multi-site service delivery Shared service, outsourced models</td>
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<td>Developing integrated research practice and aligning Hospitals Learning, Development and Education requirements within the wider AHC</td>
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**TABLE 1: Organisational Development 2012-2017 (Phase II)**
Integrated Quality and Safety Department
The Integrated Quality and Safety (IQS) Department continues to provide support and lead on the quality and safety management programme in Hospital. This year saw another busy year with new challenges as long standing members of the team retired. In order to continue to provide services and address the ongoing challenges a new relationship management structure was developed and has been a great success in supporting the directorate teams. Advice is provided to the teams by their nominated IQS relationship manager. Due to the interdisciplinary nature of the IQS team, clinical and specialised non-clinical advice is provided on risk and legal services, quality management systems, systems analysis and root cause analysis, legislative overviews, wellness programmes and human factors.

The on-going agenda tabled at the IQS Committee still requires full attention for the team and the member of the committee. A wider range of committees continues 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. Learning from critical incidents was 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.

In addition the department worked with the HSE Regional Forum to develop Quality Improvement Plans for the HIQA Mallow report. Throughout the year the department held information sessions for staff on the National Standards for Safer, Better Healthcare which were launched during 2012.
The following is an overview of the department’s activities:

**Clinical Governance and Audit Department**

Clinical governance remains a priority for the hospital in providing high quality, patient-centred care to the local population and beyond. Clinical governance involves moving towards a culture where standards of patient safety are maintained and the focus is on quality improvements to patient services.

**Clinical Audit and Patient Safety Meeting 2012**

The inaugural Clinical Audit and Patient Safety Meeting took place on April 26, 2012. The purpose of the event was to provide an opportunity for staff to demonstrate their commitment to continuously improving patient care and safeguarding standards of care by presenting clinical audits undertaken by various directorates, departments and services.

In January 2012 an invitation was extended to the directorate management teams and heads of departments from the Clinical Governance Committee to submit abstracts for both oral and poster presentations. There was a great response and the final programme for the meeting included a rich mix of presentations from across the Clinical Directorates, Nursing Department, Infection Prevention and Control Department and Clinical Services.

A hospital-wide invitation was extended to all staff to the meeting via various communication media.

The keynote address was delivered by Professor Kieran Murphy, President of the Irish Medical Council, and the programme for the evening continued to include 20 oral presentations which were split into two streams - Medicine and Surgery, hosted in the Richard Carmichael and the Robert Adams Lecture Theatres respectively. The meeting was attended by over 140 staff.

Prior, during and after the oral presentations there was the opportunity for all to view the poster presentations in the foyer outside the lecture theatres.

It is planned to run this event on an annual basis.
Clinical Governance Committee 2012

The Committee meets every 8 weeks with the aim of ensuring that the hospital undertakes a co-ordinated and integrated approach to clinical governance activities.

The following are some of the areas progressed in 2012.

- **Critical Incidents review** – Tracking the progress of investigations, examining the findings and ensuring implementation of recommendations to deliver hospital-wide learning.

- **Falls Prevention** – The Falls group which is chaired by Helen Ryan, Clinical Governance Manager, continued to develop, review and update the falls policy and all supporting documentation. It is planned for implementation in 2013.

- **Procedures to be carried out following the death of an Inpatient** – This requirement for this policy was identified at Clinical Governance and was developed by Helen Ryan in collaboration with key stakeholders. This policy was approved in October 2012.

- **Multi-disciplinary Team Meetings** – A document guiding clinical staff with regards to the principles of care in relation to MDMs was developed and approved at Clinical Governance in April 2012.

- **Participation in the Point Prevalence Survey of Hospital-Acquired Infections and Antimicrobial use in European Acute Care Hospitals 2012.**

Establishing Clinical Governance across the Directorates

The focus on Clinical Governance and related activities continues to be embedded throughout the Directorate Management Structure. In 2012, further Directorate Clinical Governance Committees were established –

- Two committees in the Medical Directorate chaired respectively by Dr Ross Morgan, Consultant Respiratory Physician (ED, Cardiology, Gastroenterology, Respiratory, Stroke and Care of the Elderly) and Dr John Quinn, Consultant Haematologist (Oncology & General Medicine)

  - Neurocent, Surgical and Critical Care Clinical Directorates continue to develop and evolve their Clinical Governance Meetings which are attended by Dr Ed Smyth and Helen Ryan.

Freedom of Information Department including Routine Access Department and Death Certificate Office

The Freedom of Information Act 1997/2003 established three new 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.

The aim of Beaumont Hospital is to minimize the need to treat all requests as official FOI requests. A routine access is available which enables patients, etc to gain access to their medical records with certain exceptions.

Death Notification Forms

A total of 729 Death Notification Forms were administered through the Freedom of Information Office for 2012. In year 2011 the total of 670 were issued.

Ms. Harriet Barlow, Acting FOI Officer, took early retirement in February 2012. The IQS Department would like to thank Harriet for her years of dedication to the Freedom of Information Department.

Ms. Eileen Fallon commenced as FOI Officer in October 2012.
**Activity**

Total of requests received and processed through the FOI/Routine Access Department:

<table>
<thead>
<tr>
<th>Year 2012</th>
<th>Year 2011</th>
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<tr>
<td>1902 requests</td>
<td>1738 requests</td>
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F.O.I. Internal Reviews:

<table>
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<th>Year 2012</th>
<th>Year 2011</th>
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<td>1</td>
<td>3</td>
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There was no appeal to the Information Commissioner for 2012

Breakdown of FOI requesters and access can be seen in graphs below:

Breakdown of Routine Access requesters are as follows:
Health and Safety Department

The Health & Safety Department is a proactive and preventative department which aims to improve the safety of patients, staff and visitors of the hospital. The department, in close consultation with other IQS departments, advise and assist the hospital in achieving a safe place of work with safe systems, plant and equipment.

Risk Assessments & Risk Registers

Directorate Risk Registers

The H&S Department continues to work as a member of the IQS Team with the Directorates in the review and updating of their Risk Registers.

Decontamination Risk Register

The review and updating of the Risk Register for the Decontamination Services of the Hospital was a key objective for the H&S Department in 2012. The H&S Department worked closely with the Hospital Decontamination Co-ordinator and Clinical Governance in the development of a decontamination risk register. Each Decontamination Unit in the hospital now has live risk assessments which feed into the overall decontamination risk register.

Departmental Risk Assessment

The H&S Department continues to work closely with many departments on the development of risk assessment on risk issue raised.

System Analysis Investigations

In 2012 the H&S Department conducted 40 systems analysis Investigations. The principle of carrying out such investigations is to establish the prime reasons why an incident occurred, to develop recommendations and actions for the hospital to implement in order to reduce the risk re-occurring, to extract valuable learning and to analyse trends.

Training

Assisting the directorate teams and departments in achieving their KPIs on attendance at mandatory H&S training continues to be a focus for the H&S Department. Reports on percentage attendance are forwarded to the directorate teams and departments on a quarterly basis. The report details the percentage attendance at a specific course, who has not attended training and also when refresher training is due. The report is a useful tool for planning staff attendance at training in order to achieve the mandatory training target.

Dangerous Goods Safety Advisor

Members of the H&S Department worked with the Dangerous Goods Safety Advisor (DGSA) as appointed by the Dublin Academic Teaching Hospitals, Health & Safety, Advisory Group. The appointed DGSA has a role in assisting and advising the hospitals on their legislative requirements for the packaging, labelling and transportation of dangerous goods and the provision of training in this area. Audits were carried out by the DGSA in 2012 with involvement/assistance from staff in the audit area, they include the following:

- Wards
- CSSD
- Medical Gases
- Waste Management Compound
- Catering Services
- Cleaning Services
- Dermatology

In addition, the DGSA audited external contractors used by the hospital regarding their compliance with legislation on the handling, transport and disposal of dangerous goods.

The DGSA also provided segregation of healthcare risk waste training, chemical safety training and training on the classification and labelling of specimens, all of which was co-ordinated through the H&S Department.

Health & Safety Promotion and Consultation

As part of the annual Patient and Staff Safety Week in December 2012 the Health and Safety Department was involved in the following initiatives:

- Chemical Safety Awareness
- Launch of Q Pulse Document Management System
- Tobacco Awareness Campaign
- Mindfulness
- Wellness

The work with safety focus groups continued in 2012 for the Catering, CSSD and Portering Departments. The aim of such groups is to discuss and close out on risk items identified in the departments. In addition the H&S Department also provides a strong advisory role to these groups.

The H&S Department has representation on the Voluntary Hospital Group - Health & Safety Advisory Group.
Construction

Capital refurbishment projects were also an area of involvement for the H&S Department in 2012. This work included liaising with the design and construction teams, from a patient, staff and visitor safety perspective. The H&S Department was involved in the following capital projects:

- Acute Psychiatry Unit
- Epilepsy Monitoring Unit
- Lift Replacement

The department continues to work closely with the Technical Services Department and the Projects Office on minor projects co-ordinated through these offices.

Patient Representative Department

The aim of the Patient Representative Department is to develop and enhance the ongoing provision of quality care to our patients and to remain patient focused in these challenging times.

The department deals with all formal complaints received by Beaumont Hospital. The hospital is committed to providing a high standard of care to our patients and feedback plays a vital part in understanding patients’ needs and in improving overall quality of service. The department provides a valuable service offering support and assistance to patients, relatives and staff in the management and resolution of complaints. It is the policy of Beaumont Hospital to invite comments and feedback from both patients and visitors to the hospital and to use this information to gauge the quality of our services.

It is the aim of the hospital to resolve issues identified by our patients at local level. However, despite the best efforts of staff, issues may not be resolved locally. A walk-in support service is offered by the Patient Representative Department to patients and relatives. This is a very important service resulting in many complaints being addressed without progressing to a formal complaint.

All formal complaints received in the Patient Representative Department are managed in line with the HSE Complaints Policy and every effort is made to satisfactorily resolve the issues raised. Family meetings are facilitated through the Patient Representative Department in an attempt to bring issues to resolution. Complainants who are dissatisfied with the investigation into their concerns may refer their complaint to the HSE or the Office of the Ombudsman.

Feedback about the care and services provided by Beaumont Hospital is welcomed by the department as a means of identifying ongoing quality improvement requirements.

Issues raised through the complaints process are reported to Senior Management to highlight complaint trends and to ensure the implementation of change where the need has been identified. Recommendations from reports into serious complaints are tabled at the Clinical Governance Committee meetings.

Complaints are processed and categorised under the eight pillars as outlined in the National Patient Charter, You and You Health Service. The charter aims to inform and empower individuals, families and communities to actively look after their own health and influence the quality of healthcare in Ireland. The eight pillars, under which the principles of the Charter are based, fall under the following categories: Access, Dignity and Respect, Safe and Effective Care, Communication and Information, Participation, Privacy, Improving Health, Accountability. These pillars also link closely with the themes in the National Standards for Safer Better Healthcare.

During 2012 the Patient Representative Department received and dealt with formal complaints from 622 service user complainants as against 627 for 2011 and 643 for 2010. A comparison of the breakdown in complaints for the years 2010, 2011 and 2012 is outlined below under the eight pillars:
Quality and Standards Department

The Quality & 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 & Standards Department are involved include:

- Contributing to a patient-centred culture by setting up patient engagement initiatives. These are overseen by a Patient Engagement Steering Group with the involvement of patient and community representation, chaired by the Chief Executive. In 2012 a patient staff focus group took place within the Neurocent Directorate. A number of key findings such as requests for a review of patient transfer procedures, provision of patient information, use of volunteers have resulted in new initiatives hospital wide. Planning is underway for a further patient engagement exercise in the Emergency Department.

- Working with members of staff to ensure the hospital progresses towards achieving the standards outlined by the Health & Information Quality Authority. Part of this involves self-assessment against the standards.
<table>
<thead>
<tr>
<th>Issue</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access (lack of Hospital facilities, parking, transfer issues, visiting access to services)</td>
<td>241</td>
<td>259</td>
<td>223</td>
</tr>
<tr>
<td>Accountability (Complaints and feedback about care and services including finance)</td>
<td>42</td>
<td>48</td>
<td>27</td>
</tr>
<tr>
<td>Communication</td>
<td>43</td>
<td>22</td>
<td>89</td>
</tr>
<tr>
<td>Dignity and Respect</td>
<td>53</td>
<td>40</td>
<td>46</td>
</tr>
<tr>
<td>Improving Health (i.e. promotion health, preventing disease, catering, holistic care)</td>
<td>9</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Participation (i.e. Patients and their families are involved in decision regarding their healthcare e.g. Parental consent)</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Privacy</td>
<td>3</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Safe and Effective Care (Treatment issues, including medical record issues and patient property)</td>
<td>249</td>
<td>242</td>
<td>225</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>643</strong></td>
<td><strong>627</strong></td>
<td><strong>622</strong></td>
</tr>
</tbody>
</table>
The Quality & Standards Department has begun a volunteer service at the Hospital Information Centre. The volunteers recruited from retired staff positively contribute to providing information and assistance to patients and visitors to the hospital. One of the beneficial outcomes has been the provision of maps to provide directions within the hospital, which were developed with the help of the Printing Department.

The Quality & Standards Manager chairs the Hospital Discharge Planning Group. The role of the discharge planning group is to research, put in place and evaluate systems and processes for pro-active discharge planning which will reduce in patient length of stay. The overarching standard utilised to guide the work of this group is the Code of Practice for Integrated Discharge Planning. Key projects for 2012 involved a focus on the process of discharge planning i.e. “plan for every patient” and a review of patient transfer procedures.

The Quality role includes co-ordinating and managing the hospital policies, procedures protocols and guidelines. In 2012 the hospital commenced implementation of a new document control system (Q Pulse) which creates a communication hub where all information about policies, procedures, protocols and guidelines will be stored. Any staff member within the hospital will be able to access information about any policy and procedure in the hospital, and line management will have full access to manage policies and procedures that are relevant to them. This will assist the hospital in providing evidenced based care and in meeting its regulatory requirements. The Quality and Standards Department provides ongoing training to staff on the Q Pulse system.

The Consent Group has developed new consent forms and information for patients in endoscopy. These were launched with the input of patients of the service who gave valuable feedback on their use in practice.

**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 co-ordination of clinical and non clinical legal claims;
4. The overall co-ordination of the hospital insurance programme;
5. The monitoring of external patient safety issues.

**Risk Management**

The department was involved in the collation of incidents through the risk management occurrence report forms. There are approximately 3,500 incidents reported annually. All of these incident report forms are reviewed by the Risk & 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.

High rated incidents 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 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:
- 153 deaths were reported to the Coroner in 2012;
- 45 medical reports were prepared for the Coroner in 2012;
- A further 44 reports in relation to deaths at the end of 2012 are awaited.
- Clinical staff gave evidence at 30 inquests.

**Preparation for Inquest:**

Coroners’ 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.
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 a 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 & Legal Department.

All consultants are written to by the Risk & Legal Department and asked to send copies of their reports to them. 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.

The Inquest

When the date for an inquest is set the Risk & Legal Services Department will co-ordinate meetings with the legal team appointed by the Clinical Indemnity Scheme and 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

A copy of the autopsy and any depositions to the Coroner are requested from the Coroner’s Office.

The registrars will often inform us of any issues the family have either verbally or in writing.

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

Issues Emerging from Inquests:

Issues specific to specialities 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. Strategies to deal with issues are agreed at these forums.

Clinical Negligence / Employee Liability & Public Liability Claims

The number of active claims being managed has been reduced in the last four years by 22% due to the more efficient management of claims despite the increase in new claims annually.

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

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 dating back to the 1980s).

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

Currently, 90% of the 136 claims are active and have been received in the past 4-years, which changed the work of the department to a large extent.

Closed Claims:

60 claims were closed in 2012, compared to 43 legal claims closed in 2011: 40 clinical, 9 employees and 12 public liabilities.

- Only 24 of these claims were settled.
- The other 29 claims were successfully defended and closed for the following reasons:
Insurance Portfolio

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

This year the department is working towards a standard approach to insurance of external contractors throughout the hospital.

External Patient Safety Issues

External care management issues have been reported through the Risk Manager since July 2009. The process has involved:

The following criteria are used in order to define a patient safety incident:

- The referring department is asked to contact the referring institution to clarify treatment prior to transfer and highlight any concerns if deemed appropriate.
- The Risk Manager will visit the ward / department and discuss concerns with the staff and review the medical record.
- All patient safety concerns are assessed using a systems analysis approach, looking at contributory factors and care issues. It is important to note that many of the pressure sores we have seen are due to the patient’s clinical condition and are discussed with the consultant responsible for the patient.
- Since November 2010 all pressure sores are reviewed by the Tissue Viability Nurse.
- When there is a need to take follow up / external action this is reported to the Head of Integrated Quality and Safety, and actions are taken in conjunction with the consultant and the Chief Executive’s office.

There were 50 patient reviewed in 2012, compared to 46 in 2011.

- Any patients who arrive with pressure sores (grade 3 or 4)
- Other signs that would cause concerns about patient safety; for example, multiple falls, bruising, recurrent infections, etc.

Three incidents required follow up but only one was formally reported to the HSE / HIQA in 2012.

Staff Counselling Service

The SCS, now established for thirteen years, considers its primary role as meeting employees in a one-to-one context. In excess of 100 employees accessed the service during 2012 and every employee who made a request was met with in person.

A move towards management support and provision of coaching has become more evident in requests.

A placement role was reintroduced this year (Pauline King on leave from January to November), and it is hoped that this will continue during 2013. This position supported the Counselling Services Manager in managing the volume of referrals in a timely manner, and enabled the ongoing delivery of a prompt and on-site service. It provides placement counsellors (graduates working towards accreditation) with a client base and organisational experience.

Positive attendance group

Due to Pauline King’s adoptive leave we stepped out of this committee for 2012. Barbara remained on the subgroup which managed the Work Positive survey. This survey was facilitated by the University of Ulster and the roll out took place between the end of February and middle of March.

The total number of usable responses received was 460, all employees who partook in the survey received an immediate response informing them of the status of their well being. The executive summary outlined that the results regarding workplace stressors was “good” and the areas that might benefit from further examination were those of “Demands”, “Manager support” and “Relationship”. The SCS would support further analysis, interpretation and integration of the Work Positive Profile Management reports provided by University of Ulster.
Intervention of Mindfulness

The Wednesday sessions of Morning Mindfulness continued with two early morning sessions being facilitated. Thursday mornings were suspended whilst Pauline was on leave but recommenced in November.

Three groups completed the eight-week Mindfulness Based Stress Reduction course (MBSR), which incorporated aspects of Mindfulness Based Cognitive Therapy (MBCT) as per Williams et al. Fifty-one employees have now completed the course. Participants participated in an evaluation by completing Bauer’s 5 facet questionnaire: administered on Day 1, on completion of the course, at 5 months and it is intended to ask for same to be completed at 1 year post course. Preliminary findings are of interest as, at month 5, respondents appear to be holding behavioral changes. It is hoped to write up a history and background of Mindful based interventions within Beaumont Hospital in the near future.

The SCS was delighted to participate in the recently launched Mindfulness and Relaxation Centre rolled out by the Psychology Department. New Mindful recordings, in addition to earlier recordings, are available for download from the www.beaumont.ie/marc page.

As Mindfulness moves from the fringes to the mainstream and with widespread coverage that this intervention can be beneficial, vigilance needs to be maintained in regard to the core values and standards of Mindfulness. Requests to SCS in regard to integrating the practice into patient-focused improvements have been made and SCS are happy to support and to offer advice to other departments within Beaumont Hospital.

Raising Staff-Awareness workshops

Seven workshops were delivered during the year to groups from both the clinical and administrative sectors. Leadership and Appreciative inquiry themes are being woven into these Psychoeducational workshops.

Occupational Health Department

Mission Statement

Occupational Health assesses fitness for work and detects, prevents and treats work-related health conditions to help ensure that best patient care can be provided by healthy staff.

Introduction

During 2012, the department continued to provide services to Beaumont staff and contractors working as part of the Integrated Quality & Safety Department and with close links with the staff counselling service and Health Promotion Department.

Staff

Ms Carol Tully CNM II joined the team to become the third Occupational Health Nurse. Ms Edna Amerlynck retired in August after seven years of service to OHD. Ms Noeleen Mooney and Ms Regina Morgan joined the team as part-time clerical officers providing the equivalent of one whole-time equivalent. Dr Fiona Kevitt was replaced as SpR by Dr Miriam Deneher in July.

Professional development: Conferences attended by members of the team during the year were:

- International Congress for Occupational Health (ICOH), Cancun, Mexico, March 2012
- FOM RCPI Spring & Autumn Meetings (April, November) 2012
- TB Study Day, St James Hospital, October 2012
- Occupational Health Nurses Association of Ireland Autumn Meeting November 2012
- OPAS Users Seminar, September 2012
- OHAG (Occupational Health Advisory Group) Meetings, HSE, Adelaide Road (bi-monthly)
- DATHs (Dublin Academic Teaching Hospitals) Meetings (quarterly)

Three members of the team also undertook training in cognitive behavioural therapy (CBT) for occupational health professionals which was organised and funded by the HSE.

Regular ‘in-house’ Journal Club meetings were held during the year addressing a wide range of topics including alcohol, pregnancy, night workers, burn-out and sleep disorders.
Departmental Development

Building on the previous year’s launch of our electronic records system, we began to use the Dragon voice activated dictation system for doctors’ letters. Like any technological development, this has also brought challenges. While considerably alleviating the typing duties in the office, this is more demanding of doctors’ time and operation can be sluggish with an old computer. Our goal of becoming ‘paper light’ is not yet realised due to staffing and technical challenges as well as in the organisation’s delays in developing a policy on the destruction of healthcare records (shredding).

A major development was the signing off of the Standing Orders Policy for Vaccine Administration by the Drugs and Therapeutics Committee in September. This will allow for all vaccines and any associated medications to be administered safely by an Occupational Health Nurse without the need for a doctor to be present. We believe that this should have implications for the hospital generally in relation to enhancing the role of nurse practitioners.

Together with the Physiotherapy Department, we launched a dedicated physiotherapy triage clinic located in OHD early in 2012. Heretofore, all employees would have been referred to the Physiotherapy Department and this often meant delays. The new clinic ensures that all urgent ‘cases’ are seen within a week.

We have worked with local managers to develop a system whereby they can directly access the generic immune status of their clinical staff. This facilitates good decisions around deployment of appropriately protected staff in the event of an outbreak (e.g. varicella, measles). The first pilot project was successfully completed in Haemodialysis and Theatre using the Nurse Rostering System. The process is to be further developed in other areas using the Diver system.

The OHD was inspected by the RCPI in July to determine whether it meets the College’s criteria as a suitable training site for higher specialist training. This was the second such inspection. While the department meets the general standards required by the RCPI, an interim report is required by April 2013 to address:

- space for the SpR which is considered inadequate
- formalisation of the timetable to ensure that all possible educational and training opportunities are availed of within the hospital.

General Activities

- **Attendance:** we have produced very basic activity figures this year as we are not confident of the integrity of our core data because of staffing changes and shortages during the year. We hope to rectify this in 2013 as we have had problems in this area for the past few years during our transition to an electronic system. We will use the activity figures for 2010 as a benchmark in the future once the aforementioned problems are addressed. (See Table 1).

- **Influenza Vaccination:** The staff vaccination programme was launched in September and continued into the New Year. We achieved a slight increase in uptake overall (31%) and this was particularly notable among the doctors (43%). We saw a decline in uptake among health and social care professionals and healthcare assistants and will seek to address this in the 2013 campaign. Given the recently published HIQA guidelines and recently reported outbreaks in nursing homes throughout the country, it is disappointing to note the poor uptake of vaccine in RCNU where only 20% of nursing staff availed of it. We are working with local management to explore how this may be improved.

  (Note: the overall seasonal uptake of vaccine increased in 2013, triggered by a major hospital outbreak. This will be addressed in next year’s annual report).

- **Needlestick Injuries:** Data recorded in 2012 confirm that rates are declining slowly. We continue in our endeavours to reduce these exposures by use of safety engineered devices (SEDs) and this work has been augmented by the reconvened Needlestick Working Group which

<table>
<thead>
<tr>
<th>Table 1</th>
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</thead>
<tbody>
<tr>
<td><strong>Total Attendances</strong></td>
</tr>
<tr>
<td>OHA</td>
</tr>
<tr>
<td>OHP</td>
</tr>
<tr>
<td>Influenza</td>
</tr>
<tr>
<td>PEHA (pre – employment)</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>
was launched in September in anticipation of the European Sharps Directive (to be statutorily implemented by May 2013). Its report will be published in April.

We are now seeing injuries sustained from SEDs including five such cannulation injuries. This emphasises the need for ongoing education and supervision of those using these devices since they function in a variety of different ways and their mode of action is not always intuitive. Whilst Standard Precautions (SPs) training is now very readily available to all, we continue to see exposures (both sharps and mucocutaneous splashes) where SPs are breached.

Regrettably, six employees sustained high risk exposures to needles from patients who proved to be positive for a blood borne virus. All were reportable to the Health and Safety Authority (HSA) as required by legislation. Three (including one of the above) were also HSA reportable because of the need for more than 3 days sick-leave. Thus, at least 24 days work attendance were lost due to needlestick injury.

- **Outbreaks and exposures**: employee exposure to a variety of infectious diseases in the course of their work is common, despite the hospital’s efforts to minimise such exposure by use of SPs, isolation and cohorting of patients. Managing staff contact in these situations constitutes a considerable workload for OH nursing staff in particular.
  - Tuberculosis: contact tracing of staff was required following exposure to three cases of ‘open’ TB. 40 staff members were screened.
  - Norovirus: there were two outbreaks of Norovirus during 2012 and a third which ran over from December 2011 to February 2012 (see annual report 2011). In all, 262 staff reported symptoms to OHD and were advised on management and work restrictions during the year.
  - Influenza: there were four outbreaks of influenza during the year which required the periodic provision of fitness for work advice to employees with ILI (influenza like illness). Oseltamivir was prescribed in a number of cases.

- **Hospital Committees**: various members of the team continue to participate regularly in a number of hospital committees:
  - IQS Committee
  - DHIPCC
  - Radiation Safety Committee
  - Health & Safety Committee
  - Positive Attendance Committee

In 2012, the hospital launched its Tobacco Free Campus campaign whose work was divided into ‘streams’. The Education Workstream was chaired by B Hayes.

**Training Activities**

- **Internal**:
  - Induction (bi-monthly)
  - I/V study days (monthly)
  - Sharps training (411 employees trained)
  - Grand rounds
  - RCSI medical students on sharps awareness and the interface between occupational health and infection control (annual)

- **Roadshows**:
  - Sharps Awareness Week September 2012

- **External**:
  - RCSI Safe Patient Care: HCAI Prevention and Control for All – a Foundation Course (B Hayes) on ’Occupational Health Aspects of Infection Control’
  - Occupational Stress in a Changing World: RCPI. B Hayes was involved in the design of this programme and is involved in its delivery on an ongoing basis.
  - LFOM training course for doctors (ICGP / RCPI). B Hayes delivers annual workshop on diverse topics (legislation, ethics, blood borne viral prevention)
  - Specialist registrars in occupational medicine: B Hayes facilitated two workshops entitled ‘Laboratory Health and Safety’ (including a site visit to Beaumont’s laboratory) and ‘Health Promotion in Occupational Health Practice’.
Departmental Affiliations /Achievements

- Formal links with the Faculty of Occupational Medicine (RCPI) exist through Dr B Hayes’ membership of the Board of FOM. Her current role as National Speciality Director for Occupational Medicine (began January 2010) necessitates frequent attendance at a variety of meetings on training issues in the RCPI. She is also a member of the FOM’s Examinations Committee.

- Participation in National Committees / Organisations:
  - HPSC Scientific Advisory Committee (SAC) (B Hayes) meets quarterly
  - National Advisory Committee for the Prevention of Blood Borne Pathogens (B Hayes) and periodic involvement in Local Expert Group when a transmission has occurred (meets ad hoc)
  - Tobacco Free Research Institute (B Hayes), meets quarterly
  - Medical Council’s Health Sub-Committee (B Hayes) meetings approximately monthly
  - HSE DNE Regional HCAI /AMR Committee (B Hayes) meets quarterly

- Participation in Professional Groups:
  - Faculty of Occupational Medicine Board (B Hayes).
  - ISOM (B Hayes),
  - DATHS OH Nurses Group (M Cagney, C McGowan, C Tully)

- Review of National Guidelines
  - MRSA Guidelines update (work in progress) B Hayes
  - Blood Borne Pathogens Guidelines (DOH) (work in progress) B Hayes

Presentations / Publications


- IMO Nurses Conference March 2012: Overcoming Barriers to Implementing Safety with Sharps in the Operating Theatre. B Hayes

- FOM Spring Meeting (RCPI) April 2012: Blood Borne Viral Prevention, an Update. B Hayes


- FOM November 2012 Meeting.

- Occupational sharps injuries in a Dublin teaching hospital 10 years on. F Kevitt.

- Safer Needles: overcoming resistance to use of engineering controls to prevent needlestick injuries. Hayes B. Occupational Health at Work 2012;9(3);22-25.

Moving & Handling Training (M&H)

Patient moving and handling training is provided by the Occupational Health Department while inanimate moving and handling training is provided by the Health & Safety team. Failure to attend training which has been booked continues to pose a challenge, and amounted to nearly a quarter of the total in 2012. Cancellations, usually due to managers being unable to release staff on the appointed day, amount to 10% of the total. A total of 549 employees received training in patient moving and handling in 2012 (see Table 2).

E-learning, using the HSE’s LAND module, has become a well established element of the training programme in a relatively short time. It is popular with managers because it allows for less time spent away from patient care, making it easier to release staff for training. This facilitates legislative compliance. Course participants have embraced e-learning, often presenting their certificates on smart phones! This means that less space is needed for attendance records.
### Table 2

<table>
<thead>
<tr>
<th>2012</th>
<th>Classroom training in patient M&amp;H</th>
<th>Did not attend</th>
<th>Cancelled</th>
<th>On-site training</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>16</td>
<td>16</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>February</td>
<td>39</td>
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<tr>
<td>March</td>
<td>42</td>
<td>16</td>
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<td>June</td>
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<tr>
<td>July</td>
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<td>September</td>
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<tr>
<td>October</td>
<td>79</td>
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<tr>
<td>November</td>
<td>17</td>
<td>11</td>
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<tr>
<td>December</td>
<td>18</td>
<td>10</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>468</strong></td>
<td><strong>140 (23%)</strong></td>
<td><strong>47 (10%)</strong></td>
<td>81</td>
</tr>
</tbody>
</table>

Dr Blanaid Hayes, FRCPI, FFOM  
Occupational Health Department
Information and Communications Technology
Information and Communications Technology

“When the winds of change blow, some people build walls others build windmills”

Chinese proverb

The Irish health care system is undergoing a period of disruptive change and Beaumont Hospital’s strategy is to play a leading role in that transformation and to continue to strengthen its national and international role in provision of quality health care, innovation and patient management.

A critical enabler to the hospital’s strategy is modern and reliable Information Communications & Technology (ICT) that underpins clinical, managerial and operational decision-making. At the heart of this modern ICT capability is an Electronic Patient Record (EPR) system that will support the provision of an efficient, collaborative and innovative 21st century healthcare system.

The hospital’s current Beaumont Hospital Information System (BHIS) has been in operation for over 20 years and has significant functional, usability and performance issues that are causing operational disruption and preventing the hospital achieving its strategic agenda. Beaumont Hospital has made the case for an integrated EPR solution to support the transformation of care delivery, as we believe investment in an EPR system is needed to overcome these operational and strategic challenges, and to support the broader vision of integrated care delivery in the wider healthcare environment.

For the past three years we have collaborated with the Innovation Value Institute to improve the maturity of our capability and translate that into deliver better value from our IT investment. But what does value mean in health? These are the key drivers of value that IT seeks to maximise:

**Safer care:** The automation of knowledge, surveillance, alarms and signalling can outdo the best human mind any day of the week.

**More effective care:** can come from new forms of access to data. Big data is more than a buzzword in health. Every day thousands of clinical trials are in train all over the world, research and new findings are discovered every day that can make an impact on more effective care delivery. Technology can make that data available to right person at the right time.

**Patient-centred care:** The business of health care is fragmented. Memory is fragmented. If you have a chronic disease the memory of you as a patient is fragmented between sites and health providers. Technology and improved unified communication strategies can resolve that.

**Timeliness:** Any intervention that assists the right information to be delivered as quickly as possible to the right person could save a live. Just as email is quicker than post, so it is that digital innovation can help us pattern flows, predict supply and demand, to help reduce waits, reduce inventories by using knowledge promptly and properly.

**Efficiency:** Modern technology not only can help you do things quicker, more safely and more effectively but it can also help you discover where value resides or not. It can allow the supply chain to flow, identify innovations and communicate the value.

**Equity:** Technology can help us identify chronologically the next person on a waiting list, can reduce duplications and inaccuracies, can assist in improved scheduling and targeting of resources in line with our own principles of equitable health care provision.

Most of our developments during 2012 centred on supporting the clinical care programmes and the SDU requirements.
Some of the highlights include

### CLINICAL/CORPORATE SYSTEMS

<table>
<thead>
<tr>
<th>Module/System</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Triage Module</td>
<td>A new Triage module for ED (which includes an ISAR (Identification of Seniors At Risk) scoring tool) was developed. This module replaces the current paper based version in the ED with a computerised model. For every patient presenting to the ED department a Triage label will be printed once the patient has been triaged and then placed on the patient notes.</td>
</tr>
<tr>
<td>AMAU Events</td>
<td>A new AMAU station was set up to allow emergency staff to record key times and events on AMAU patient activity, in turn these times are then sent via Diver reports to the SDU on a daily basis.</td>
</tr>
<tr>
<td>ED Co-ordinator View</td>
<td>This application shows a real time ‘at a glance’ overview of current situation in the ED department allowing treating clinicians to see at a glance who is the longest patient waiting to be seen. It can also be used as an early warning system to tell if there are bottlenecks developing in the ED.</td>
</tr>
<tr>
<td>Q-Pulse</td>
<td>A new enterprise wide document management system was rolled out throughout the hospital, providing a single point of control from which to manage quality, risk and document control. This will provide a comprehensive repository for all policies, procedures, protocols and guidelines.</td>
</tr>
<tr>
<td>Regional access to Epilepsy EPR</td>
<td>Once a patient is discharged from Beaumont, clinicians in Galway Limerick and St James Hospitals now have full access to the patient's history via the shared electronic record.</td>
</tr>
<tr>
<td>Extension of the NDS (Nursing Dependency System)</td>
<td>Nurse specialist referrals allows for nursing staff to refer patients to nurse specialists via the NIS system. 4 Nurse Specialists Referrals went live this year,</td>
</tr>
<tr>
<td></td>
<td>- Podiatry Nurse Specialist</td>
</tr>
<tr>
<td></td>
<td>- Infusion Room Nurse Specialist</td>
</tr>
<tr>
<td></td>
<td>- TIA Nurse Specialist</td>
</tr>
<tr>
<td></td>
<td>- Gerontology Community Liaison Nurse Specialist</td>
</tr>
<tr>
<td>Integrated Waiting List:</td>
<td>Designed and built a new integrated waiting list model in Di-Diver. The existing model and the NTPF extract were amalgamated together allowing both internal and external user’s to access vital statistics from one data repository rather numerous different downloads which caused conflicting statistics.</td>
</tr>
<tr>
<td>On-line Breast Care Registration Form for New Out-patients</td>
<td>This facility allows new breast care out-patients to register for the clinic from home up to 48 hours prior to their appointment date.</td>
</tr>
<tr>
<td>Integration Projects</td>
<td>We have a number of systems that are now receiving real time HL7 messages which keeps the systems in sync with the BHIS for Admissions, Discharges and Transfers and in some cases radiology results. These systems are Dendrite (Breast cancer care), Cellma (Diabetes), Claimsure (Private Insurance Billing) and Aria (Medical Oncology).</td>
</tr>
</tbody>
</table>

### OPERATIONAL/INFRASTRUCTURAL

<table>
<thead>
<tr>
<th>Module/System</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deployment of wireless access</td>
<td>Wireless deployed in the following areas. 26 wards, Boardroom, school of nursing, CEO office, ED, podiatry, and DDC. There are 4 wireless networks setup. We have given approximately 120 people access to the wireless network this year.</td>
</tr>
<tr>
<td>Wireless access to Nurse rostering</td>
<td>When this is fully live, nursing staff will be able to access their rota through Rostering remotely. This is in test mode until we move to the Big IP (which will replace Firepass our remote access server). We are also investigating the single factor authentication in this regard. We asked a few nurses to trial it. It has not been given to all nurses yet because the procedure will change when we move over to the Big IP. I’m still waiting to hear can we use single factor authentication.</td>
</tr>
<tr>
<td>Remote access to virtual desktops</td>
<td>This project will allow remote access to virtual desktop from different devices such as macs, windows 7 laptops, and ipads.</td>
</tr>
<tr>
<td>BIG IP Device</td>
<td>We have implemented the Big IP device (which will replace Firepass our remote access server), will allow us to improve the speed, reliability, and security of applications.</td>
</tr>
</tbody>
</table>
Critical Care & Anaesthesia Directorate
Critical Care and Anaesthesia Directorate

Dr Joseph Keaveny was appointed as Clinical Director in February 2012. Dr. Irene Leonard took over the role of Chairperson in Anaesthesia.

Directorate Nurse Manager: Judy McEntee
Business Manager: Therese Callinan

**Directorate Clinical Governance**

Regular multi-disciplinary clinical governance meetings were held throughout the year allowing the directorate to focus on improving healthcare standards.

As part of directorate clinical governance, a hand hygiene group was established. This is an interdisciplinary group that takes a lead in promoting hand hygiene standards and participates in hand hygiene audits throughout the directorate. The group consists of staff from the following disciplines; administration, medical, nursing, portering, household, allied health professionals.

“Safety Walks” commenced within the directorate in the latter part of 2012. The purpose of these walks is to allow the directorate management team along with members of the corporate clinical governance department meet with managers and staff at local level. The safety walks have a purpose of identifying areas of risk and working towards eliminating or reducing same.

As part of the national and organisational Early Warning Score project (EWS) work began to introduce the EWS in areas within the directorate, such as theatre recovery and St Finbar’s Day Ward.

The directorate was well represented at the annual Quality & Standards hospital event with a number of presentations by the Anaesthetic Department.

**ICU**

A combined project team between General ICU and Richmond Neurosurgical ICU, IT, Medical Physics and Clinical Engineering was established in 2012 to develop a proposal for a Clinical Information System (CIS). We were successful in receiving funding from the HSE in mid 2012 and from this began the tender process. In December we appointed a successful company to provide a Clinical Information System. A clinical lead for the project was also appointed with plans to commence this roll-out in March 2013.

The aim of this project is to move to an electronic system of patient monitoring, data recording and clinical management. The system will operate in real-time mode gathering information from a number of data sources into one electronic patient record.

Introducing this project across both Critical Care Units is a significant change programme. It will require detailed understanding and analysis of workflows, processes and practices in both units and the development of a standardised approach to care in adherence to best practices.

**ICU Audit**

Through the National Clinical Care Programme for Critical Care approval was granted to appoint two nurses to the organisation for the purpose of ICU audit. Work is underway to recruit one of these nurses to support audit in general ICU. Audit is instrumental in benchmarking against best practice standards for critical care nationally and internationally. The introduction of the CIS will also support this process.

**Critical Care Capacity**

Towards the end of 2012 a business case was developed to support the current and future requirements for critical care services in Beaumont Hospital. This business case focused on both General ICU and Richmond ICU and looked at the need to create additional capacity and secure space that is conducive to provision of this service. The business case will be submitted to the HSE early in 2013.

**Theatre**

A total of 10,426 operations were performed in the Theatre Department in 2012. 6,892 cases were scheduled and 3,534 were unscheduled. This was an increase 397 cases from 2011; the main increase was in scheduled care.

As part of The Productive Operating Project (TPOT) we worked with the IT Department to develop a suite of reports from the theatre IT system to inform us of theatre performance. Towards the end of the year funding was agreed that will allow the enhancement of the emergency component of the theatre system. This will facilitate the scheduling of unplanned
theatre activity and allow real time monitoring and analysis of all theatre activity.

In September, the Finance Department met with the directorate team to review if spending on consumables could be reduced. The anaesthetic and nursing staff in theatre worked in conjunction with the Supplies Department to secure savings to the value of €150,000 on a number of products.

Initial discussions have been held in liaison with Surgical Directorate to develop plans to achieve Compstat targets for treating patients with fractured neck of femur.

Day Minor Theatre
The day minor theatre functions in conjunction with St Finbar’s Day Ward offering an efficient service to patients requiring surgical investigation and treatment. 2,448 procedures were performed in the minor theatre in 2012 compared with 2,414 in 2011.

CSSD
The main achievement in CSSD in 2012 was the expansion of the IT-based traceability system. This IT system captures the decontamination of all instruments used in the Theatre Department and supports improved standards for instrument tracking. Implementation of the HSE standards and recommended practices for the Decontamination of Reusable Invasive Medical Devices (RIMD’s) 2011 continues to be a priority for the department.

Day Ward
The Special Delivery Unit (SDU) announced in June that all patients on the active day case and inpatient waiting list would be treated within nine months by December 2012. St Finbar’s Day Ward treats and cares for both minor and general anaesthetic patients. There were on average 2,000 patients on the waiting list with 600 long-waiting patients to be treated within 5-6 months. The day ward continued to manage urgent scheduled patients and unscheduled patients from Emergency Department. Detailed planning of capacity requirements, team work, cross-directorate support and outsourcing of some patients to private hospitals resulted in us achieving a nine-month waiting time by December.

Pre Assessment Service
In 2012 the Critical Care and Anaesthetics Directorate worked closely with the Surgical Directorate to expand the nurse-delivered pre-assessment service to patients undergoing surgery under the Enhanced Recovery Programme and Breast Surgery. This cross-directorate working proved very successful. Planning has commenced to look at future potential for development of the service in line with the National Clinical Care Programme for Surgery and Anaesthesia.

Pain Service
The pain team continue to run an extremely growing service treating patients with acute and chronic pain. Health promotion is a key component in treatment of patients with chronic pain and planning is underway to develop multi-disciplinary out-patient workshops to educate and support this group of patients.

The pain service nursing team led out on introducing a new form of chronic pain treatment (Qutenza) which reduces the need for invasive approaches to pain treatment and results in cost savings. This initiative has been successful and expanded further in 2012.

Poisons
In January 2012, the National Poisons Information Centre extended the hours of the public poisons information line to 8am-10pm every day.

The centre answered a total of 9,521 enquiries in 2012, an increase of 4% compared to 2011. 9,905 enquiries were about human poisoning, 274 were non-emergency requests for information and 68 were enquiries about poisoning in animals. Most enquiries were from medical and nursing staff in GP practices/co-ops and in hospitals, while 25.7% were from members of the public. Overall, 61.3% of human cases were suspected accidental poisonings and 20.4% were cases of intentional self-poisoning or recreational abuse. Paracetamol remains the most common drug involved in human poisoning enquiries, while laundry products are the most common household products.

The Poisons Centre organised the first national Poisons Awareness Day on Friday, April 19, supported by funding from the Health Service Executive (HSE). The major event on the day was the launch of the “Say NO to Poisons!” book, which was developed in collaboration with early childhood education specialists. The central message is that children should always ask an adult minding them if something is safe to eat, drink or touch. To date 5,076 copies of the book have been ordered/downloaded and
the project received a commendation at the 2012 Irish Healthcare Awards in the Best Patient Lifestyle Education Project, “for its focus on improving patient care, innovation and collaboration”. We also launched our Facebook page, www.Facebook.com/NPICDublin, in April with the aims of promoting poisons prevention and increasing awareness of the public poisons information line among parents of young children. The page gained 300 “likes” during 2012 with an average weekly total reach of 667.

Staff in the centre presented four posters at the EAPCCT Congress in May and these were published as abstracts in the journal Clinical Toxicology.
Imaging and Interventional Radiology Directorate
Introduction

The Imaging and Interventional Radiology Directorate provides an extensive radiology service to all patients attending Beaumont Hospital both on an in-patient and outpatient basis. Beaumont Hospital is the national centre for neurosurgery and one of the main cancer centres in Dublin and the north-east region which results in a heavy and complex radiology workload.

The imaging modalities available include General Radiology, Fluoroscopy Neuroradiology, Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Mammography, Ultrasound, Interventional Radiology. The Radiology Department also provides a service to the Cardiac Catheterisation Laboratory, Theatre, Speech Therapy and Endoscopy as well as servicing every ward within the Hospital.

2012 proved to be a challenging year for the Imaging and Interventional Radiology Directorate. The Government retirement scheme led to the loss of a number of valuable employees early in the year. This was then followed in July by the imposition of a HSE moratorium on recruitment. February saw the retirement of Noreen Hughes, CNM 2 in the department, and the directorate would like to take this opportunity to record our thanks for her dedication, hard work and professionalism in the department over the years.

From an equipment point of view we experienced many technical issues due to the increasing age profile of the majority of the equipment in the department. This resulted in an increase in equipment downtime in a number of areas of the department. However, 2012 closed with the allocation of funds for a new high-end interventional screening room and talks were in process with the HSE regarding a major equipment replacement programme.

RIS/PACS

Late 2011 saw the hospital-wide introduction of the RIS/PACS system in conjunction with the wider HSE National Integrated Medical Imaging System (NIMIS) project. PACS is a method of digitally storing images from all radiology modalities for convenient access to relevant members of staff.

During 2012 there was further roll out of the RIS/PACS system both nationally and within the hospital. Nationally NIMIS (National Integrated Medical Imaging System) RIS/PACS was rolled out to a further seven hospitals across the country, enabling Beaumont physicians to connect to over fifteen hospitals to view imaging. Nationally the project has also been extended to include a further six hospitals meaning that forty hospitals will have joined the NIMIS project by June 2014.

Within the hospital the RIS/PACS team have worked with St. Luke’s Hospital to provide RIS/PACS to the Radiation Oncology Centre on the Beaumont site. Likewise the RIS/PACS team have also worked with the Cardiology Department to install NIMIS for Echocardiogram. Over the last year the hospital has also established and chaired the National NIMIS users group and held a study day for all sites in September of 2012, focusing on the future developments in RIS/PACS.

Radiation Safety

Radiation Safety Course

A radiation safety course for non-radiology doctors and hospital personnel, organised by the Medical Physics and Clinical Engineering (MPCE) Department and the Imaging and Interventional Radiology Directorate, took place on Saturday, February 18, 2012. This course was approved by the Faculty of Radiologists and carried four CME points. Attendance at such a 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.

Pilot Radiographer Exchange Programme

The department, with the support and assistance of HR, commenced a pilot radiographer exchange programme with the Alfred Hospital in Australia in 2012. The Alfred Hospital in Melbourne enjoys a reputation as one of the World’s leading healthcare providers, largely attributable to its concentration of specialist leading edge services. It has one of the most advanced Radiology Departments in Australia and is considered a pacesetter in the area of healthcare teaching. The exchange programme was seen as an opportunity to foster professional development not only for the radiographers involved but also for our respective departments.

For both departments, the programme promised many benefits most notably in the areas of radiographer development and staff retention. From a Beaumont perspective, a programme of this type enables members of staff to experience the working environment in an Australian radiology department while still returning to Beaumont. The valuable training our staff members have gained here would only be enhanced by their experience in Australia, while our department would maintain its staffing levels and gain from any experience the Australian radiographers could bring to us.

Following a year of ground work and preparation, the pilot commenced in September 2012. Two radiographers from Beaumont, Su Foley and Lorna Hutchinson, joined the staff in radiology in the Alfred for six months, while two Australian radiographers came to work here in Beaumont for six months, Nicola Thwaites and Katrina Wrigley.

We would like to thank Dr. Mark Given, Consultant Radiologist, for his assistance in enabling us to forge this valuable link with The Alfred. Many thanks also to Patricia Owens, Rosario Mather and all the staff in HR for their assistance and support for the pilot programme. We are hopeful that this valuable experience can be repeated.

Radiographer Staffing, Appointments, Further Education etc

2012 was a challenging year for Radiology with regard to staffing levels. Radiography vacancies rose to a high of 18%. Numerous elements contributed to this vacancy level. We commenced 2012 with a low staffing level, February then saw the retirement of two radiographers, under the Government retirement scheme, while a number of younger radiographers decided to go travelling. Superimposed on this in July was the HSE moratorium on recruitment. This resulted in the department struggling to meet service demands for the rest of the year. We are indebted to the dedication and commitment of the staff who endeavoured to ensure continuity of patient care in what were often extremely difficult circumstances.

There were three promotions within the department during 2012. Congratulations to Louise Considine and Andrew Whelan who were promoted to Senior Radiographer. We also welcomed the appointment of Laura McEneaney to the post of Clinical Specialist Radiographer in CT scan.

Two valued members of staff retired as part of the Government retirement scheme. February saw the end of an era with the retirement of Joe Attard, Clinical Specialist Radiographer, in the Radionuclide Imaging Department. Joe, originally from Malta, moved to Beaumont from the Richmond Hospital in 1987. Joe was synonymous with Nuclear Medicine and was the driving force behind the excellent service patients received.

John Borresen, originally from Denmark also retired in February after 22 years of dedicated service to Beaumont Radiology. John’s versatility meant that his last few years of working in Beaumont were spent mainly between the ED x-ray and St. Joseph’s x-ray.

We would like to take this opportunity to record the department’s thanks to Joe and John for all their hard work, diligence and good humour. They brought a very European flavour to our Department and are sadly missed.

In October, Anne McMenamin, Radiography Service Manager, moved to an operations post in the HSE. Anne came to Beaumont as a newly-qualified Radiographer in 1992 and had spent the past ten years as the Radiography Manager. Nationally Anne was Chair of the Radiography Services Manager Association. Many thanks are due to Anne for her hard work and dedication during her time spent in Beaumont and for her many achievements in the department.

Throughout 2012 Radiographers were active both professionally and academically. Radiographers continued to develop their knowledge and enhance the skill-mix. We would like to take this opportunity to congratulate the following Radiographers upon completion of post graduate courses
Bredge McNamee, MSc in MRI (UCD).
Barbara Martin, MSc in MRI (UCD)
Lyndsay Connolly Post Graduate Diploma in Ultrasound (UUJ), while Maria Malone, John Tuffy and Jose Binghay commenced their studies in Mammography, Nuclear Medicine and Computer Tomography respectively.

Activity 2012:

<table>
<thead>
<tr>
<th>Modality</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Radiography</td>
<td>87,876</td>
</tr>
<tr>
<td>CT</td>
<td>19,992</td>
</tr>
<tr>
<td>MRI</td>
<td>12,594</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>2,904</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>22,152</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>4,374</td>
</tr>
<tr>
<td>Theatre</td>
<td>1,660</td>
</tr>
<tr>
<td>Mammography</td>
<td>7,339</td>
</tr>
<tr>
<td>Screening</td>
<td>840</td>
</tr>
</tbody>
</table>
Clinical Directorate of Laboratory Medicine
Clinical Directorate of Laboratory Medicine

Clinical Director: Dr Tony Dorman
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-providing 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 specialised esoteric tests. In 2012 more than 4.56 million tests were performed, with a total repertoire of over 800 different test types being offered.

Accreditation / Quality Management System

The Clinical Directorate of Laboratory Medicine is committed to the provision of laboratory services compliant with best international standards. 2012 saw all laboratories successfully retain their accredited status following inspection and the Clinical Directorate of Laboratory Medicine remains very appreciative of the hard work and contribution of its entire staff to this end.

Each laboratory, therefore, within the Clinical Directorate of Laboratory Medicine remains accredited by:

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

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 standardized and documented. They are reviewed regularly. There is a system of auditing in place that ensures adherence to policy and procedure. Non-conformances are corrected and preventive measures are put in place. Follow-up of such actions ensures the efficacy of the measures taken. All assets are logged, and performance is tracked. User satisfaction is measured, and the recommendations are taken through to service planning.

Directorate Significant Events

June 3, 2012 saw the sad and sudden bereavement of Renato Ilumin, Phlebotomy Department. Magpahinga Diyos ang kanyang kaluluwa

In 2012, Beaumont Hospital established the first pan-pathology laboratory for molecular testing in Ireland. This state-of-the-art facility comprises four laboratories and a data analysis area which operates on a unidirectional workflow, ensuring maximum flexibility for scientists using a diverse array of molecular diagnostic tests. The laboratory supports scientists performing molecular tests from departments such as haematology, chemical pathology, microbiology and histopathology. The laboratory also supports molecular neuropathological tests for mitochondrial disorders as well as the development of molecular neurooncology tests under the National Cancer Control Programme.

Within the Clinical Directorate of Laboratory Medicine at Beaumont Hospital, there is considerable interest in the field of molecular genetics and the laboratory currently supports MSc research projects as well as HRB-funded student summer scholarships. 2012 saw Beaumont Hospital hosting visiting scientists from around Ireland who were interested to learn from this innovative and highly collaborative laboratory project.

Phlebotomy

The Phlebotomy Department provides a service to approximately 700 patients daily; in-house, as well as patients referred from OPD, and also GP referrals. We also provide a service to warfarinised patients, approx 100 daily in OPD.

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.

2012 saw the retirement of S/N Ger Maher after 26 years of dedicated service and the sudden and sad passing of our dear colleague and friend, Staff Nurse Renato Ilumin in June 2012.

**Chemical Pathology**

**Chemical Pathology – Workload**

In 2012, the total volume of requests was 2,066,221 which represents an increase in our workload of approximately 16% from 2009. The main requests were

<table>
<thead>
<tr>
<th>Workarea</th>
<th>2012</th>
<th>± % 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Chemistry</td>
<td>1123922</td>
<td>15.68</td>
</tr>
<tr>
<td>EIMD</td>
<td>299080</td>
<td>25.03</td>
</tr>
<tr>
<td>Renal</td>
<td>18583</td>
<td>-14.17</td>
</tr>
<tr>
<td>Toxicology</td>
<td>8671</td>
<td>-56.34</td>
</tr>
<tr>
<td>Proteins</td>
<td>15485</td>
<td>37.67</td>
</tr>
<tr>
<td>HPLC</td>
<td>7166</td>
<td>32.19</td>
</tr>
<tr>
<td>Osmo incl. HPLC</td>
<td>1638</td>
<td>-34.51</td>
</tr>
<tr>
<td>CHSO</td>
<td>4575</td>
<td>N/A</td>
</tr>
<tr>
<td>HPLC Total</td>
<td>8805</td>
<td>11.15</td>
</tr>
<tr>
<td>Chem Path - Total</td>
<td>1479120</td>
<td>16.32</td>
</tr>
</tbody>
</table>

Increases in workload can be attributed to:

- Overall demand invariably shows an increase each year.
- Additional workload taken on from Drogheda was a major contributor to the disproportionate increase in workload in the Protein section.
- Vitamin D assay introduction and subsequent increases paralleling similar demand for such testing as evidenced worldwide is another factor in the overall figures.
- HPLC continues to provide what is essentially a national service for the testing performed in this area.
- GP utilisation of the laboratory continues to increase.
- EIMD increases are thought to reflect increased demand from GP’s.

The department also runs the HFE service, analysis of which occurs in the shared molecular facility

**Chemical Pathology - Significant Events**

In 2012, the following changes occurred to the staffing complement:

- Sarah Doody retired in early 2012.
- Raghnall Glasgow was appointed to the post of CMS on April 20, 2012 pending regularisation and appointment of the permanent position.
- One member of staff has completed an MSc in Organisational Change and Leadership Development in DCU and RCSI. One member of staff has undertaken MSc in Clinical Chemistry in TCD and two further staff are working on their FRCPath in Chemical Pathology.
- The National Conference of ACBI was organised in 2012 by Beaumont Hospital and was held in Croke Park. It was an extremely successful and well-attended conference.

**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.

**Significant Events:**

- Appointment of Mr Paul Kennedy as Senior Medical Scientist

**Significant Developments:**  

**Difference Made to Patient Care:**

- CPA Accredited Status maintained  
  High level of Quality achieved
- Bone Marrow Process Improvement  
  Improved Audit Trail of Bone Marrow Specimens
- Contribution to Renal Unit Savings by Flow Cytometry:  
  Ly_Subs being done for Transplant team.
- Benefit to patient:  
  Reduced dosage of anti-thymocyte globulin by monitoring of their CD3 counts.
Staff Achievements:
- Christine Long continues to serve as a Board member of Leopardstown Park Hospital a Dublin Voluntary Hospital and to chair their Audit Committee.

Continuing Education:
- Sinead Moran commenced the MSc in Biomedical Science
- All staff participate in continuous professional development, where possible.

Posters & Publications
- ‘Detection of Paroxysmal Nocturnal Haemoglobinuria Clones in Myelodysplastic Syndromes: The Introduction of FLAER’, By Cathal Harmon
- A Comparative Study between two commercial Anti-Xa kits for the incorporation of the Anti-Xa Assay into a Routine Coagulation Laboratory, By Ailish Lynch
- ‘Management of Incorrectly Labelled Specimens’ By Susan Fagan.

Invited Lectures
- Christine Long invited guest lecturer to MSC degree course in Biomedical Science in C.I.T.
- Susan Fagan Setting up and demonstration of Malaria diagnosis to R.C.S.I. Medical Students.

Workload Analysis

<table>
<thead>
<tr>
<th>Request Item</th>
<th>Patient Requests 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBC</td>
<td>285,416</td>
</tr>
<tr>
<td>Coagulation Screen</td>
<td>62,185</td>
</tr>
<tr>
<td>Warfarin Therapy</td>
<td>43,875</td>
</tr>
<tr>
<td>TPSC*</td>
<td>295</td>
</tr>
<tr>
<td>ESR**</td>
<td>28,379</td>
</tr>
<tr>
<td>CD4</td>
<td>1,566</td>
</tr>
<tr>
<td>Lymphocyte Subsets</td>
<td>271</td>
</tr>
<tr>
<td>Lymphoproliferative Panel</td>
<td>42</td>
</tr>
<tr>
<td>Acute Leukaemia Panels</td>
<td>38</td>
</tr>
<tr>
<td>Special Haematology</td>
<td>2004</td>
</tr>
<tr>
<td>Bone Marrows</td>
<td>455</td>
</tr>
<tr>
<td>Total Haematology Activity</td>
<td>319,254</td>
</tr>
<tr>
<td>Total Coagulation Activity</td>
<td>114,150</td>
</tr>
<tr>
<td>Total Flow Cytometry Activity</td>
<td>1,923</td>
</tr>
<tr>
<td><strong>Total Laboratory Activity</strong></td>
<td><strong>435,327</strong></td>
</tr>
</tbody>
</table>

Of Which, Total GP Requests | 91,173 |
GP Requests % of Total     | 21%    |

Most Significant Changes to Workload

21% of the department’s workload are GP requests. This workload has increased by 30% since the last annual report, despite the reduction in ESR requests.

Due to a review of the Thrombophilia Guidelines by the Haematology Consultants, all in-house thrombophilia requests must be sanctioned by the Haematology Team. This has led to a dramatic decrease of 45% in these requests and significant cost savings, as can be seen in the table below:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TPSC Requests</td>
<td>753</td>
<td>342</td>
</tr>
<tr>
<td>PT Mutation</td>
<td>21</td>
<td>40</td>
</tr>
<tr>
<td>ESR **</td>
<td>50,635</td>
<td>31,350</td>
</tr>
</tbody>
</table>

* Implemented TPSC sanctioning by Haematology team September 1, 2011
** Policy for requirements for ESR testing sent to GPs June 2011

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 is committed to the use of quality indicators, e.g., turn-around times, blood wastage, CT ratios, specimen rejections etc. in order to establish a method of measuring the Blood Transfusion Department’s contribution to patient care. Where such indicators identify opportunities for improvement the Blood Transfusion Department will take all necessary steps to ensure such opportunities
for improvement are taken. Furthermore, the Blood Transfusion Department avails of all relevant opportunities to ensure participation in Hospital quality improvement activities whose objective is to improve patient care, for example, participation by the Blood Transfusion Department/Haemovigilance in ongoing quality monitoring programmes.

The Blood Transfusion Department, encompassing the hospital Blood Bank & Haemovigilance Office, is one of two hospitals nationally who utilise the electronic cross-match. This technology facilitates a rapid turnaround time for the provision of red cells for patients with a valid Type & Screen & who do not possess antibodies. This has enabled the department to achieve one of the lowest wastage figures of red cells nationally. The Hospital Blood Bank also received 210 short dated red cell units to further optimise blood utilisation through a transfer arrangement with Connolly Hospital, Blanchardstown.

**Blood Transfusion - Workload**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type &amp; Screen Requests</td>
<td>19791</td>
</tr>
</tbody>
</table>
| Red Cells Received        | Total: 8036  
 Rec'd from IBTS: 7826  
 Rec'd from Connolly Hospital Blanchardstown: 210 |
| Red Cells Transfused      | 7894    |
| Platelets Received from IBTS | 1695   |
| Platelets Transfused      | 1636    |
| SD Plasma Received from IBTS | 2387   |
| SD Plasma Transfused      | 2004    |

**Blood Transfusion - Significant Events**

**Departmental Achievements**

Ms Niamh Durcan was appointed as Senior Medical Laboratory Scientist with responsibility for quality in June 2012.

Mr Gary Lynch was appointed to the position of Medical Laboratory Scientist vacated by Ms Niamh Durcan in June 2012.

Mr Paul Sheridan is completing an MSc in Healthcare Management in RCSI.

Additional changes within the department:

Ms Sarah McHugh’s agency contract as Medical Laboratory Assistant ended in July 2012. Best wishes are extended to Sarah for her future career.

The provision of a Blood Transfusion service to Sports Surgery Clinic by Beaumont Hospital ended in July 2012

**Training & 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):

<table>
<thead>
<tr>
<th>Module</th>
<th>Staff Member Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Transfusion Practice</td>
<td>918</td>
</tr>
<tr>
<td>Safe Transfusion Practice in the Lab</td>
<td>119</td>
</tr>
<tr>
<td>Safe Transfusion Practice in Paediatrics</td>
<td>61</td>
</tr>
<tr>
<td>Blood Components and Indications for use</td>
<td>423</td>
</tr>
<tr>
<td>GMP for Hospital Blood Banks</td>
<td>36</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 ultra sound services.

Histopathology Workload

2012 saw the processing of over 19,000 surgical cases yielding over 135,000 stained slides. 2012 has seen the number of breast, prostate, and lung cancer cases continue to increase in line with Beaumont Hospital becoming a national cancer care centre. 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

The past year has seen the 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.

Another development within the department has been the introduction of digital slide scanning technology. This technology allows pathologists to set up remote conferencing to colleagues in other hospitals (Cork). The technology also allows image analysis to be carried out on markers for breast cancer treatment (Herceptin).

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, 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. During 2012 we have started to provide this service to St James’s Hospital, AMCH and Tullamore General Hospital.

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 neuro-radiology, is the key driver of the multidisciplinary brain tumour review conference. Research into signalling pathways in high grade gliomas is undertaken in the neuropathology laboratory and studies into the chemosensitivity of gliomas is carried out in collaboration with the National Institute for Cellular Biotechnology at Dublin City University. Future developments under the National Cancer Care Programme initiative into brain tumours will include expansion of molecular diagnostics utilising highly sensitive, high throughput genetic analysis and the creation of a national brain tumour data base in conjunction with the neuropathology department at Cork University Hospital.

An extensive range of neuropathologic analyses is provided for children and adults with muscle disease from all over Ireland. A limited mitochondrial DNA diagnostic service is provided to patients with muscle disease and also for patients suspected of having Leber’s optic neuropathy. The highly complex nature of the investigations in human muscle disease requires national and international collaborations and to this end, close links have been established with the Metabolic Unit in the Children’s University Hospital, Temple Street, and with the diagnostic unit in Newcastle University, England.

CJD diagnoses continued throughout 2012. The specialised forensic neuropathology consultancy also continues to operate successfully. The Brain Bank, launched in 2008, is now successfully operating. The department participates in the training of pathology and neuroscience residents and offers short and long-term rotations through the laboratory. Undergraduate teaching is provided to medical and physiotherapy students at Trinity College, Dublin and at the Royal College of Surgeons in Ireland.

Clinical Immunology Department

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

Clinical Service

During 2012, over 500 new patients were assessed either in out-patients or by direct access to the day ward following telephone assessment. 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 is 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, general practitioners 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

Overall the number of specimens received increased by 12.1%. Test sets increased by 11.3% and the total tests performed increased by 10.5%. Over the 10-year period that workload statistics are available specimen numbers have increased by 168.9%, test sets by 179% and total tests by 91.5%.

<table>
<thead>
<tr>
<th>Request Item</th>
<th>Patient requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test sets</td>
<td>99,048</td>
</tr>
<tr>
<td>Individual tests</td>
<td>127855</td>
</tr>
<tr>
<td>Specimens</td>
<td>40,148</td>
</tr>
</tbody>
</table>
Clinical Immunology - Significant Events

In 2012 we had a student from DIT perform her final year project in the department. This 10-week dry project used existing laboratory data to look at alternatives ways to detect immunodeficiency. The first part of this study examined RU/OD data from the TTG assay as a predictor of IgA deficiency. We determined a background cut-off in the TTG assay above which the IgA level is normal & negates the requirement to measure Total IgA in these patients. Implementation of this change into routine practice has resulted in a 53% decrease in IgA testing since introduced in October 2012 with a corresponding saving in reagents costs and also a quicker turnaround time for coeliac screens. These findings are currently being prepared for publication. The other two parts of this project also produced significant findings which require some further analysis. This project demonstrates the value of reviewing existing laboratory data to improve the service provided by the department and we will endeavour to continue this process in the future.

Clinical Directorate of Laboratory Medicine – Publications and Lectures

Invited Lectures
Cruinn Diagnostics Immunology Meeting November 14, 2012 Clinical Case Study: Vasculitis - Dr. Mary Keogan ANCA Survey Ireland - Anne Clooney
Thermo Fisher Scientific Ireland User Group Meeting October 9, 2012
Indirect Detection of Selective IgA Deficiency - Karen Walsh

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 39th year of service we wish to acknowledge the humanity, courage and generosity of the donors and their families and the immense benefit their gift is to our patients.

NHISSOT – Workload

The living-donor programme continues to grow with 32 kidney transplants during the year.

This, together with the deceased donor programme, resulted in 163 transplants performed including one simultaneous kidney and pancreas transplant. Additionally the H&I department supported 10 hearts, 14 lungs and 50 liver transplants in the Mater and St. Vincent’s Hospitals respectively.

A total of 5,917 molecular and 376 serological HLA types were performed. A total of 9,232 antibody analyses were performed, mainly high definition single antigen assays. Serological screening was also undertaken where appropriate.

The significant quality improvements of recent years continued, holding the average cold ischaemia time for deceased donor kidneys to under 15.5 hours, which confers a distinct long-term graft survival advantage to the patients. There were one case of antibody mediated rejection and no patients had to be sent home due to unexpected positivity in a cross match.

The department processed in excess of 9,000 serum samples for antibody screening. A total of 180 potential living donors were HLA typed and assessed for suitability for their respective relatives/partners/friends and 38 proceeded to the next level of full clinical evaluation and the next level of immunological workup for transplant. 32 of these continued onto donation and transplantation.

The waiting list for the renal/pancreatic deceased donor transplant increased from 528 to 563 patients during the course of the year with 163 patients being transplanted. Referrals for workup for the transplant evaluation clinics were 249 patients and 235 new patients were activated on the renal transplant waiting pool.

In total, the department maintained and monitored approximately 620 patients on a daily basis during the year, on the waiting lists for the different transplant programmes.

NHISSOT - Significant Developments

In June of 2012 we were inspected for accreditation by the European Federation of Immunogenetics and received our certificate in July. This meant the department was doubly accredited by EFI and
Beaumont Hospital Annual Report 2012

CPA (UK) Ltd. EFI accreditation was core to the department’s activities with the new European laws enacted relating to solid organ transplantation.

Ms Caroline Coleman, Ms Julie Purcell and Ms Deirdre Keane all got married during the year and subsequently Caroline left the staff to return to her native Cork. Caroline was replaced by Ms Lorraine McGovern who is a welcome addition to the staff. 2012 continued the tradition of increasing the Irish population with the arrival of Eoghan to James Kelleher (Senior Medical Scientist) and Oonagh Clarke.

Two further members of staff started studying for their Masters of Science degree in Trinity College and the department had 5 presentations/posters accepted for the joint British Society of Histocompatibility and Immunogenetics (BSHI)/ European Federation for Immunogenetics (EFI). Mr Derek O’Neill was invited to present the HLA antibody results from our department in San Diego at a Users’ Meeting and most of the staff attended at least one major transplantation meeting.

Good news in general for the Renal Living Donor Programme as extra staff for all areas and the refurbishment of St Damien’s Ward and an expansion of the space in our department to accommodate extra staff and all the growth expected in the LD programme. We look forward to welcoming new staff in 2013 and growing the transplant programmes.

Microbiology

Overview

The Department of Microbiology offers a high-quality, integrated service to patients in the prevention, diagnosis, treatment and follow-up of infection. The department provides a CPA-accredited service to Beaumont Hospital and to the wider community, processing specimens from GPs and other health care providers. In addition, the department offers a dedicated 24-hour clinical and laboratory service 365 days a year, further enhancing service provision. There is also a clinical service advising on the management of patients with complex infections. All patients with sterile site infections and those with complex or multi-drug resistant bacterial infection are reviewed and an entry made in the medical notes, giving antimicrobial advice and outlining further management in respect of investigations, follow-up and preventative strategies. Significant results are communicated around the clock.

The surveillance of health-care associated infections such as meticillin-resistant Staphylococcus aureus (MRSA), norovirus, C. difficile, vancomycin-resistant enterococci (VRE), carbapenem resistant Enterobacteriaceae (CRE) and extended-spectrum beta-lactamase (ESBL) producing Enterobacteriaceae is managed on a daily basis.

The department contributes to a number of prestigious international surveillance systems of antimicrobial resistant programmes, eg SENTRY, BSAC Respiratory and BSAC Blood Stream Infections. The department is approved for training in microbiology by the Irish Committee for Higher Medical Training, by the Dublin Institute of Technology and Trinity College and with the Department of Clinical Microbiology of RCSI, has an active research programme.

Microbiology – Workload

A total of 108,981 investigations were completed during 2012. The various outbreaks during the year have placed huge pressures on the department. There have been significant changes in workload, especially increased HAI screening/detection which is particularly labour intensive. Major areas of change are outlined below:

<table>
<thead>
<tr>
<th>Lab Order Item</th>
<th>2012</th>
<th>% Difference 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRE Screening</td>
<td>1,700</td>
<td>+43%</td>
</tr>
<tr>
<td>VRE Screening</td>
<td>1,508</td>
<td>+9%</td>
</tr>
<tr>
<td>Legionella Culture</td>
<td>45</td>
<td>+246%</td>
</tr>
<tr>
<td>MRSA Screening</td>
<td>15,627</td>
<td>-8%</td>
</tr>
<tr>
<td>C Difficile</td>
<td>4,622</td>
<td>+28%</td>
</tr>
<tr>
<td>CF Culture</td>
<td>795</td>
<td>+13%</td>
</tr>
<tr>
<td>Cryptosporidium</td>
<td>541</td>
<td>+34%</td>
</tr>
<tr>
<td>Fluid Culture</td>
<td>1,182</td>
<td>-27%</td>
</tr>
<tr>
<td>Tip/Catheter/Shunt</td>
<td>1,270</td>
<td>-16%</td>
</tr>
</tbody>
</table>

Scientific/Staffing Developments

In the midst of an extremely challenging year in terms of staffing and training, preparation work has continued for an upcoming Irish National Accreditation Board (INAB) inspection in May 2013.

In 2012 the department acquired a matrix-assisted laser desorption/ionisation –time of flight (MALDI-TOF) mass spectrometry biotyper system. The implementation of the MALDI-TOF into the routine...
microbiology laboratory will provide a more rapid, accurate and cost-effective method for the identification of bacteria and fungi. These diagnostic improvements will reduce turn-around-times and assist in the identification of unusual and difficult to identify organisms especially cystic fibrosis isolates, anaerobes and fungi. Mary O’Connor and Gemma Acton presented a poster entitled “MALDI-TOF: A revolution in CF isolate identification – The Beaumont story” at the National Cystic Fibrosis conference in Killarney.

The Chief Medical Scientist, Joan Moore, retired in 2012 and will be greatly missed. Mairead Skally, Surveillance Scientist, was appointed during the year and brings significant experience and expertise to the role.
Foreword

Many challenges continued to be faced by the Medical Directorate specialties in 2012. Our main focus remained improving the throughput of patients through the hospital, so that we could alleviate the overcrowding of the Emergency Department (ED) with admitted patients. There were many successes in that regard.

The hospital appointed three Acute Physicians, a Geriatrician and an additional Emergency Medicine consultant in 2012 to facilitate improvements. We moved to a core ward system of care for most medical specialties, as well as more centralised bed management and opening an assessment area for more efficient throughput of patients in the ED, all of which helped move the hospital from being consistently the second poorest performer of the DATHs hospitals in 2011, in terms of Patient Experience Times (PET), to being consistently the second best hospital. Our aim is to be consistently at the top of that league.

Many challenges remain. Tertiary referral acute hospitals, such as Beaumont, should not be required to deliver a ‘Nursing Home’ component of care. The hospital will continue to work with the SDU to identify a mechanism of reducing the number of delayed discharges and that body of work, along with the forthcoming redesignation of beds, is expected to facilitate more efficient care of Medical patients through the Core Wards model.

SERVICE DEVELOPMENTS

Within 2012 the Medical Directorate itself undertook significant structural change. Following on from the initial years of the directorate structure, within the directorate management team a decision was made to re-look at the overarching framework in order to meet the needs to the Medical Directorate more appropriately. The development of the structure was done in with the support of the Senior Management team.

The outcome of this exercise led to the directorate being reorganised into two internal structures (a) General Medicine & Oncology (b) Acute Services.

Both of these areas were supported by the introduction of an Associate Director - Dr John Quinn and Dr Ross Morgan, respectively. The introduction of these new roles provided enormous support for the underlying specialties within the directorate and created that capacity engaging with clinicians at a local level supporting the various clinical care programmes, projects and service developments that were underway within the directorate and enabling the clinical governance framework to be established.

In tandem with the above structural changes two business Lead roles were established to work as part of the Directorate Management team. Ide O’Shaughnessy and Ciara Ni Fhlathartaigh were appointed into these roles and very quickly became an integrated part of the directorate management team leading out on key projects within the Directorate.

ACUTE MEDICINE PROGRAMME

Key Developments/Achievements

Beaumont Hospital has three dedicated Acute Medicine Physicians now in place since September 2012, Dr Cora McNally, Dr Peter Brannigan and Dr Deepak Gopinathan. 2012 also saw the commencement of dedicated NCHDs to the speciality of Acute Medicine (two SHOs and two interns). The
AM team is supported by a dedicated nursing staff from St Patrick’s Ward and the AMAU, the BRATs HSCP team and dedicated administration staff. One of the key changes to the AMAU in 2012 saw the physical relocation of the unit from the back of the ED to the end of the Medical SSU, St Patrick’s Ward, to form an integrated Acute Medical Unit managed by the Acute Medicine team. The assessment unit currently consists of ten dedicated trolleys and an ambulatory room, while the SSU has nineteen dedicated beds. Beaumont Hospital continues to be committed to the implementation of the model of care as defined by the Acute Medicine Programme to ensure a safer and better patient experience for those patients presenting to our hospital with acute medical illness.

Some of the key priorities areas worked on during 2012 included

- Revision of AMAU referral criteria to enable patients likely to require admission to be referred into AMAU
- Relocation of AMAU to the SSU to for an integrated AMU under management of the AM team
- July to November 2012 saw a significant reduction in trolley waits in the ED
- Implementation of firms / core wards in medicine
- Implementation of various initiatives throughout the Medical Directorate as part of the continued focus to reduce the length-of-stay in medicine (LOS reduced by over two days in medicine in 2012)

Key Challenges for 2013

- Optimising patient flow: ED-AMAU-SSU-core wards
- Securing dedicated registrar for Acute Medicine
- Optimising same-day diagnostics (Radiology/NIC) access to AMU
- Interface with EMP and COTE clinical care programmes

Ide O’Shaughnessy,
Business Lead Medical Directorate

CARE OF THE ELDERLY CCP

In the last decade, there has been a significant increase in the number of older adults requiring medical care at Beaumont Hospital with the increase reflective of the upward trend in the population of older adults living in Beaumont’s catchment area since the late 1990s. In 1997 only 5% of Dublin’s over 65s population lived in Beaumont’s catchment area – by 2006 this had increased to 20% of Dublin’s over 65s population (22,306 people) while in 2011 this had increased further to include 24% of Dublin’s over 65s population (30,782 people).

As a solution to the upward trend in our older population and the response required by Beaumont Hospital, it is envisaged that the fundamental changes to our Care of the Elderly Service will be guided by key tenets as recommended by the National Care of the Elderly Programme and subsequent implementation of the Specialist Geriatric Service Model of Care (COTE CCP, 2012).

Beaumont Hospital is committed to delivering on the objectives of the National Care of the Elderly Programme, and in doing so seeks to substantially improve quality and efficiency of care for older people with complex care needs and for the frail elderly.

The Care of the Elderly Clinical Care Programme was formally established the Medical Directorate late in 2012. The key work streams of the programme are as follows:

ED Workstream:

The COTE ED workstream was established as a joint workstream with the Care of the Elderly streams from the Emergency Medicine and the Acute Medicine Programmes. The initial phase of the workstream is focused on implementation of the chosen Frailty Screening tool – the ISAR (Identification of Seniors at Risk). This will support early identification of the frail older adult and thus support appropriate pathway development through ED and subsequent transfer to designated COTE ward areas.

Rehabilitation workstream:

The current focus of the rehabilitation workstream is development of a seamless patient flow pathway from acute care to St. Joseph’s Hospital Raheny based on the recommendations of the COTE Model of Care. A multi-disciplinary process has been developed involving AHP, clinician and nursing input - with construction of an IT platform (the NIS) to support key elements of the pathway in the early stages of development. Key targets include early referral and an AvLos of < 42 days.
Day Hospital:
The Day Hospital workstream has completed an initial review of the existing service model and examined the demand for service expansion from a two-day to five-day service. An alternative service model derived from recommendations from the COTE model of care has been developed in preparation for transfer to the new Day Hospital built on the St. Joseph’s Hospital site. The build has been commenced with an estimated date of completion of November 2013.

Specialist Geriatric Ward:
The key principle of the Specialist Geriatric Ward is that all frail older adults are cohorted in the same clinical area and under the care of a full specialist geriatric multi-disciplinary team. With the current high volume of long-term care patients in the organisation, this has raised significant challenges. The existing COTE ward has 50% active patient throughput with 50% long-term care volume. The target is to increase the total bed base for the service to a total of 73 beds, with discussions ongoing in the context of organisational bed redesignation.

Outreach:
The Outreach workstream has not yet been formally established due to lack of resources; however, there is clinician support of key local nursing homes, namely Lusk Nursing Home, St. Mary’s and the Community Nursing Unit, Raheny. A recent review of all nursing home attendances to ED for 2012 with subsequent pathways and outcomes has been completed with discussions ongoing as to development of the most appropriate pathway for this patient group.

Key challenges for successful implementation of the COTE model of care include a reduction in LTC volume needed to facilitate bed base expansion, the organisational service model restructuring required to support increased COTE service patient base and a significant deficit in resources to support expansion of the service.

Ciara Ni Fhlathartaigh,
Business Lead Medical Directorate

ENDOSCOPY SERVICE DEVELOPMENT
Development in the endoscopy service has been continuous for 2012.

The key challenges set out at the beginning of the year were to achieve a thirteen-week target for all routine patients while maintaining the four-week target for urgent patients requiring access to the service. This work was completed in tandem with a continued service development ethos working towards a higher score on the Global Rating Scale (GRS) and an identified need to streamline processes to enable optimise the service as a whole.

Elective Patient Management
In 2012 the challenge set out by the SDU for elective patient management was that no routine patient would be waiting more than nine months to access their treatment.

Although the elective numbers within medicine are not as significant as other directorates, meeting and sustaining this within the Medical Directorate has proved challenging with all the other influencing factors taken into account.

The key to this sustained achievement of targets was the underlying reform that took place within the Directorate changing the approach, processes and guidelines in keeping with the national directorate for same.

CLINICAL SERVICES

COPD OUTREACH
COPD Outreach is a multidisciplinary service that continues to provide effective and safe services to patients with chronic obstructive pulmonary disease in the Beaumont Hospital catchment area. The services comprise of a number of programmes mainly

1. Early Discharge
2. Assisted Discharge
3. Prevent Re-admission
4. Outpatient Prevention Admission programmes
5. Pulmonary Rehabilitation.

Goals
The COPD service in Beaumont is in line with the Model of Care document (2011) in that the primary aims are to reduce the number of admissions for an exacerbation of COPD and to provide safe and planned discharges from hospital. The secondary aim in 2012 was to research the cause and means of preventing clustering of exacerbations which result in a 30% readmission rate world-wide.

The service strongly promotes smoking cessation and vaccinations against the flu and pneumonia for our patients; identifies areas for optimization of medical
management and supports behavioural modification to increase physical activity. The use the ‘Beaumont Respiratory Passport’ encourages patient autonomy to optimize health and wellbeing. Our 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

In 2012, COPD Outreach has concentrated on supporting and educating nursing and physiotherapy staff in the COPD outreach services in the new sites around the country. On-going investigations into electronic record systems continue to be a priority.

With assistance of the Medical Record Department a new system has been devised to scan old departmental notes into the hospital system. This has proved to be a very useful tool when assessing known patients who present to ED and eliminates the need for storage.

Meetings took place regarding the roll out of the acute care bundle for COPD patients and the service has offered to support the consultants in this regard with regards to education of the staff.

Research

Research and development continues to play an important role in service development and promotion. International collaboration supported the publication of the research article below.

“Sort term and long term effects of pulmonary rehabilitation on physical activity in COPD”

Claire Egan, Brenda Deering, Catherine Blake, Brona M Fullen, Naimh M McCormak, Martijn A. Spruit, Richard W. Costello

Paper also submitted to British Medical Journal Quality and Safety as part of the Clinical Strategies and Programme, accepted and awaiting publication

Use of a Care Bundle for Acute exacerbations of COPD and its impact on COPD management

McCarthy C1, Brennan JR1, Brown L1, Donaghy D1, Jones P1, Whelan R2, McCormack N1, Callanan I1, Ryan J2, McDonnell TJ1,3

1Department of Respiratory Medicine, 2Department of Emergency Medicine and 4Department of Audit St. Vincent’s University Hospital, Dublin 4, Ireland. 3Clinical Strategy and Programmes Directorate, Health Service Executive, Ireland.

Abstracts were accepted for Poster presentations at the Irish Thoracic Society.

Prevalence of Poor Recall in Patients with COPD

BM Deering, NM McCormack, RW Costello

Survival and Readmission rates post exacerbation of COPD treated by an Outreach Team.

1N. M McCormack, 2B. M Deering, 2N. Vaithilingam, 3A. Lawless, 4R. W Costello 1Department of Respiratory Medicine, Beaumont Hospital, Dublin 9. 2 Royal College of Surgeons in Ireland, Dublin.

Professor Richard Costello was successful in obtaining a HRB research grant, one aspect of which was COPD exacerbations made possible by the COPD Outreach Service.

Brenda Deering,

COPD Outreach Co-ordinator MISCP

NON-INVASIVE CARDIOLOGY

The Non Invasive Cardiology (NIC) Department in Beaumont Hospital provides a number of critical services for in-patients, out-patients and day case patients under the care of Beaumont Hospital.

Services

- Echocardiography (ECHO)
- Exercise Stress Test
- Holter Monitoring
- ICD/Pacemaker Monitoring (Local)
- ICD/Pacemaker Monitoring (Remote)
- Electrocardiography (ECG)
- Transoesophageal (TOE)

The service supports the patient pathway for various specialties in the organisation both within the Medical Directorate and in other directorates. In addition, the department supports the hospital’s Cath Lab.

Approximately 25,000 patients attended the department in 2012 for non-invasive cardiology diagnostics.
**Service developments**

One of the most important developments in the department was the implementation of the McKesson Echo reporting system. Until 2012, all echocardiograms were ordered and reported on paper. The new system involves the ordering and reporting of echocardiograms on the radiology information system (RIS). This development improves the service to patients and staff alike, allowing patients reports to be easily accessed by doctors on the wards. The format of the report itself has also been improved allowing for a more detailed account of the patients making it a better diagnostic tool for doctors. As the roll out of the McKesson system continues in other hospitals around Ireland, in the near future we should not only be able to view reports from other hospitals but also the images acquired.

The department was also fortunate enough to gain a portable echo machine. The benefit this machine gives to the department is phenomenal. The compact size of the machine allows it to fit easily at the patient’s bedside on wards and also around trolleys in ED. Due to all the necessary medical equipment in GITU and RITU which surrounds the patient’s bed, performing echoes in the past proved very difficult. This new machine allows the physiologist to perform ward examinations with reduced musculoskeletal strain.

2012 saw the roll out of a remote monitoring service for all providers of implantable cardiac defibrillators. This means that patients with implantable defibrillators could be monitored from home via the internet. The service had been in place on a limited basis for three years. This reduces the need for the patient to attend the hospital and is also a means for early identification of any problems. Remotely monitored patients need only attend the hospital one a year for device follow-up as opposed to every three months as was the case previously.

We have increased our device clinics to four a week plus an additional virtual clinic. This demonstrates how far we have come in the development of our pacemaker and ICD clinics and service considering only a few years ago we only had one!

There was 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. A training plan has been put in place allowing staff to receive the necessary training in areas of constant change such as pacemaker and ICDs.

The Cardiac Physiologists played an integral role in the support of the Cath lab in 2012. Providing support for pacemaker and ICD implantation, electrophysiology studies and interventional cases.

2012 saw a lot of work going in to reduce the exercise stress test waiting list.

The department also worked with the stroke team in providing better access to extended holter monitoring, necessary in the diagnosis of arrhythmia related strokes.

The NIC will continue on its journey of reform in 2013, to better cater for the needs of the ever changing organisation.

Thelma Morgan,  
Chief I Cardiac Physiologist

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**PULMONARY FUNCTION**

The Pulmonary Function Department 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.

**SERVICES**

- Spirometry
- Reversibility Testing
- Flow Volume Loop
- Gas Transfer
- Static Lung Volumes
- M.I.P and M.E.P
- S.N.I.P
- Histamine Challenge Testing
- Mannitol Challenge Testing
- Cardiopulmonary Exercise Testing (VO2 max)
- Exercise Provocation Testing
- Overnight Oximetry
- Limited Sleep Studies
- Compliance Testing
- Impulse oscillometry

Louise Clarke,  
Chief II Respiratory Scientist
PODIATRY

Podiatry is a healthcare profession that specialises in the management of disease and disorder of the lower limb and foot. The foot is a highly complex structure, which can develop problems affecting a patient’s overall health and quality of life. Patients with high risk of foot ulceration are managed by the Podiatry Department; these include patients with diabetes, peripheral vascular disease and rheumatoid arthritis.

In 2012, 1,160 outpatients were treated in the Podiatry Department. A limited inpatient service was also provided to at risk patients.

NURSING

Plan for every patient

This initiative was introduced in the Medical Directorate in April / May 2012. This initiative interfaces with the Visual Hospital and incorporates the aim of identifying and eliminating delays in the patient journey to increase discharges and create bed days.

Aims:

1. To accurately record and review planning information for every patient on the ward.
2. To engage with the senior decision maker and the MDT on a daily basis in order to keep the board up to date.
3. To link in with the patient flow team at key times throughout the day to ensure the bed status is in real time and that any delays are identified early.

Background:

This is a visual tool with symbols so that literally at a glance it can be seen where each patient on the ward is on their journey with any delays identified.

This initiative comes as part of the Visual Hospital and should work in tandem with it so when it was being introduced to the wards the Visual Hospital was still in its infancy but was working well.

We purposely picked St Mary’s ward to start the PfEP as it is a busy medical ward with sixteen beds and strong leadership.

It was important to prove to the management and staff on the ward that once set up and working correctly this would be of benefit to the staff and would ultimately save time.

It took some time and hard work by the Clinical Nurse Manager but now the ward gives patient handover at the board and the staff automatically keep it up to date throughout the day, seven days a week.

Strategy:

As previously stated this initiative employs the main principles of the Visual Hospital with strong links with the patient flow team. The plan would be to have the initiative implemented on all medical wards using the same symbols throughout. The use of audit will ensure that an agreed standard is being met and that any obstacles or problems can be addressed.

EMERGENCY DEPARTMENT

In late 2011 the Special Delivery Unit (SDU) provided funding for winter initiatives that would aid patient flow through the Emergency Department. Stephen Kelly, Clinical Nurse Manager, developed a new nurse-led rapid assessment post that sees and treats patients who present with set medical and surgical conditions. Two posts were created and within one week of the start of the pilot project the average waiting times for patients in the department decreased by two hours. These posts have continued post the Special Delivery Unit funding with the help of the Department of Nursing. On average between 15 and 30 patients are seen each day by the rapid assessment nurses expediting their journey through the department. In May 2012 this initiative reached the finals of the Bionmis Healthcare Innovation awards.

Emergency Cardiology Service

The current focus of the cardiology ANP role within Beaumont Hospital is the acute medical unit which incorporates the Emergency Department (ED), Acute Medical Assessment Unit (AMAU) and St Patrick’s short stay unit. The primary function of the cardiology ANP role is to improve patient experience through admission avoidance, expedited transfer to appropriate ward/consultant ultimately reducing acute medical unit waiting times. The cardiology ANP positively affects the course of the patient journey by:

(a) Working within the major and resuscitation areas of the Emergency Department to ensure that patients presenting with acute coronary
syndromes, arrhythmias, heart failure, and cardiac arrest benefit from early cardiology consultation, identification, risk stratification, diagnosis, treatment, expedited transfer to wards and appropriate referral to inpatient/outpatient invasive/non-invasive diagnostics.

(b) Working within the AMAU to ensure patients presenting with cardiac type symptoms receive early cardiology consultation, identification, risk stratification, diagnosis, treatment, expedited transfer to wards and appropriate referral to inpatient/outpatient invasive/non-invasive diagnostics.

(c) Working within St Patrick’s short stay unit ensuring early cardiology consultation, identification, risk stratification, diagnosis, treatment, expedited transfer to wards and appropriate referral to inpatient/outpatient invasive/non-invasive diagnostics.

(d) Providing ANP led diagnostic clinic which ‘interfaces’ between the acute medical unit and cardiology providing a ‘one-stop-shop’ incorporating:

- Formal cardiology consultation and risk profiling by cardiology ANP
- Exercise stress testing
- Holter monitoring
- GP liaison
- Expedited referral for more invasive testing modalities where appropriate.

(e) Provide formal cardiology consults for the on-take medical teams when there are no or minimal ED presentations (new initiative 2012).

Heart Failure Service

Since the inception of heart failure service within Beaumont Hospital there have been significant improvements in patient care and reduction in re-admission rates, as well as low morbidity and mortality rates. This is achieved through comprehensive programmes of care for both patient and family that promote self-management and ensure patients are on evidence-based treatments including device therapy. In addition, the service provides a rapid access emergency clinic for patients with signs of acute de-compensating heart failure reducing presentation to the Emergency Department.

As part of a national drive in improving the service provision for heart failure, the heart failure service has implemented the clinical care programme outlined by the HSE. The clinical care programme objectives include:

**National Objectives**

- **Access:** Every patient with symptoms of heart failure is diagnosed correctly and without delay
- **Quality:** Every patient with heart failure is managed within a structured programme
- **Implement:** Targeted programme to prevent heart failure
- **Cost:** Reduce recurrent admissions by 1,000 with additional impact on de novo admissions
- **Reduce:** Length-of-stay saving 20,000 hospital days per year

**Beaumont Hospital Key Performance Indicators**

1. 80% of acute heart failure admissions are seen by heart failure service by 2014
2. Achieve three-month readmission rate of 25% by 2013 and 20% by 2014
3. Reduce median length of stay to 6 days by 2014

In 2012, the service has already achieved the first two key performance indicators with 98% of patients seen by the heart failure team and a 90-day re-admission rate of 10%.

**Service Performance**

In 2012 the supportive heart service reviewed 1,715 clinical reviews including new patients, existing patients and those accessing the emergency rapid access clinic. These patients are predominantly in NYHA class III-IV are complex with multiple co-morbidities. Hence, similar to the 2010 and 2011, 106 patients required urgent intravenous diuretics with potent adjunct oral diuretic therapy within the Supportive Heart Unit as an outpatient. Without this, and the specialist outpatient monitoring these patient would have required admission to hospital.
Bed Days
In relation to bed days, new patients accessing the service cost the hospital 1,180 bed days in 2011 with an average length-of-stay at 15-20 days. The number of bed days incurred for those attending the service in 2012 was 797 days.

Overall re-admission rates for 2012 were 8% with a 90-day re-admission rate of 10%. Re-admissions have remained consistently low over the last three years. Mortality rates for 2012 remain low with deaths from heart failure equating to 4% and deaths from other causes 3.5%.

Service Developments
Based on the HSE ongoing assessment of the service it has achieved two of the three key performance indicators in advance of the 2014 local objectives. The service will come under the “Plan for every patient initiative”, encouraging timely referral from admission. To assist in the facilitation of discharge the ANP for heart failure is currently examining the use of a clinical care pathway for heart failure facilitating care over a five-day period aiming to reduce length-of-stay for least complex patients.

TIA/STROKE CARE
The TIA/ CNS stroke care has been in post since January 23, 2012. The total number of patients referred to TIA/stroke care service in 2012 for review of TIA / stroke-like symptoms numbered 105. Following admission and assessment 54 patients were discharged with a diagnosis of TIA, 32 patients were subsequently diagnosed with acute Infarct / stroke. The reminder 19 patients had a diagnosis of non-stroke /TIA.

The post is full-time equivalent operating a rapid assessment in patient stroke review service (Beaumont Hospital Rapid Access Stroke Service / BRASS), phone advice service, weekly outpatient service and coordination of tests and diagnostics for TIA / stroke care work up specific patients. The CNS / TIA service also facilitates in service education sessions for medical teams, staff nurses, patients and carers. The service operates Monday to Friday 08:00-16:00.

The CNS TIA post is the first specialist nurse post designated to coordinate patient care for patients who present to hospital for review of transient stroke-like symptoms and who require a review by the stroke care services and subsequent designated secondary stroke prevention care.

The CNS together with the stroke team on call facilitates a rapid assessment stroke service which includes rapid access to a daily protected holter monitor and carotid vascular slot. The TIA service also coordinates a protected extended five-day holter out- patient monitor service.

The CNS / TIA coordinates secondary prevention stroke care by linking in with members of the multidisciplinary team and allied health promotion departments in Beaumont Hospital.

The stroke care TIA service has established a designated care pathway for patients who present to Beaumont Hospital for review of TIA symptoms. The care pathway has helped to standardise patient assessment in terms of work up and procedures.

The majority of the referrals to the TIA /BRASS service are activated at earlier intervals when access to the protected TIA service slots can be utilised efficiently. Further emphasis on patient flow in terms of the admission pathway is required in order to continually strive to reduce length of stay rates. The average length-of-stay for a patient admitted for review of transient stroke like symptoms in 2012 was 7.3 days.

A new nurse- led patient education initiative has been developed by the Department of Stroke Medicine / CNS TIA in collaboration with the Acute Stroke Unit Stroke Unit, Stroke Care Coordinator and the Multidisciplinary Stroke Rehab Team. The bi-monthly Stroke TIA Education Programme (STEP) has been designed to provide stroke care education to in-patients and their carers who have been effected by stroke and TIA. Each group education session is facilitated by a Stroke Care CNS and a member of the rehab team. The session invites patients and their carers to attend the one-hour education session. The information exchange is comprised of a power point presentation which explains what stroke is, the causes of stroke, advice and information on secondary stroke prevention and how stroke affects activities of living.

The aim of the session is to deliver information on stroke care that has been specifically designed for patients, which is clear and in a format encompassing text and pictures. The session also provides an opportunity for patients to socialize and engage with each other and to increase their knowledge and understanding of the rehab process. It is hoped once the initiative has been established and reviewed, similar initiatives will be developed to centre on stroke prevention and education to all patients within the hospital.
**DIABETIC DAY CARE**

In 2009 - 2010, Hypoboxes were introduced into all clinical areas in Beaumont Hospital. Jackie McMahon entered the Bionmis Healthcare awards in 2012 on behalf of the Diabetes Day Centre and was a finalist in the “Patient Safety Initiative” category. These awards recognise and merit innovation in the provision of healthcare. Her entry was entitled "Introduction of a Hypobox for the treatment of diabetes hypoglycaemia in an Irish hospital" and she also won 1st prize in the Irish Diabetes Nurse Specialist Association’s poster competition.

**INFECTION PREVENTION AND CONTROL**

**Achievements**

- Five Key Performance Indicators (KPI); namely Hand hygiene training and practice, Standard Precautions training, Hygiene score, PVC care bundle compliance and communication management (MRSA & C difficile) for effective infection prevention and control were agreed with the Clinical Directorate Management teams in achieving safe patient care related to effective infection prevention and control.

- Quarterly Infection Prevention and Control Surveillance reports were issued in standard format with agreed KPIs to five clinical directorates and monitored in the Medical Directorate.

**Hand Hygiene Practice, Training and Auditing.**

Compliance on hand hygiene practice is agreed to be a key performance indicator. Mandatory hand hygiene training and staff attendance is being monitored in all clinical directorates. E-learning, monthly standard precaution educational sessions and hand hygiene blitz days were promoted in addition to hand hygiene sessions on request or where non-compliance was identified.

Each quarter, hand hygiene audits are undertaken in respective clinical directorates, during the calendar year. Twice-yearly national reporting of the hand hygiene data (HPSC) continued in 2012. The HSE set target for hand hygiene practice in 2013 is >90%. The Medical Directorate score ranged between 68.3% - 73% in the quarterly observational hand hygiene audits for 2012. These audits were completed in the Medical Directorate by trained hand hygiene auditors, primarily nursing staff within the Medical Directorate.

**Peripheral Vascular Catheter Care Bundle Compliance**

The Peripheral Vascular Catheter Bundle Audit report of June 2012 referenced that PVC-related infections are a leading cause of device-related blood stream infections and are potentially preventable. Compliance in this area was agreed as a key performance indicator.

An intravenous (IV) study day programme is provided monthly by the Centre of Education. The infection prevention and control aspects on IV device and insertion site care, aseptic non touch technique (ANTT) in addition to basic practices relating to peripheral and central venous catheters is facilitated by the IPCT.

The IPCT also facilitates the provision of education on IV device and insertion site care at the venepuncture and cannulation study day each quarter.

**Overall score of compliance for PVC Care Bundle for the Medical Directorate was 54% in June 2012.**

Noted recommendations for implementation from this period were:

- IV administration sets should be kept as ‘closed system’
- Antiseptic non-touch technique and PVC care education must be made mandatory.
- PVC care bundle compliance must be a KPI and audits should be taken periodically (e.g. quarterly) by the clinical directorate management team.

**Peripheral Vascular Catheter Bundle Audit Report - December 2012**

The following metrics were employed by the Practice Support Nurse, Medical Directorate Nurse Management Team with assistance from the Infection Prevention and Control Team to assess if audit results conform to compliance requirements:

<table>
<thead>
<tr>
<th>KEY</th>
<th>0%</th>
<th>79%</th>
<th>Areas of risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on NHS Metrics Assurance Framework</td>
<td>80%</td>
<td>89%</td>
<td>Areas for improvement</td>
</tr>
<tr>
<td>Areas of excellence</td>
<td>90%</td>
<td>100%</td>
<td>Areas of excellence</td>
</tr>
</tbody>
</table>
The recommendations from the report in June 2012 were implemented for the period October to December 2012 across the eleven Medical Directorate wards:

**The 2012 Audits Results for this period were:**

- **October** - 75%
- **November** - 95%
- **December** - 89%
- **Average** - 86%

The audits demonstrated opportunities for further development and the following initiatives were implemented:

- Re-education of CNMs and staff re audit tool and assessment sheet (Pink)
- Re-educate in IV administration as a closed system / antiseptic non-touch technique.
- Reinforce the importance of hand hygiene compliance through retraining
- Conduct PVC care bundle audits more frequently (e.g. weekly)

**Communication of Methicillin-resistant *Staphylococcus aureus* and *Clostridium difficile***

Documentation that the patient has been informed of Methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C diff) improved in the Medical Directorate in 2012. Documentation of communication of MRSA occurred in 88% of cases which met the criteria in quarter 4 2012 (81% in Q4 2011). In new cases of C diff identified in the Medical Directorate, compliance with communication standard operational procedure occurred in 75% of cases in quarter 4 2012 (64% in Q4 2011). A compliance rate of 100% must be met to meet National Standards for the Prevention of Healthcare Associated Infections (Health Information and Quality Authority, 2009).

**DERMATOLOGY - no submission**

**DEPARTMENT OF DIETETICS**

In 2012, **5,600 and 4,656** patients were reviewed in the diabetes day centre and out-patient diabetes clinics respectively while over 2,700 patients on the wards were reviewed by the diabetes team. During the year the diabetes staff dealt with acute diabetes emergencies, delivered individual and group education sessions and offered continual support for patients with diabetes. The service provides 2 to 3 general diabetes out-patient clinics per week and specialist clinics including a young adult clinic, multidisciplinary diabetes foot clinic with Mr Daragh Moneley, continuous subcutaneous insulin infusion pump clinic, specialist DAFNE clinic, cystic fibrosis related diabetes clinic, a monthly combined diabetes renal clinic with Professor Peter Conlon and this year a young adult transition clinic for people with type 1 diabetes started with the National Children’s University Hospital, Temple Street.

The diabetes service provides structured group education programmes for patients with type 1 diabetes with the DAFNE 5-day education programme for type 1 diabetes) and the DESMOND programme for patients with type 2 diabetes. The education programmes and speciality clinics receive significant input from the Department of Dietetics. A number of diabetes nurse-led specialist clinics were established in the diabetes centre during the year including a vascular intervention clinic, foot assessment clinic, new patient diabetes clinic, continuous subcutaneous insulin infusion pump clinic and a new clinic for patients with cystic fibrosis related diabetes held in the cystic fibrosis centre. The community diabetes service continues to evolve with on-going consultation and collaboration with primary care physicians in the area. Dr Diarmuid Smith is the current national lead for the HSE clinical care programme for diabetes.

**Research/Audit**

The department is committed to an on-going audit and research programme. Dr Colin Davenport has a HRB Research Training Fellowship on “The role of osteoprotegerin in vascular calcification and the influence of medications on this process” and he is planning to submit his clinical research for a MD thesis and his laboratory-based research, which is performed in the Vascular Biology Laboratory in Dublin City University under the supervision of Dr Phil Cummins. In 2012 at the annual Irish Endocrine Society meeting Dr Davenport won the O’Donovan medal for best oral presentation of original research. The unit continues to collaborate with the School of Human Health and Performance and National
Institute for Cellular Biotechnology Ireland in DCU and Dr Patricia Fitzgerald in the non-invasive vascular unit in Beaumont Hospital. 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, Journal of Diabetes and Complications and the European Journal of Clinical Pharmacology.

Publications

1. Platelet reactivity in type 2 diabetes mellitus: a comparative analysis with survivors of myocardial infarction and the role of glycaemic control

2. Complications and characteristics of patients referred to a joint diabetes renal clinic in Ireland.

3. An altered hormonal profile and elevated rate of bone loss are associated with low bone mass in professional horse racing jockeys
J Bone Miner Metab 2012; 30(5) 534-542

4. Hypoglycaemia after simultaneous pancreas-kidney transplant: fact or fictitious?
Donegan D, Hickey DP, Smith D Pancreas 2012; 41 (6) 974-976

5. The effect of exercise on osteoprotegerin and TNF related apoptosis inducing ligand in obese patients.
Davenport C, Kenny H, Ashley DT, O’Sullivan EP, Smith D, O’Gorman DJ
Eur J of Clin Invest 2012; 42 (11) 1173 -1179

6. A comparison of osteoprotegerin with adiponectin and high sensitivity C-reactive Protein (hsCRP) as a marker for insulin resistance.

7. Introduction of a “hypo box” into an Irish teaching hospital.

8. Hypoglycaemia-more than skin deep
Glynn N, Keane F, O’Shea D, Geoghegan J, Smith D QJM 2012; (PMID 23159838)

The heads of department would like to express their gratitude to the staff of the diabetes day centre, 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

In 2012 Beaumont Hospital Emergency Department had 51,296 patient attendances. There were 240 cases requiring critical care level interventions. There were 8,489 patients in the very urgent category, 31,384 patients were in the urgent category, 7,931 patients were appropriate to the minors assessment and treatment unit stream. The department was delighted to welcome Mr Abel Wakai as the new consultant appointment to the Emergency Department.

In the context of the significant rise in patients attendances the department continued to perform well in patient experience times with regard to those patients not requiring hospital admission. With regard to those patients who did require hospital admission, despite the on-going efforts of the patients flow services and indeed the hospital, the patient experience time for patients attending Beaumont Hospital requiring admission to hospital continues to be a matter of very great concern to the hospital. The hospital did, on a number of occasions, enact the full capacity protocol which enabled the rapid movement of patients from the very overcrowded Emergency Department to wards pending the availability of a bed on those wards. It is certainly evident in the Emergency Department that when the full capacity protocol is enacted there is
a significant improvement in the patient experience times for patients requiring hospital admission, thus allowing the more efficient and safer delivery of emergency care to patients. The Dublin north-east region continues to be challenged by overcrowding of Emergency Departments which, in turn, impacts on HSE emergency care performance metrics (for example, ambulance turnaround times). The hospital, in consultation with the HSE Ambulance Service, is trying to address the turnaround time for ambulances attending Beaumont Hospital. The current reason for significant delays in ambulance turnaround times in the Emergency Department at Beaumont Hospital is the lack of availability of a trolley, as not infrequently all trolleys are occupied by admitted patients who are boarded in the Emergency Department waiting for ward beds.

Service Developments

In 2012 the Emergency Department utilised the former Acute Medical Unit as an assessment area for patients attending with urgent problems in triage category “Yellow”. The impact of the nursing staff being involved in the advanced triage of patients is evident from the improvement in patient experience times for patients in triage category “Yellow”. The department also continued to develop the role of Clinical Nurse Specialists in advanced triage and patient assessment and, indeed, this was recognised as a significant innovation by the Health Service Executive. The Beaumont Rapid Access Team or (BRATS Team) continue to provide an excellent service to patients who might otherwise require hospital admission. We are most grateful to our colleagues in Social Work, Speech and Language Therapy, Physiotherapy and Occupational Therapy for their on-going support of the BRATS initiative. The department continues to be involved in the provision of education to nursing, radiography, paramedical, undergraduate and postgraduate emergency medical education.

Research/Audits

The Emergency Department of Beaumont Hospital continues to be very active with regard to research and hosted the performance of Specialist Study Modules for four students who covered subjects such as, Access Block in the Emergency Department, DVT Management, Critical Care Performance in the Emergency Department and Paracetomol Overdose in the Emergency Department. These projects were accepted for presentation at the Irish Association for Emergency Medicine Meeting in October of 2012. The department had publications in the Peer Review Journal including the Emergency Medicine Journal in 2012. The department also continued to be active in the provision of advanced cardiac life support instructors and advanced trauma life support instructors. The department continues to be involved in the provision of education to nursing, radiography, paramedical, undergraduate and postgraduate emergency medical education.

In the context of increasing challenges for the health service the department continues to strive to provide care to the 51,296 patients who attended the Emergency Department in 2012. The increase in patient attendances coupled with the historic capacity issues that Beaumont Hospital has, creates an incredibly challenging environment in which to provide safe emergency care. We are grateful to our hospital colleagues in their on-going support of the Emergency Department.

In 2012 of the total patient attendances 23% required hospital admission. It is those patients requiring hospital admissions who experience the most prolonged stays within the Emergency Department, and this is due to the fact that there continues to be a very challenging environment with regard to the timely availability of ward beds for those patients who are sick enough to require hospitalisation in Beaumont Hospital.

GERIATRIC AND STROKE MEDICINE

Our department continued to provide specialist geriatric care for older adults in Beaumont’s catchment area, and adjacent areas during 2012. A notable development at a national level this year was the publication of the HSE’s National Clinical Programme for Older People (NCPOP). This document will provide a template for development of geriatric medicine services in Ireland. Among its recommendations for Beaumont, and that of the Special Delivery Unit, are the development of two acute geriatric medicine wards and development of a five-day-a-week geriatric medicine day hospital service. A working group within Beaumont has been established to configure services for older adults in line with this document.

The above developments are keenly awaited by our department. At present, large numbers of older adults in north Dublin still experience long
waiting times for long-term care, rehabilitation, day hospital assessment and specialist acute geriatric care. Despite many positive developments for older patients in recent years difficulties in gaining access to these services have not improved. In addition, many community supports, designed to keep frail older adults in their homes where possible, are becoming increasingly difficult to access because of resource constraints. It is difficult to foresee how Beaumont will deliver on future service improvements if the current combination of an ageing local population and shrinking supports for older people persist.

**New Appointments**

Dr Alan Martin was appointed as a Consultant Geriatrician during 2012. He commenced his post in October 2012. He has assumed the role of lead geriatrician for the Raheny Community Nursing Unit along with an outreach service to Lusk Community Nursing Unit. We wish to thank Dr Deepak Gopinathan for his work in our department, particularly at St. Joseph’s Hospital.

Dr Stuart Lee was appointed as Clinical Lecturer in Geriatric and Stroke Medicine, replacing Dr Cora McGreevy. We wish Cora well in her new consultant post at the Mater Hospital. Dr Lee is completing a MD thesis examining the use of a novel assay of platelet function in patients with stroke. His research is being supervised by Professors David Williams and Niamh Moran.

**Geriatric and Stroke Medicine Developments**

A number of new services were delivered in 2012. As highlighted above, the appointment of Dr Alan Martin has led to the commencement of his role in Raheny CNU an outreach service to Lusk CNU. This service allows residents of this unit to now have consultant-level input, similar to other public long-term care units in north Dublin. In addition, Dr Martin is contributing to the rehabilitation working group, established by the hospital’s Senior Management team to streamline the processes of older patients requiring rehabilitation.

The Minister for Health, Dr James Reilly TD, formally opened the Raheny CNU in November 2012. During 2012 the number of residents increased from 80 to 100 residents.

Construction work on the new Geriatric Medicine Day Hospital building at St Joseph’s Hospital, Raheny, commenced in December 2012.

**Service Activity**

Our department moved into a direct on-call stroke role during September 2012. We previously had been on-call for stroke thrombolysis during the day and operated a handover system with our neurology colleagues. It is hoped that this system will allow for greater continuity of care for acute stroke patients. Professor David Williams and Dr Alan Martin attend the monthly multi-disciplinary meeting for patients who have undergone thrombectomy for stroke. This meeting is organised by the Consultant Neuroradiologists at Beaumont and attended by Geriatricians and Neurologists from across Dublin.

Our day hospital and outpatient activity showed further significant increases during 2012. 2,934 patients were seen in a geriatric medicine outpatient clinic (up from 2,520 in 2011). There were 3,678 patients seen in the Geriatric Medicine Day Hospital (compared to 3,300 patients in 2011). Both our outpatient and day hospital services are seeing a thousand patients a year more than were seen in 2008. Our in-patient discharges were 943 in 2012.

The above figures reflect the increasing demand for geriatric medicine services. Despite a 10% year-on-year increase in our activity over each of the last two years, large numbers of older adults still experience long waits for assessment.

**Education and Teaching**

We continue to deliver lectures to senior cycle RCSI students and the new geriatric medicine attachment for intermediate cycle students ran for its second year at both Beaumont and St Joseph’s Hospitals during 2012.

Dr Alan Moore continued to act as Basic Specialist Training Director for RCSI affiliated hospitals during 2012.

**Research and Audits**

The ASPIRE-S study continued to gather data during 2012. It is hoped that results from this study will be available in late 2013. Dr Linda Brewer will complete her MD thesis based on this research in 2013. The ASPIRE-S team were awarded a Health Research Board (HRB) Knowledge and Education Dissemination (KEDS) award for her research to date on the ASPIRE-S study. This will allow for the results of this study to be disseminated and will support future applications for research funding from the EU.

Dr Brewer’s paper on stroke rehabilitation was selected as Editor’s Choice by the Quarterly Journal of Medicine for January 2012.
Our department’s publications for 2012 are listed below.


**HAEMATOLOGY SERVICE**

**New Appointments**

Fiona Kelly was appointed to the position of Clinical Nurse Specialist (CNS) and her time will be split between Beaumont Hospital and the Hermitage Medical Clinic. Fiona has extensive experience in the area of haematology having spent much of her time training in the National Bone Marrow Transplant Unit at St. James’s Hospital. Fiona will devote much of her time to counselling and preparing myeloma and lymphoma patients for autologous and allogeneic stem cell transplantation.

**Education/Training**

Multidisciplinary bone marrow morphology meetings took place on a fortnightly basis with attendance from Connolly Hospital, Our Lady of Lourdes Hospital Drogheda (OLOLD) and Beaumont Hospital.

Multidisciplinary joint Haematology/ Oncology/ Radiation Oncology/Histopathology Lymphoma meetings now take place on a fortnightly basis

Regular formal lectures in Haematology are given to the 3rd year medical students (Pathology) and the revision lectures to the final year medical students by Dr Philip Murphy, Dr John Quinn, Dr Patrick Thornton, and Dr Jeremy Sargent.

Final year students are attached to the Haematology Team for four week periods and are encouraged to learn from all activities in the department.

Postgraduate/Membership tutorials are given in the period before each MRCPI examination.

There are journal clubs and morphology sessions. Haematology junior medical staff and relevant technical and nursing staff attend.

**Service Developments**

The department is actively seeking to enrol more patients into clinical trials and Thora O’Brien was appointed Haematology Research Nurse and was heavily involved in the enrolment of patients in the PCY112 study.

**Research and Clinical Trials**

The department actively participates in clinical trials and in 2012-13 recruited seven patients to the RESONATE 1112 study of Ibrutinib vs Ofatumamab in relapsed chronic lymphocytic leukaemia.

Ibrutinib is a new tyrosine kinase inhibitor which blocks the B cell receptor and exhibits an extremely high response rate in this disease. It appears to overcome the traditionally refractory patients with p53 deletion and represents a paradigm shift in the treatment of B cell malignancies.

Dr Patrick Thornton was the principal investigator and Beaumont Hospital recruited the first patient in Europe to this phase 3 international trial.

Eleven patients with multiple myeloma were enrolled in an EORTC quality of life (QOL) study comparing the effects on QOL of different treatment regimens in patients with relapsed multiple myeloma

**Publications**


8. A Randomized, Multicenter, Open-label, Phase 3 Study of the Bruton’s Tyrosine Kinase (BTK) Inhibitor Ibrutinib (PCI-32765) Versus Ofatumumab in Patients (pts) With Relapsed or Refractory (RR) Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) (RESONATE™) ASCO 2013

**DEPARTMENT OF INFECTIOUS DISEASES**

The prevalence of people living with infections continues to rise – due to effective life-saving treatments, on-going transmission and the failure of screening, testing and surveillance systems.

In the Department of Infectious Diseases, our service is mainly to people with HIV, with tuberculosis, hepatitis B and C, herpes and ill travellers abroad. For example, we care for around 600 people with HIV, and have prescribed and dispensed drugs worth €5,165,000 in 2012 for people with HIV, about a fifth of the total Beaumont pharmacy activity.

An national audit of people in all six of the national HIV services showed that one in 400 of the adults in Dublin and the east coast are receiving treatment for HIV infection. We estimate that perhaps half as many again are infected and undiagnosed based on the frequency of late diagnoses. We published in Irish Journal of Medical Science (O’Shea et al 2013) how half of newly-diagnosed people with HIV have advanced disease, low CD4 counts, and have had HIV for on average about a decade before diagnosis, yet 60% of these had been in health care, usually emergency room, or general practice, recently because of symptoms related to their HIV, and missed the opportunity there for diagnosis. We recommend widespread HIV-testing for adults who have ever had sex without a condom or ever injected street drugs, because the benefits of early diagnosis and treatment of HIV include preserved brain function, prevention of HIV-associated neurocognitive disorder and AIDS dementia, and the public-health benefit of massively decreased transmission from people on treatment, through sex, blood or vertically.

The national audit also showed that 97% of our patients in Beaumont on treatment have a controlled viral load of < 500 viral copies per mL (cpm), and 93% have an undetectable viral load below the 40 cpm limit of detection. Unfortunately several of the people with uncontrolled viraemia have serious intractable alcohol or heroin addiction problems. There are also high prevalence of depression, post-traumatic stress disorder, anxiety, and personality disorders.

In addition, we provide in-patient general internal medicine services to about 450 people who were referred and admitted through Beaumont’s busy Emergency Room on 1:11 on-take rota, specialist infectious disease consults and take over care of people with brain and spinal cord disease, bacteraemia, immunosuppressed from cancer or chemotherapy, fever, bone and joint infection

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**Activity**

**COLEMAN K BYRNES UNIT**

The Coleman K Byrnes Unit is the haematology day care facility and patients attend for chemotherapy, blood and platelet transfusions and investigations e.g. bone marrow aspirates.

**Day Patients**

Total: 7013

**In-Patients**

Total: 282

**OPD Clinics**

Total Attendance: 2469

**Anticoagulant Daily Service**

Total Attendance: 26,311
and travel-related diseases. We provide the main specialist referral services to the patients from the catchment areas of Connolly, Navan, Cavan, Dundalk and Drogheda hospitals.

We have led a project for EU funding and establishment of new sexual health clinics in Monaghan, Dundalk and Drogheda, now fifteen clinics a month.

Members of the department led a first-into-human vaccine study of two new malaria vaccines, which have now gone to phase II testing, a Phase III study of new anti-retroviral regimens and a study of screening of asylum seekers for infectious diseases.

The challenges for us in Beaumont’s Department of Infectious Diseases in the future is how to maintain a service on this scale and quality with a small and decreasing number of staff, and inadequate physical facilities. This is likely to be impossible, and the department will need re-structuring in 2013, with either more staff and facilities, or else it will close new patient referrals.

ONCOLOGY SERVICE

Beaumont Hospital continues to develop as a supra-regional centre for assessment and management of patients with cancers, working in partnership with its linked hospitals of Connolly Hospital (Dublin 15), Our Lady of Lourdes Hospital (Drogheda), and other hospitals in the regions, i.e. the Mater Hospital and Cavan General Hospital.

With the transition of radiation services for our region from St Luke’s Hospital, Rathgar, to the new facility here at Beaumont Hospital, and the similar transition of many of the cancer surgeries also to Beaumont Hospital, the multidisciplinary teams involved have continued to develop integrated meetings to enhance and optimise the transfer of information, analysis and treatment planning. Personalised anti-cancer care for the specific individual is rooted in the information gleaned at the MDM (multidisciplinary meeting) assessments.

In preparation for Beaumont Hospital’s role as the hub of anti-cancer activity for the North Dublin/North East region, the hospital is in the final phases of “going live” with its electronic prescribing system/electronic notes, which are identical to those used in Limerick Regional Hospital for many years and more recently in use in the AMNCH in Tallaght. Similar systems are being developed in Cork University Hospital and University Hospital, Galway. Thus Beaumont Hospital has near completed the foundation for future expansion of an integrated cancer database/oncology pharmacy system for the newly-defined regional care areas. This will allow improved safety through more defined treatment strategies/protocols, ongoing clinical audit to enhance quality, and a better flow of required information to the National Cancer Control Programme, in addition to the National Cancer Registry.

The renovated day ward facility in Beaumont Hospital has allowed continued high-quality anti-cancer therapy to be delivered in a more comfortable setting, in addition to continuation of the “emergency room” service provided on-site, allowing more prompt care to very unwell patients, by nurses/doctors who they know and trust, in addition to easier access to clinical notes. The new facility has allowed the development of oral chemotherapy clinics, the most developed in the country at present, and the template for other developing services around the countryside.

The Clinical Trials Unit continues to support the availability of complex, evolving new therapies to patients, with the benefits of potential improved outcomes and cost savings to the hospital, and State. It also helps, in conjunction with the Irish Clinical Oncology Research Group (ICORG), to raise the profile of Ireland as a site of investment in drug development and technology development. The resulting publications also strengthen the international reputation of health care in Ireland, our academic institutions (Royal College of Surgeons in Ireland), and help refine care throughout Ireland and internationally. It also serves as a bound between all the hospitals in our region by acting as a common facilitator in optimal care decision making in the network of hospitals.

The close interactions of the various members of the service, from the nurses and doctors, to the physiotherapists and occupational therapists, to social workers and psycho-oncologists, ward attendants and clerical staff, to catering staff and cleaners, with patients and their families, all serve to make what is a difficult and lonely period in anyone’s life with illness a better place.

The medical oncology service at Beaumont Hospital has had a number of peer-reviewed publications in the last year 2011-2012, in addition to presentations at national and international meetings. Below is a guide of the publications of peer-reviewed articles from the service:
Electronic clinical decision support systems attitudes and barriers to use in the oncology setting.
Collins IM, Breathnach O, Felle P.

Abiraterone acetate for treatment of metastatic castration-resistant prostate cancer: final overall survival analysis of the COU-AA-301 randomised, double-blind, placebo-controlled phase 3 study.

Common variation near CDKN1A, POLD3 and SHROOM2 influences colorectal cancer risk.

Effect of adjuvant chemotherapy with fluorouracil plus folinic acid or gemcitabine vs observation on survival in patients with resected periampullary adenocarcinoma: the ESPAC-3 periampullary cancer randomized trial.

Subtype and pathway specific responses to anticancer compounds in breast cancer.

Cutaneous metastases from gastric carcinoma: an unusual presentation.
Dzever A, Daruwalla ZJ, Arumugasamy M, Grogan L, Broe P.

Common variation near CDKN1A, POLD3 and SHROOM2 influences colorectal cancer risk.

Bronchoesophageal fistula in a patient with stage IIIIB non-small-cell lung cancer.

Subtype and pathway specific responses to anticancer compounds in breast cancer.

Semuloparin for thromboprophylaxis in patients receiving chemotherapy for cancer.

Modeling ductal carcinoma in situ: a HER2-Notch3 collaboration enables luminal filling.
Outcomes of patients presenting to a dedicated rapid access lung cancer clinic.


Adjuvant trastuzumab in HER2-positive breast cancer.


High frequency of PIK3R1 and PIK3R2 mutations in endometrial cancer elucidates a novel mechanism for regulation of PTEN protein stability.


Functional proteomics can define prognosis and predict pathologic complete response in patients with breast cancer.


Dose-adjusting capecitabine minimizes adverse effects while maintaining efficacy: a retrospective review of capecitabine for metastatic breast cancer.

Leonard R, Hennessy BT, Blum JL, O’Shaughnessy J.


Molecular targeted therapy in ovarian cancer: what is on the horizon?

Kalachand R, Hennessy BT, Markman M.

HDAC4-regulated STAT1 activation mediates platinum resistance in ovarian cancer.


Intermittent versus continuous oxaliplatin and fluoropyrimidine combination chemotherapy for first-line treatment of advanced colorectal cancer: results of the randomised phase 3 MRC COIN trial.


Addition of cetuximab to oxaliplatin-based first-line combination chemotherapy for treatment of advanced colorectal cancer: results of the randomised phase 3 MRC COIN trial.


Abiraterone and increased survival in metastatic prostate cancer.


Next-generation mTOR inhibitors in clinical oncology: how pathway complexity informs therapeutic strategy.

Wander SA, Hennessy BT, Slingerland JM.

Phase 1b-2a study to reverse platinum resistance through use of a hypomethylating agent, azacitidine, in patients with platinum-resistant or platinum-refractory epithelial ovarian cancer.


Incidence and outcome of BRCA mutations in unselected patients with triple receptor-negative breast cancer.


Quantitative proteomic analysis in breast cancer.

Tabchy A, Hennessy BT, Gonzalez-Angulo AM, Bernstam FM, Lu Y, Mills GB.


Adipose tissue derived stem cells differentiate into carcinoma-associated fibroblast-like cells under the influence of tumor derived factors.


14-3-3 σ expression effects G2/M response to oxygen and correlates with ovarian cancer metastasis.

Ravi D, Chen Y, Karia B, Brown A, Gu TT, Li J, Carey MS, Hennessy BT, Bishop AJ.


A new consultant medical oncology post was made possible by the National Cancer Control Programme and the HSE last year, with interviews pending in June 2013. This additional post will help the unit at Beaumont Hospital transition its staff to disease-focussed consultant teams allowing greater ease of transitioning new discoveries and innovation into regular care of patients with cancer in the North Dublin North East Region, in addition to rolling out the new e-prescribing and electronic medical record project to the other allied hospitals in the network.

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**PALLIATIVE CARE SERVICE**

**Patient Statistics**

The Palliative Care Service had nearly 630 new referrals and 275 re-referrals to the service in the year from January to December 2012. 240 of the 741 patients treated by the palliative care team in 2012 were patients with illness other than cancer including cardiac, respiratory, renal, neurological or other underlying conditions requiring a multidisciplinary approach to their symptom control and addressing palliative care needs.

**Service Development**

The Syringe Driver Policy for the McKinley T34 Beaumont Hospital has been updated and is now in use throughout Beaumont Hospital.

In order to protect patient confidentiality the palliative care team in conjunction with the IT Department has initiated a system of scanning referrals/scans and results/ discharge letters and mailing by encrypted email to the hospices and community palliative care teams countrywide.

**Research and Audit**

Dr Regina McQuillan is the local lead for the The International Access, Rights and Empowerment Palliative Care Study to better understand the needs of older people and their carers in order to improve access to palliative care. This study is part of an international study being carried out in conjunction with Mount Sinai Medical Centre New York, Kings College Hospital London and the Mater Misericordiae University Hospital (Ireland).

**Education and Training**

Education continues to remain a very important part of the palliative care team’s role within Beaumont Hospital with

Dr Regina McQuillan, Consultant in Palliative Medicine, and Dr Helena Myles, Palliative Care Registrar, continuing their education role with the senior cycle medical students and intern tutorial programme.

The Clinical Nurse Specialist continues to be involved in formal and informal education for Beaumont Hospital staff including FETAC and the Annual Palliative Care study Day.

Beaumont Hospital’s Palliative Care Annual Study Day was very well attended by staff from within Beaumont Hospital and outside organisations who continue to show their willingness to update skills for their patients benefit in difficult and challenging circumstances.
DEPARTMENT OF LIAISON PSYCHIATRY

The Department of Psychiatry in Beaumont Hospital provides a multi-disciplinary team approach to the psychiatric and psychosocial assessment, diagnosis and management of patients with mental health problems throughout the hospital, including 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 in- and out-patients, the department has also developed particular liaison links within the cancer and hepatology services, and the Neurosciences and Renal Directorates. 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 role of President of the Medical Council and was elected to the Board of the International Association of Medical Regulatory Authorities. He also continues in his role as a member of the National Patient Safety Advisory Group. Professors Cannon and Cotter have been awarded further international research grant awards and continue to publish in high impact journals. In 2012, Dr MacHale was appointed Chairperson of the Clinical Care Programme for the Emergency Department Management of Patients who self-harm, and was invited to join the Emergency Medicine Programme/ Mental Health Working Group. She continued as Vice-Chair of the Irish College of Psychiatry (ICP) Faculty of Liaison Psychiatry. Dr Wilson O’Raghallaigh was awarded a Beaumont Hospital Foundation grant to develop an on-line relaxation training resource for in-patients and out-patients. She also collaborated with the Inflammatory Bowel Disease team, along with Dr MacHale, to design and begin the implementation of a three-tiered psychological support intervention for patients with IBD, for which they were awarded a grant from Abbott Ireland pharmaceuticals.

New Appointments

Dr Anne Maguire retired in March 2012 after 23 years of service to Beaumont Hospital and we welcomed Dr Pauline Devitt to the department as locum replacement for Dr Maguire.

Education and Training

Prof D Cotter and Dr S MacHale are members of the Postgraduate Training Committee in the College of Psychiatry of Ireland (CPI). Dr S MacHale continues as the College of Psychiatry of Ireland representative on the Medical Council and Postgraduate Forum Intern Sub-Committees, as well as a member of the Beaumont Hospital Ethics Committee. Our department remains actively engaged in training and educational support to all areas throughout the hospital. Sharon Kelly (ED Liaison CNS) provides educational sessions to ED staff, and Elizabeth Gilligan, our Alcohol Liaison Nurse, provides on-going education sessions to a range of nursing, medical and allied professional throughout the hospital, along with specific study days.

Service Developments

Dr MacHale continues to provide a psychiatry service to the renal transplant unit. We also continue to provide a specialist clinic to the oncology department and the hepatology unit. However, there continues to be increasing demands on our core service to the in-patient wards and to ED which may impact on staffing for these specialist services in the future. Work has commenced on the new Acute Psychiatry Unit in the grounds of Beaumont Hospital which is envisaged to be operational in 2013.

Activity 2012

In-patient consultations

The Department of Psychiatry carried out approximately 4,872 in-patient psychiatric consultations in Beaumont Hospital in 2012, based on an average review rate of two reviews per patient.

In patient Assessments

There were 586 new referrals to the general liaison psychiatry service representing an increase of 22% on consults for 2011.

General Liaison Psychiatry 586
Neuropsychiatry 288
Alcohol Liaison Nurse 523

Out-patient consultations

The Psychiatry Department runs six out-patient clinics per week and a monthly Behavioural Genetics Clinic. Our OPD service saw 434 new referrals and 1880 review patients in 2012.
Outpatient Clinics | New | Review
--- | --- | ---
General Liaison x 2 | 217 | 640
Psycho-hepatology | 20 | 43
Neuropsychiatry | 102 | 357
Dr O’Connor (Gen Psychiatry) | 33 | 431
Psychiatry of Old Age | 43 | 409
Behavioural Genetics | 19 | -

Emergency Department Activity

437 patients were assessed and managed by the Liaison Psychiatry team in ED in 2012 representing an increase of 4% on 2011 activity. We are experiencing significant challenges in referring patients to in-patient psychiatry beds due to the shortage of psychiatry beds in North Dublin. The majority of ED assessments were for self-harm.

Clinical Psychology Activity

Unfortunately a half-time clinical psychology position remained unfilled throughout 2012 due to the recruitment moratorium. Within these constraints, Dr Jennifer Wilson O’Raghallaigh has continued to provide a high-quality psychology service to our department. In addition to individual patient assessment and psychotherapy and a neuropsychological assessment service, a psychotherapy support seminar was designed and implemented for registrars in psychiatry to aid their development of psychotherapeutic skills. Psychoeducational input was provided to the COPD outreach day, with on-going research support provided to that team.

Social Work Activity

Peter McCartan and Jeanne Forde provide a high-quality therapeutic service to the Psychiatry Department in a job-share senior social work post. 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 on-going active involvement in the bereavement support services facilitated by the Beaumont Hospital Medical Social Work Department. Jeanne Forde, Senior Medical Social Worker, has a particular interest in cognitive behavioural therapy and uses this approach regularly in her practice.

Alcohol Problem Service

There has been a steady increase in the number of patients seen by Elizabeth Gilligan, Alcohol Liaison Nurse, in 2012. There were 523 new referrals, to the service who would then be reviewed a minimum of four times during their admission. This is an extremely busy half-time post. On-going education sessions continue to a range of staff within the hospital with emphasis on specific study days. She also speaks with the Transition Year students as part of the Northside Partnership Youth Leadership Programme. The continuous education on alcohol withdrawal and management of acute behavioural disturbance policies continues for NCHDs and nursing staff who report increased confidence in the use of these protocols. We are hoping to extend this service to the ED in 2013 if funding is granted.

The Stanhope Street outreach clinic continues to be provided by Mara De Lacy, Senior Alcohol Counsellor, within our department. A total of 202 referrals were made to her service in 2012, of which 136 patients attended for new and review appointments. Our volunteer counsellor Aine Cahalan from Stanhope Street continues to offer out-Patient alcohol counselling and support one morning per week to patients who prefer 1:1 counselling. She has seen 30 clients in 2012. We also have an AA community link person should the client request same.

Psychiatry of Old Age

Due to increasing commitments to their community services, the psychiatry of old age team now only they provide a liaison psychiatry service to in-patients of the medicine for the elderly team. The weekly out-patient community clinic in Beaumont Hospital for psychiatry of old age patients continues and the consultant/ senior registrar continues to participate in Dr Donegan’s weekly memory clinic.

Research

The department continues to have a strong focus on research with on-going success in obtaining international funding (see ‘Grants’ below) and in achieving publications of papers in international high impact peer review journals. We have an emphasis on both basic science and clinical research. Currently there are four PhD and two MD students being supervised within the academic department.
Research Grants

Prof M Cannon

Health Research Board HRA Health Research Board. Health Research Award. “Risk and Protective Factors in Youth Mental Health” 2010-2013 (PI M Cannon, co-applicants Mary Clarke and Carol Fitzpatrick) €203,054.65


Health Research Board Interdisciplinary Capacity Enhancement Award Youth Mental Health: a population –based research programme €362,821

Health Research Board Knowledge Exchange and Dissemination Scheme. Adolescent Brain Development and Risk of Schizophrenia (linked award) 2012-2013 €54,113

Prof DR Cotter

Health Research Board Health Research Award 2012-2015Proteomic 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 €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

Health Research Board HRA_POR/2010/3 Iron Regulation in the brain and its relationship to myelin pathology in schizophrenia (complementary, but distinct project to SFI-RFP) Dr Cotter €235,000

Prof Kieran Murphy

Mental Health Commission PhD Scholars Programme in Mental Health Services Research (2011-14) €428,000

Published papers 2012:

Prof D Cotter


Prof M Cannon


Kelleher I; Murtagh A; Clarke MC; Murphy J; Rawdon C; Cannon M. Neurocognitive performance of a community-based sample of young people at putative ultra high risk for psychosis: support for the processing speed hypothesis, Cognitive Neuropsychiatry 2012 Sept 20 (Epub ahead of print). PMID:22991935  [PubMed – as supplied by publisher]


Dr S MacHale


Prof KC Murphy

Murphy CM, Deeley Q, Daly EM, Ecker C, O’Brien FM, Hallahan B, Loth E, Toal F,

Reed S, Hales S, Robertson DM, Craig MC, Mullins D, Barker GJ, Lavender T,


Hallahan BP, Daly EM, Simons A, Moore, CJ, Murphy KC, Murphy DDG


Sinderberry B, Brown S, Hammond P, Stevens AF, Schall U, Murphy KC, Campbell LE.


Murphy CM, Deeley Q, Daly EM, Ecker C, O’Brien FM, Hallahan B, Loth E, Toal F, Reed S, Hales S, Robertson DM, Craig MC, Mullins D, Barker GJ, Lavender T,

BEAUMONT HOSPITAL 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 behavioural phenotypes of genetic disorders, cellular cytoarchitectural and protein signature of major psychiatric disorders, the developmental epidemiology of psychosis and structural and functional neuroimaging of genetic and neuropsychiatric disorders.

There is close integration with the Clinical Department of Psychiatry at Beaumont Hospital with Professors Murphy, Cannon and Cotter and Drs MacHale and Cosgrave all holding joint RCSI/Beaumont Hospital appointments.

The department has a number of RCSI clinical research fellows completing their MD and PhD degrees who contribute to specialised clinical services in Neuropsychiatry, Psycho-oncology and Psycho-hepatology in Beaumont Hospital. Dr Selina Pillay and Stephen Shannon and undertaking PhDs through the Mental Health Commission PhD scholars programme. Drs Helen Barry and Maurice Clancy, Honorary RCSI Lecturers, are each undertaking an MD exploring the psychiatric sequelae of surgery for treatment-resistant epilepsy. Dr Linda O’Rourke 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 Kieran Murphy continues in his role of President of the Medical Council

Professors Cannon, Cotter and Murphy have been awarded international research grant awards and continue to publish in high impact journals

Dr Mary Cosgrave continues in her role as Executive Clinical Director of the North Dublin Mental Health Service.

Professor K. C. Murphy
Professor of Psychiatry

DEPARTMENT OF RADIATION ONCOLOGY

Service Developments

The Radiation Oncology Centre at Beaumont Hospital opened in 2011. This centre is a state-of-the-art facility, equipped with two GE Light Speed 4D CT Scanners for CT Simulation and four 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.

Since 2011 the Radiation Oncology Centre has gone from strength to strength. A third Linear Accelerator (‘Linac’) opened in May 11, 2012 with an immediate increase in capacity. In July 2012, Planning CT with IV contrast commenced. As twelve radiation oncology beds in the main hospital were opened, radical head and neck patients transferred to the centre. Endoscopies for head and neck patients became available on site (this initiative was supported by the Friends of St Luke’s). The MRI unit will be fully operational in 2013 for diagnostic scans and radiotherapy planning. A fourth Linac opening July 2013 will further increase capacity of the centre, in addition to providing stereotactic radiotherapy capabilities.

The newly-installed Novallis stereotactic radiotherapy unit in St Luke’s Radiation Oncology Centre [SLROC] Beaumont Hospital is currently being commissioned for use. It was generously funded by the Friends of St Luke’s Hospital Charity at a cost of over €1 million. It was opened by the Minister for Health, Dr James Reilly TD, on May 2, 2013. The new unit will commence treatment in mid-July 2013. Once in use, it will permit stereotactic radiotherapy [very precise, high dose small volume tumour radiotherapy] both intra cranially and also subsequently extra cranially. It will permit intracranial frameless stereotactic radiotherapy unlike the current stereotactic radiotherapy unit in St Luke’s Hospital, Rathgar, which requires a metal ring frame to be fixed to the patients head using screws under local anaesthetic. Also, the new stereotactic unit in SLROC Beaumont Hospital will permit
fractionated radiotherapy [radiotherapy given in up to five treatments to larger tumours] rather than the current system which permits only single fraction treatments intra cranially only. The new unit can also be used to treat primary lung cancer patients that have node negative lung cancers that are inoperable.

Activity

The Beaumont Radiation Oncology Centre opened in early 2011. Over 600 patients were treated in the first 12 months of operation.

In total, 962 new patients were treated in 2012. Prior to the opening of the third Linac on May 11, 2012, 264 new patients were treated in 2012. With three Linacs fully operational, 698 new patients were treated from May to December. Breakdown by tumour site: Breast Cancer 354 patients; Pelvic Cancers (Includes Prostate, Rectal and Gynaecological Cancers) 283 patients; Thoracic Cancers (Includes Lung Cancer) 98 patients; Spinal 67 patients; Brain Cancers 64 patients; Head & Neck Cancers 51 patients; Abdominal Cancers (Includes Stomach Cancers) 14 patients.

Research

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

Research and Development

Tailoring Therapy For Esophageal Cancer in Patients Aged 70 and Over

Heidi Furlong, Gary Bass, Oscar Breathnach, Brian O’Neill, Eamonn Leen, Thomas N Walsh.

*Journal of Geriatric Oncology.* April 2013(Vol. 4 | No. 2 | Pages 107-113)

The frequencies and clinical implications of mutations in 33 kinase-related genes in locally advanced rectal cancer.

Khairun I Abdul-Jalil, Katherine M Sheehan, Sinead Toomey, Jasmin Schmid, Anthony O’Grady, Robert Cummins, Brian O’Neill, Deborah A McNamara, Joseph Deasy, Oscar Breathnach, Liam Grogan, Allin Rogers, Glen Doherty, Des Winter, David Gibbons, John Ryan, Kieran Sheahan, Peter Gillen, Elaine W Kay and Bryan T Hennessy

2013 ASCO Annual Meeting; J Clin Oncol 31, 2013 (suppl; abstr 3549).

Dosimetric and clinical impact of 3D vs. 2D planning in palliative radiotherapy for bone metastases.


*Support Care Cancer.* 2013 Mar 16. [Epub ahead of print]

How effective is a virtual consultation process in facilitating multidisciplinary decision-making for malignant epidural spinal cord compression?


A one-step cone-beam CT-enabled planning-to-treatment model for palliative radiotherapy-from development to implementation.


Management of unusual histological types of breast cancer

Cadoo KA, McArdle O, O’Shea AM, Power CP, Hennessy BT.

*Oncologist.* 2012;17(9):1135-45.

DEPARTMENT OF RESPIRATORY MEDICINE

– No submission

RHEUMATOLOGY SERVICE

– No submission
Neuroscience, ENT and Cochlear Implant Directorate
Neuroscience, ENT and Cochlear Implant Directorate

Clinical Director: Mr David O’Brien

Directorate Nurse Manager: Karen Greene

Business Manager: Aileen Killeen

The directorate fosters world-renowned excellence in patient care and research and sets the health care standard for efficient interdisciplinary teamwork. We embrace a culture of patient-centred care, value and respect of the talented and committed and diverse people who make up our directorate.

The Neurocent Directorate is comprised of the following specialties:-

- Neurosurgery
- Neurology
- Neuro rehabilitation
- ENT
- Maxillofacial Surgery
- Neurophysiology
- Cochlear Implant
- Ophthalmology
- Paediatrics

The directorate comprises 139 beds in the following areas:-

- St Raphael’s Ward
- St Brigid’s Ward
- St Anne’s Ward
- Adams McConnell Ward
- Richmond Ward
- Richmond Intensive Care Unit (RICU)

ENT DEPARTMENT

The head and neck oncology service continues to be largely provided by Prof Michael Walsh. With the development of radiation oncology services in the hospital, it is planned that the head and neck oncology service will be substantially developed.

A wide variety of sub-specialist clinics are provided, including otology, paediatrics, thyroid and speech clinics. Joint clinics with other specialities are a regular feature in the ENT department.

The efficient working of the ENT department is totally dependant on the goodwill, effort and commitment of the people working in the department. Recognition must be given to the ceaseless commitment demonstrated by those involved in the day-to-day running of such a large department. Great credit is due to all members of staff in theatre, ward and outpatient settings, as well as all ancillary services associated with the care of ENT patients.

The Audiology Department through engagement with the national programme has provided training for the new Audiology Masters programme.

New Clinics

- Combined pituitary and skull base clinic with Mr Peter Lacy, Consultant ENT Surgeon, Mr Donncha O’Brien, Consultant Neurosurgeon, and Prof Chris Thompson, Consultant Endocrinologist.

- Skull base clinic also available. This is attended by Mr Rory McConn-Walsh, Consultant ENT Surgeon, Mr Danny Rawluk, Consultant Neurosurgeon, and Mr Mohsen Javadpour, Consultant Neurosurgeon.

- Monthly Mr Peter Walshe thyroid/salivary clinic.

COCHLEAR IMPLANT DEPARTMENT

It was a busy year in the department which included the provision of cochlear implant surgery and brainstem evoked response testing of children under the age of six years at the National Children’s University Hospital Temple Street. The workload of the department increased significantly. Academically the department continued to excel. The department has submitted a business plan to the HSE outlining the requirement to provide a bi-lateral service here.
- Fine needle aspirations and flexible nasoendoscopy for vocal cord assessment have increased in this clinic.

- Combined Mr Lacy clinic with Dr Fiona Molloy, Neurophysiology Department. The neurophysiology team comes to this clinic with their patients for treatment of spasmodic dysphonia. The botulinium toxin is administered using EMG guidance and a flexible nasoendoscopy.

Mr Mahesh Bangalore was appointed as locum consultant in January 2012. Procedures have also increased with the commencement of his clinics. Total attendances have been 1,020 for 2012.

**NEUROLOGY DEPARTMENT**

Currently the Neurology Department comprises four consultant neurologists (including a shared post), three specialist registrars, a registrar, three SHOs and two interns. There are three research fellows.

The department welcomed Dr. Lisa Costello in August 2012. This is a joint appointment with Our Lady of Lourdes in Drogheda. Dr Costello will develop a stroke service in Drogheda and provide a general neurology service to both in-patients and out-patients in Beaumont Hospital.

Planning is ongoing in developing a neurology day unit which will open in 2013.

**National Epilepsy Care Programme**

The Neurology and Neurophysiology Departments have worked together to implement the National Epilepsy Care Programme. The overarching aim of the programme is that it will create a cohort of advanced nurse practitioners to complement the current medical expertise that can take over the chronic disease management of epilepsy from more general services and integrate it with their care in the community. It will provide timely access, intelligent support and outreach clinics for primary care practitioners in the community which will demonstrate true value by reducing admission to the acute hospitals and reducing length-of-stay of those admitted. The outreach service will be supported by the electronic patient record (EPR) being available in the outreach setting.

The web-based epilepsy EPR has now been adopted by the HSE National Epilepsy Clinical Care Programme. Authorized clinicians beyond Beaumont Hospital will have secure access to the EPR to support their care of people with epilepsy.

The epilepsy EPR, with functionality to capture and store information required for optimal patient care, is now in daily use by Beaumont Hospital epilepsy programme doctors, nurses, allied health professionals, administrators and researchers with clear benefits for patient care. It is improving quality and safety and is promoting a more responsive service to patients’ needs. More than 1,750 individual epilepsy patients have a validated electronic record.

The Epilepsy Monitoring Unit will expand from a two-bedded unit to a four-bedded unit on St Brigid’s Ward. Refurbishment of an area in St Brigid’s will be completed by end of 2012, and we look forward to the unit opening in 2013 when all staff are appointed.

**National Stroke Care Programme**

The acute stroke unit is run jointly by the neurology and geriatric services and supports a 24-hour / 7-day stroke service facilitating acute stroke thrombolysis and urgent endovascular and neurosurgical intervention for eligible patients.

The multidisciplinary group involved in the stroke service provide the service in line with the requirements of the National Stroke Care Programme. They have achieved the deliverables as set out by the programme in 2011.

The Stroke MDT worked in partnership with the ESRI HIPE Unit to implement the National Stroke Register. The HIPE portal system is a fundamental element in the development of integrated stroke services undertaken by the National Stroke Clinical Care Programme. The primary aim of the Stroke Register is collection of key data items to provide information on the quality of care for individual patients with stroke and TIA admitted to Beaumont Hospital. This will provide high-quality information to identify areas where improvements in quality of care should be prioritised. It would be an aim of the register that all stroke patients admitted to hospital are captured on the stroke register.

**MND Group**

The MND Group provides services to over 80% of all Irish patients with ALS/MND.

The MND Research Team comprises three clinical fellows, one post-doctoral researcher, two post-graduate students, three research assistants and two research nurses, a clinical nurse specialist and a specialist occupational therapist.

Current research interests includes clinical phenotyping, applied epidemiology, genetics, neuropsychology, pre-clinical drug development, nursing and qualitative research.
NEUROPHYSIOLOGY DEPARTMENT

The Neurophysiology Department provides an inpatient service to Beaumont Hospital with an increasing number of referrals from the critical care units and emergency departments.

The services provided include electroencephalography (EEG), electromyography (EMG), video telemetry EEG, botulinum toxin clinics for neurological disorders and carpal tunnel clinics. We continue to successfully address the length of waiting lists in the department, through streamlining of services, offering protected slots for EEGs to patients attending the epilepsy clinic, additional EMG clinics incorporating urgent slots for selected patients and a GP accessible carpal tunnel service.

Staffing

There are two whole-time equivalent consultant clinical neurophysiologists in Beaumont Hospital. There is one clinical nurse specialist, four clinical neurophysiology scientists comprising a chief clinical neurophysiology scientist, two senior clinical neurophysiology scientists and one basic clinical neurophysiology scientists assisted by a EEG-technician assistant. There is a 1.0 WTE administration staffing resource (two staff members working part-time), which represents a reduction of one WTE since 2009. No NCHDs are assigned to the department. The department works closely with the Planning and Development, Medical Physics and IT departments.

NEUROSURGERY

The Department of Neurosurgery in Beaumont continues to provide a national neurosurgical service for a range of neurosurgical conditions including epilepsy surgery, complex spine and paediatric neurosurgery. The post-graduate training programme continues to function very well with Mr Darach Crimmins as Programme Director. Weekly multidisciplinary team meetings are held in the specialties of epilepsy surgery, neuro-oncology and neuro-vascular neurosurgery, with a monthly meeting with the endocrine group led by Prof Chris Thompson and Dr Amar Agha.

An extensive set of guidelines for the management of head injury, subarachnoid haemorrhage, spinal trauma and malignant brain tumours has been produced by the department and distributed nationally through the HSE. Key performance indicators for these conditions have been produced and are reported quarterly to HIQA with near 100% target attainment for all modalities.

Challenges remain in the department with a long waiting list for non-urgent cases and a case has been for a greater bed allocation and more elective theatre access.

In October 2012 the department had a visit from the SAC. Approval was given for the department to continue providing training to junior doctors; however, the organisation is required to provide more appropriate office facilities for their trainees. This work will be completed in 2013.

The department continues to audit the service and reports to the HSE and HIQA on a quarterly basis. The 2012 annual report on our eight KPIs is available.

VNS

Vagal nerve stimulation is an adjunctive treatment for patients who do not respond to medications, also known as medically resistant epilepsy (MRE), and who are unsuitable for resective epilepsy surgery. The neurosurgical service implants the device while the neurology service manages the therapy. This facilitates active discharge planning from Beaumont neurology services to local neurology services where the patients can be managed holistically within their local catchment services and ensures ongoing access for our local catchment VNS patients. There were 27 new VNS patients implanted and 21 batteries changed in 2012.

OPHTHALMOLOGY DEPARTMENT

Ophthalmology is largely an outpatient based speciality. The department provides a multidisciplinary service with the following staff:

- 2 consultant ophthalmic surgeons
- 2 community ophthalmic surgeons
- 1 SpR, 1 registrar, and 2 SHOs (rotating scheme with the Mater Hospital)
- 2 orthoptists
- 1 clinical nurse specialist
- 0.5 staff nurse
- 3 secretaries

Services provided within the department include general ophthalmology out-patient clinics and specialist ophthalmic clinics including:

- Neuro-ophthalmology service
- Oculoplastic and orbital service
- Diabetic screening clinics
- Orthoptic clinics
NeuroCent Directorate Nursing

Nurses and other healthcare professionals - now more than ever - are accountable for providing quality, evidence-based, individualized and timely care. However, set against a backdrop of increasing demands on service delivery, increasing levels of sophistication and specialization, greater complexity in nursing duties, expanded scope of practice, decreasing nurse-patient ratios, limited public capital spending, loss of expertise from the system and a drive to 'do more with less', achieving gold-standard patient care can prove challenging. One method of achieving, maintaining and developing competence in practice is through post-graduate education programs. These programs enhance the participants’ ability to reflect, critically analyse, apply theory to practice and employ efficient and effective diagnostic decision making to the patient situation.

The NeuroCent Directorate believes that in order to meet the challenges inherent in the provision of modern healthcare, it is necessary to continually enhance the way in which our service is delivered and that as a centre of excellence, our actions and behaviours must be consistent and reflect our values. We, as a directorate, value and respect the talented, committed and diverse people who make us who we are. We recognise the value of lifelong learning and the role that continuing professional development plays in the achievement of excellence in patient care.

Postgraduate Diploma in Neuroscience Nursing

The overall aim of the Postgraduate Diploma / MSc in Neuroscience Nursing program is to prepare nurses to exercise an advanced level of clinical judgement and practice, demonstrating additional knowledge and skills in a specific area of practice.

The Postgraduate Diploma in Neuroscience Nursing program commenced on September 12, 2011 and ended on September 9, 2012. Four candidates undertook the course: two from the field of neuromedicine, and two from the field of neurosurgery. Three candidates have successfully completed the course, with one candidate not yet complete. No student undertook the Pathway to Postgraduate Diploma this year.

Specialist Practice Program in Neuroscience Nursing

The overall aim of the Specialist Practice Program in Neuroscience Nursing is to enhance nurses’ knowledge and clinical skills in the respective subspecialty in which the practitioner works with the option of availing of off-site placements of particular interest and relevance to the student in their area of work. By its nature, the course is clinically focused and undertaken over a six month period. A key aspect of the Specialist Practice Program is the strong commitment to the integration of theory into practice with the theoretical content of each course structured according to the candidates’ clinical background.

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A total of six students undertook the Specialist Practice Program in Neuroscience Nursing including nurses from audit and research, neuroscience intensive care, neurology and neurosurgery. The course commenced on September 6, 2010 and finished on February 29, 2011.

Neuroscience Conference - November 9, 2012

During the year, the Neurocent Directorate hosted a national neuroscience conference focusing on the practical management of patients with a variety of common neuromedical and neurosurgical conditions. This conference was open nationally to members of the interdisciplinary team and proved immensely successful with over 200 delegates attending from across the country. The conference provided delegates the opportunity to hear from expert clinicians in relation to a variety of topics including subarachnoid haemorrhage, traumatic brain injury, rehabilitation, epilepsy, and stroke as to how best manage patients presenting with these conditions. The conference also provided a valuable networking opportunity where staff from referring hospitals could meet and discuss approaches to care with staff from Beaumont Hospital. The opening address was delivered by Ms Sheila McGuiness, Director of Nursing, who highlighted our aim of being an open and accessible resource for colleagues in healthcare settings around the country.

Practice Development Initiatives

A number of wards within the directorate continued to expand the role of nursing undertaking training in cannulation, phlebotomy, Cortrack NG tube insertion and swallow assessment. This has enhanced the patient experience by decreasing length of times waiting for procedures. The Early Warning Score was also rolled out successfully in the directorate during 2012.

NeuroCent Nursing and Healthcare Research Group

Throughout the year, the NeuroCent Directorate Nursing and Healthcare Research Group have continued its current project examining the effectiveness of headache management in patients with aneurysmal subarachnoid haemorrhage. The group has successfully published in the British Journal of Neuroscience Nursing and displayed a poster at the 5th Annual St James's Hospital Multidisciplinary Research, Clinical Audit and Quality Improvement Seminar.

First INMO ‘leadership challenge’ day

The first INMO leadership challenge took place in October 2012 with the aim of providing clinical nurse and midwife managers an opportunity to develop their leadership skills in a safe environment. The HSE National Leadership and Innovation Centre for Nursing and Midwifery provided funding to support the development and delivery of the programme. The leadership challenge provides clinical nurse and midwife managers with skills to deliver safe and effective care within the current climate of resource constraints, workforce shortages and increasing patient expectations. Forty nurses nominated by their Director of Nursing from the following six hospitals participated:

- Beaumont Hospital
- Galway/Roscommon Hospital Group
- Our Lady’s Hospital, Crumlin
- St James’s Hospital
- St Luke’s Hospital, Kilkenny
- University Hospital Limerick

The participants had the opportunity to experience the various roles of a fictitious Senior management team and deal with a number of unexpected challenges throughout the day. The series of exercises designed to test the participants’ capacity to respond to challenges included managing a family complaint, doing a media interview, dealing with a fitness to practise inquiry and demonstrating how their organisation complies with the National Standards for Safer Better Healthcare (HIQA 2012).
Ms Ann Lynch Pope was nominated from the Neurocent Directorate and completed the day successfully (see picture below).

**Turnover**

Over the past twelve months 13 new nurses and 19 graduate nurses were welcomed to the directorate. A total of 23 nurses terminated in 2011. A number of new nursing posts came with the Epilepsy Clinical care programme to provide expansion of the existing epilepsy monitoring unit and to provide an outreach service at Advanced Nurse Practitioner level.

**Acquired Brain Injury Clinical Nurse Specialist**

2012 has proven to be another busy year for the Acquired Brain Injury Clinical Nurse Specialist (ABI CNS). Due to maternity leave the service was not covered for a two month period in June – July and the end of year numbers highlight this. A total of 228 patients were seen this year and this number is down on previous years due to the lack of service in that two-month period. The first table shows the number of patients that have been referred to the ABI CNS throughout 2012 and the mechanism of injury. There are also graphs that illustrate the specific injuries seen by the ABI CNS and also a graph to compare these numbers to those in 2011. Finally there is a pie chart that clearly illustrates the total number of patients seen by the ABI CNS since the position was created in 2005.

The trend in referral numbers and the ward activity is similar to that of 2011 with falls (42.1%) remaining the most common brain injury.

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<th>CSDH</th>
<th>Sports</th>
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**Comparing 2011 Numbers to 2012**
Developments in ABI Service 2012

In August 2012 the ABI CNS was nominated to take position on the Rehabilitation Medicine Clinical Care Programme as Lead Nurse. The Rehabilitation Medicine Programme is a National Clinical Care Programme under the direction of the HSE’s Clinical Strategy and Programmes Directorate, which aims to improve access, quality and cost-effectiveness of services to individuals requiring specialist rehabilitation services in Ireland.

The aim of the Rehabilitation Medicine Programme is maximising ability and reducing disability by:
* Increasing access to specialist rehabilitation services
* Reducing disability and dependency
* Increasing numbers returning to work

On March 8, 2012 the ABI CNS held an ABI Awareness day in conjunction with Headway, ABI Ireland and the Road Safety Authority. This day was held at the health promotion stand in Beaumont Hospital. This awareness day was open to all patients, staff and visitors in Beaumont Hospital and aimed to highlight ABI along with community support services available. This event is gained a lot of support and awareness and was a great success.

On October 23, 2012 the ABI CNS held an ABI Information evening in the Centre of Education, Beaumont Hospital and invited ex-patients of Beaumont Hospital, who has sustained an ABI and their families along to get information on community supports available to them. It was also an opportunity for attendees to get a greater understanding of their injury and consequences of same. Guest speakers included a case manager, social worker and psychologist from ABI Ireland who outlined the service provided. Richard Stables, an information and support manager from Headway spoke about the range of services provided from Headway for people following ABI. Finally Una McGettigan who sustained an ABI in 2009 spoke about her journey of recovery. The final part of the evening was where attendees had an opportunity to speak privately to the guest delegates about their particular concerns. This evening was well attended and proved to be a success and it is felt by all that it is worth running annually.

Neuro Otology & Skull Base Multidisciplinary Programme

Stereotactic Radiosurgery

Stereotactic radiosurgery is offered to patients with an acoustic neuroma when the growth of the tumour falls within the criteria for such treatment. 2012 saw Mr Javadpour, Consultant Neurosurgeon, commencing treatment of suitable patients in St Luke’s Hospital. Prior to this, treatment was only available abroad.

Paradox Database

An acoustic neuroma database is established which collates clinical data from all acoustic neuroma patients since the initiation of the programme in 1992. The programme in Beaumont Hospital has been invited to take part in the 1st National Vestibular Schwannoma Audit with ‘The British Skull Base Society Council’. There are now 794 patients on the database with 275 patients on the Intermittent Interval Imaging Protocol.

My role of the CNS incorporates in-putting patient information to the database and this information is used at national and international fora where Beaumont results are presented and where we continue to monitor clinical performance and quality of care outcome measures.

Ophthalmology Department

Ophthalmology, saw a record number of patients attending in 2012 with 7,380 been seen in outpatient clinics and 500 patients attended for day surgery cases. The success of Ireland’s first shared cared glaucoma clinic meant that an additional 224 new patients were seen in the general clinics. Inpatient consultations remain a big part of our service provision with 1192 consultations being referred to us, mainly from neuro surgery, neurology and endocrinology.
Rapid Access Nurse shared Diabetic Clinic

Diabetes is the commonest cause of registered blindness in Ireland. New Type11 diabetic patients have a diabetic assessment on their first visit but have a three-year waiting list before having a formal diabetic and ophthalmic assessment by a diabetologist. Patients with a Hb A1c >8% are at greater risk of developing diabetic retinopathy, a potentially sight-threatening disease. These facts highlight the need to develop a Rapid Access Nurse shared Diabetic Clinic. This vital service was introduced in July 2012.

The annual Neuro Ophthalmology Course attended by both national and international delegates was hosted in August.

Neuro-Oncology Service

The brain tumour experience can be a journey into an unknown land filled with uncertainty. Gathering information about brain tumours can help you understand your options and, in the process, feel more in control.

In the neuro-oncology service in Beaumont hospital we strive to provide education support and information to patients and their families diagnosed with brain and spinal tumours. The service continued to be busy and in 2012. 365 patients with a malignant diagnosis were seen and given support to by the oncology Clinical Nurse specialists in the service.

Changes to service

The CNS Eloise Cowie and Eithne Dunne now meet the patients pre-operatively; previously they met the patient post-operatively. Due to the earlier discharge of the patients, the CNS meet the patient post-operatively in the Out-Patients’ Department following discharge for the breaking of bad news.

Neuro-Oncology Multidisciplinary Meetings

The neuro-oncology MDM pro-forma is at the final draft stage, on completion it will be set up on the Oncology Conference Board. This will enable members to add patients electronically for discussion to the MDM and will be a permanent record of the MDM in real time with the outcomes / suggestions signed off by the chairperson of the meeting and filed in the patient’s chart.

Patient Education Day

In May 2012, 52 people attended the patient education and support day. The group was made up of patients and family members. Feedback were very positive.

This was funded by the Beaumont Hospital Foundation Grant scheme and the Irish Cancer Society provided the funding in 2012.

Paediatric Neuro-Oncology Service

2012 marks a year in which the CNS neuro-oncology, working with the paediatric neuro-oncology team, set as a goal improving access and information for the families of children with brain tumours. The neuro–oncology CNS has co-authored a standard operating procedure for provision of paediatric neuro–oncology services between Our Lady’s Children’s Hospital, The Children’s University Hospital and Beaumont Hospital. The objective of this document

![Patients discussed at MDM 2012](chart.png)
is to facilitate prompt referral between the hospital centers, leading to timely diagnosis and closer integration for treatment planning among all of the service providers.

The CNS coordinated the revision of the “Helping Hands” family information booklet first published in 2005. This revision was a joint project undertaken by the Neuro-oncology CNS and a CNS from the Oncology Department Crumlin. The draft copy is with the publisher, the Irish Cancer Society has kindly agreed to undertake re-publishing this booklet.

**MS Service**

**Service Statistics**
The MS Nurse specialists have again had a very busy year. This year more emphasis was placed on aiming to capture the numbers of patients under the service. Extra efforts were placed in creating excel sheets to update and adjust the four consultant neurologists’ patients.

At the end of 2012, the database included a total of:

1. 961 patients/ 885 in 2011=76 additional patients. This is an increase of 7.9%
2. 40 new/newly diagnosed patients (electronically captured)
3. 7 Deaths

**Direct Care**

Hospital care includes inpatients on all ward settings including ED. Patients are admitted electively, via the Outpatient Department or ED. Patients are admitted preferably to St. Brigid’s Ward but unfortunately this does not always happen due to the opening of the Stroke Unit in 2010. As a result, MS patients may be admitted to any medical/surgical ward depending on availability of Neurology admission beds (see chart below).

**Tysabri (Natalizumab) Treatments for Aggressively Relapsing Remitting MS Patients**

Patients are admitted electively to St. Brigid’s Ward for work-up, suitability, education and counselling. They receive their first dose in St. Brigid’s Ward where they are monitored for hypersensitivity reactions during and post infusions which may be as mild as urticarial. In 2012 it was noted that fewer patients were admitted overnight for first dose Tysabri and were subsequently given same at a day facility. There are currently 22 patients receiving Tysabri in Jervis Infusion ward and 2 patients on the waiting list.

**Fingolimod (Gilenya) Treatment**

Fingolimod is a licensed medication for the treatment of RRMS. Reimbursement has been approved in Ireland since last July 2012. This is the first oral agent and falls under the class of disease modifying therapies. It is indicated as a second line treatment option.

The total number of patients who started Fingolimod in 2012 is 15, 8 patients had first dose in St.Brigid’s Ward, 6 patients started in CRC and 1 patient started in Australia. Total number of patients to date 25. We had an increase of 6 patients compared
Beaumont Hospital
Annual Report 2012

To 2011. Please see graph below. The future aim is for all patients starting Fingolimod to move to the New Neurology Day Unit once the facility is fully functional in 2013. There are currently 14 patients on the waiting list as at December 2012. All patients starting treatment in the Clinical Research Centre are being monitored by the Fingolimod support nurse employed by Novartis.

Total Number of Patients on Gilenya for 2012 have increased compared to 2011 (See Graph below)

![Graph showing total number of patients on Gilenya for 2011 and 2012]

In summary, two MS Nurse Specialists cover three Consultant Neurologists clinics on a Wednesday morning. One nurse covers Dr Moroney and the other covers Prof Healy and Dr Costello. They have been divided in this fashion according to the average numbers of patients attending clinic. It is foreseen that in 2013 that this trend may change and increase.

2012 brought an increase of 135 additional patient reviews in the Out-Patients Department comparing 2011 to 2012. This is a growth increase of 27.7%

Outpatient Clinics

The Neurology Outpatient Clinics consist of the following:

1. Professor Orla Hardiman- MS clinic. Second Monday pm of every month
2. Dr. Norman Delanty- General Neurology clinic. (Tuesday am)
3. Dr. Joan Moroney- General Neurology clinic (Wednesday am)

From September 2012, in addition to the above the MS Nurse Specialist attends Professor Dan Healy’s general neurology clinic on a Wednesday morning also. In order to facilitate this clinic, the MS Nurse Specialists reduced the telephone advice line service on Wednesdays.

In 2013 and beyond there will be newer treatments for patients becoming available. This added level of choice for patients will prove to be more challenging to the current level of service available for the MS Nurse Specialists at Beaumont Hospital. This area is challenging, and changing as it may be, is a very exciting time for the future of MS care in Ireland.

Developments in 2012

The MS Nurses were part of the steering group who developed the 1st Handbook for Nurses and Midwives Caring for people with MS. Most of our Secondary Progressive patients may require LTC and are often cared for by Nurses/ Midwives who have no Neurology Training/experience. This handbook may be used as reference in order to provide optimal care to MS patients outside of the hospital/neurology setting. The handbook was launched in September 2012.

In 2013 and beyond there will be newer treatments for patients becoming available. This added level of choice for patients will prove to be more challenging to the current level of service available for the MS Nurse Specialists at Beaumont Hospital. This area is challenging, and changing as it may be, is a very exciting time for the future of MS care in Ireland.
Surgical Directorate
2012 saw the appointment of a new Clinical Director, Prof Arnold D K Hill, Consultant Breast and General Surgeon. The Surgical Directorate is comprised of Breast Surgery, Colorectal Surgery, Upper Gastrointestinal Surgery, Gynaecology, Orthopaedics, Plastic Surgery and Vascular Surgery. The directorate comprises 134 beds in the following wards:

- AB Clery
- Banks
- Hardwicke
- Phoenix

The directorate is also responsible for the hospital’s Outpatient Department which, in 2012 had 178,000 appointments. A day-of-surgery admission area was created in St Luke’s Ward which serves the entire Surgical Directorate. Nursing staff continue to provide an integral part of the service of the directorate. Included in this:

- Breast care
- Stoma care
- Colorectal Nursing (including the Enhanced Recovery Programme)
- Upper Gastrointestinal
- Cancer Services
- Parenteral Nutrition

Breast Unit

Lead Clinician: Professor Arnold Hill

Consultant Surgeons:
Mr Mike Allen
Mr Colm Power
Mr Paul McAleese
Mr Finbar Lennon

Consultant Radiologists:
Dr Deirdre Duke
Dr Jennifer Kerr
Dr Neasa Ni Mhuircheartaigh
Dr Niamh Hambly

Consultant Pathologists:
Dr Anne Marie O’Shea
Dr Marie Staunton

Consultant Medical Oncologists:
Dr Liam Grogan
Dr Oscar Breathnach
Dr Bryan Hennessy

Consultant Radiation Oncologists:
Dr Clare Faul
Dr Orla McArdle

Consultant Plastic Surgeons:
Mr Brian Kneafsey
Mr Nadeem Ajmal

The Symptomatic Breast Unit in Beaumont Hospital continued to grow in size during 2012.

The unit continued to perform to an extremely high standard throughout 2012 in all the key performance indicators required by the National Cancer Control Programme. All key performance indicators were returned in a timely fashion to the National Cancer Control Programme. The basis for the ongoing monitoring of quality and standards is our monthly Audit Quality & Risk meeting held prior to our monthly disciplinary meeting. These meetings are minutest...
and standards are assessed on a monthly basis. A central component of our working week is our Multi Disciplinary Meeting which is attended by our 15 consultants of the various specialties. All patients presenting to the Symptomatic Breast Service who undergo a biopsy are discussed as are all patients prior to and following surgery. The service saw 9,470 patients of which 4,359 were new patients in 2012. More than 95% of our urgently triaged patients were seen within the two week timeline and more than 95% of our non-urgent patients were seen within the three month timeline. The unit runs 13 separate breast clinics every week. The Symptomatic Breast Unit treated 323 new cancers in 2012 which shows a progressive increase in our workload of 301 in 2011. This continues the steady increase in numbers seen which was 115 cases in 2006. It is anticipated that the unit will cater for approximately 300 new breast cancers each year.

An ongoing feature of the Symptomatic Breast Service at Beaumont Hospital is the excellent service provided by our Consultant Plastic Surgeons, Mr Brian Kneafsey and Mr Nadeem Ajmal. The Symptomatic Breast Service provides all ranges of breast reconstruction. In particular, Mr Ajmal has developed a national reputation for DIEP reconstructions. This procedure provides an excellent cosmetic outcome which reduces morbidity for the patient. To date he has performed over 100 of these procedures.

An exciting development in 2012 has been the granting of permission for the new Symptomatic Breast Unit which is to be located close to the mammography garden and the mammography breast unit. This will significantly enhance the environment for our patients.

On research, the Symptomatic Breast Unit has a very strong research facility supported by the team from the Royal College of Surgeons in Ireland. This Translational Breast Cancer Programme is led by a number of key investigators including Dr Leonie Young, Dr Ann Hopkins, Dr Bryan Hennessy and Prof Arnold Hill. There are over 20 research personnel involved in the delivery of the programme and much of the work is funded by Breast Cancer Ireland with continued to develop a national breast cancer bioresource which the Symptomatic Breast Unit in Beaumont has been leading. There is a very strong ethos within the unit to support participation in clinical trials. This is being led by Derval Kehily in the Clinical Trials Unit. Dr Oscar Breathnach has led this programme over the last number of years and we have very high accrual rates to many international breast cancer clinical trials.

**Surgical Directorate – Nursing**

**Breast care**

The breast care service, as described above, remains busy. Five breast care nurses and one healthcare assistant facilitate the delivery of the service to in-patients, outpatients and patients in the mammography unit.

Seventy former patients attended an off-site education day with a survivorship theme which was co-ordinated by the breast care nurses. The feedback received was very positive.

In January 2011 the breast care nurse specialists commenced triage of all referrals to the symptomatic breast service. It is planned to retrospectively audit the implementation of the new triage process in 2012.

**Stoma Care**

The department had another busy year with 89 ileostomy, 37 colostomy and 17 urostomy formed (total 143). The nurse-led stoma clinic continued to deliver an invaluable service to inpatients, outpatients, day oncology patients, convalescent patients and patients in St Joseph’s Hospital in Raheny.

Education was provided to the multidisciplinary team including nurses, ITU staff, oncology post-graduate students, medical students, dietitian and pharmacy staff. The foundation course in stoma care continues to be facilitated in Beaumont Hospital and in excess of 20 lectures were delivered by the stoma-therapist both internally and externally. Furthermore, post-graduate oncology students from UCD were given placements with the colorectal nurses and the stoma-therapist. Elaine Webb (CNM1) completed a post-graduate diploma in surgical oncology. Work is ongoing on a booklet on caring for a stoma during chemotherapy and radiotherapy.

**Colorectal**

The service remained busy with 186 patients diagnosed and treated with colorectal cancer in 2011, most of whom went on to have surgery. 58 were newly diagnosed with rectal cancer, of which 44 went on to have surgery.

A second colorectal nurse, Janette Hanway, was appointed to the department. Again, the CNSs provided education to the post-graduate theatre and oncology programmes and to public health nurses.
Work is ongoing in developing a patient referral system, the colorectal patient passport and patient pathways for colon and rectal cancers.

**Enhanced Recovery Programme (ERP)**

The enhanced recovery programme for colorectal surgery commenced at the end of 2010. The underlying principle is to enable patients to recover from surgery and leave hospital sooner by minimising the stress responses on the body during surgery.

In 2011, 120 patients went through the ERP and the results show that the average length of stay for ERP patients post colorectal surgery fell by an average of five days compared to the national average.

The programme received commendation at the ‘Astellas Changing Tomorrow Awards’, and was a finalist at the ‘Biomnis Healthcare Awards’. It was also the winner of the 2011 Beaumont Hospital ‘Sheppard Trust Bursary Prize’.

It is hoped to appoint a full time ERP nurse specialist in 2012. This is to replace the Beaumont Foundation funded part time CNM 1 post.

**Upper Gastroenterology**

The Clinical Nurse Specialist post was filled on a permanent basis with the appointment of Wendy Hickey in November 2011. The regional upper GI multidisciplinary meeting between Beaumont, Connolly and Our Lady of Lourdes In Drogheda hospitals was established to discuss new referrals the CNS provides overall continuity of care for patients with upper GI cancers, their families and all members of the multidisciplinary team and had important roles to play as patient advocate, in education and training, quality assurance and audit.

Part of her role was to maintain the National Cancer Control Programme database with information on all patients diagnosed in Beaumont Hospital with gastric and oesophageal cancer. Of note, 88 patients were diagnosed with either gastric or oesophageal cancers in 2012 at Beaumont Hospital. Of the 34 patients diagnosed with gastric cancer, 22 had a gastrectomy performed. 63 Patients were diagnosed with oesophageal cancer with 26 having oesophagectomy.

**Parenteral Nutrition (PN)**

There was a slight reduction of patients receiving PN in 2012 when the number fell to 227.

The PN Clinical Nurse Manager monitors all patients on PN paying particular attention to reducing line sepsis and educating staff. She presents the line sepsis reports at the PN committee meeting twice yearly.

**The Outpatient Department (OPD)**

The throughput in 2012 was 172,397 patients. On average there are 30 patients admitted from OPD monthly. 450-500 dressings are carried out monthly in the clinic. Teaching and professional development are key to maintaining a high quality nursing service and developing new and improved techniques and treatments in the department.

The OPD staff concentrated on enhancing the quality and safety of services delivered in the department. Quality improvement plans to formalise the care given in each specialty and comment cards from the general public have helped steer this in the right direction.

The ENT clinic staff have completed on-line decontamination training, as per HSE standards, with all relevant staff certified and deemed competent in the area of decontamination.

**On-Going Education and Professional Development**

The professional development of staff within the directorate continues. In this regard, the Specialist Practice Surgical/Medical Nursing Programme continued in operation. A number of nurses completed the following:-

- BSc in Nursing;
- Diploma in Nursing Management; and
- Specialist practice course in oncological nursing.

**Surgical Wards**

There were many new initiatives in the directorate during 2012.

Daily inter-directorate morning meetings commenced and included ward managers, the directorate nurse manager, a theatre CNM, a CNM from the emergency department and a bed manager. This 9am meeting was invaluable in setting the scene for the day. Also co-ordinated at this meeting was bed management and private occupancy and inter ward transfers.

A ward CNM 2 took on the role of surgical bed flow management for the surgical directorate. This helped to facilitate smooth admission of both scheduled and unscheduled admission of surgical patients.
In preparation for the launch of the national elective surgery programme (ESP), a day-of-surgery admission area (DOSA) was established in the 2-bedded area on St Luke’s Ward with dramatic improvements in the DOSA rate.

The productive ward series was commenced on St Luke’s Ward with the intention of releasing staff time to care for patients.

St Luke’s Ward also became a pilot ward for the early warning score (EWS) which was launched nationally.

The Lean 5-S System was introduced to the store areas on the AB Clery Ward resulting in cost savings and the releasing of staff time. It is intended to introduce the Lean 5-S System to the other three wards in the directorate.

Pre-operative assessment by the ERP nurse for colorectal patients was commenced with the intention of reducing patient visits to the hospital and addressing the lack of pre-assessment capacity issue.

**MARIE KELLY**  
*Directorate Nurse Manager*

**Department of Colorectal Surgery**

**Beaumont Hospital**
Mr Joseph Deasy, Consultant General & Colorectal Surgeon  
Ms Deborah McNamara, Consultant General & Colorectal Surgeon

**Beaumont Hospital and Connolly Hospital**
Mr Ronan Cahill, Consultant General & Colorectal Surgeon

**Our Lady of Lourdes Hospital Drogheda and Beaumont Hospital**
Mr Sherif El-Masry, Consultant General & Colorectal Surgeon

Colorectal cancer surgical services continue to be a key focus of our department but the full spectrum of colorectal conditions including benign colorectal conditions, continence, pelvic floor and emergency colorectal surgery is treated. Our newest consultant Mr Cahill is working closely with the gastroenterology department to enhance surgical services to patients with IBD.

The colorectal surgical services group was established and meets regularly to coordinate surgical and other services offered by our department.

Our special interest in rectal cancer surgical services continues and we are the National Cancer Control Programme-designated Cancer Centre for North Dublin and the North-East. In 2012, 94 patients with a new diagnosis of rectal cancer were discussed and 67 operations undertaken. We continue to deliver excellence in surgical care despite increasing numbers and decreased resources. In particular we have undertaken a number of projects to increase day-of-surgery admission of patients and to reduce length of hospital stay. Our services are greatly enhanced by the ongoing support of our Colorectal Nursing Team including Mary Conway, Janette Hanway and Fiona McNally and of the Stoma Care Team of Marianne Doran and Elaine Webb.

In addition to a heavy clinical workload, the department had a number of significant research and academic achievements in 2012. We continue to have a very fruitful research collaboration with the Department of Pathology, under the direction of Professor Elaine Kay, and with the RCSI Department of Pathology, under Professor Jochen Prehn. Ms Deborah McNamara continued in her positions as Chair of the General Surgical Sub-Committee of the Royal College of Surgeons in Ireland, Programme Director of the RCSI HST Programme in General Surgery and Chair of the Rectal Cancer Clinical Leads Group of the National Cancer Contol Programme. She remains the Republic of Irish representative on the Council of the Association of Coloproctology of Great Britain and Ireland. Research papers published by the Department in the academic year are listed below:


DEBORAH McNAMARA MD FRCSI (Gen Surg) CONSULTANT GENERAL & COLORECTAL SURGEON
<table>
<thead>
<tr>
<th><strong>Breast Surgery</strong></th>
<th><strong>General Surgery</strong></th>
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<tr>
<td><strong>In-Patients Total</strong></td>
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<td>Scheduled In-Patients</td>
<td>103</td>
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<td>372</td>
</tr>
<tr>
<td><strong>Total Discharges</strong></td>
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</tr>
<tr>
<td><strong>Day of Surgery Admission</strong></td>
<td>71.8%</td>
</tr>
<tr>
<td><strong>Average Length of Stay</strong></td>
<td>3.4 Days</td>
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<table>
<thead>
<tr>
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<th><strong>Upper GI Surgery</strong></th>
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<tr>
<td>Scheduled In-Patients</td>
<td>67</td>
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<tr>
<td><strong>Day Cases</strong></td>
<td>410</td>
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<tr>
<td><strong>Total Discharges</strong></td>
<td>516</td>
</tr>
<tr>
<td><strong>Day of Surgery Admission</strong></td>
<td>79.1%</td>
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<tr>
<td><strong>Average Length of Stay</strong></td>
<td>6.3 Days</td>
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<table>
<thead>
<tr>
<th><strong>Orthopaedics</strong></th>
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<tr>
<td>Scheduled In-Patients</td>
<td>163</td>
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<td><strong>Day Cases</strong></td>
<td>429</td>
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<tr>
<td><strong>Total Discharges</strong></td>
<td>1,386</td>
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<tr>
<td><strong>Day of Surgery Admission</strong></td>
<td>46.3%</td>
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<tr>
<td><strong>Average Length of Stay</strong></td>
<td>12.6 Days</td>
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<table>
<thead>
<tr>
<th><strong>Plastic Surgery</strong></th>
<th><strong>General Surgery</strong></th>
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<tr>
<td><strong>In-Patients Total</strong></td>
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<td>Unscheduled In-Patients</td>
<td>94</td>
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<tr>
<td>Scheduled In-Patients</td>
<td>106</td>
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<td><strong>Day Cases</strong></td>
<td>398</td>
</tr>
<tr>
<td><strong>Total Discharges</strong></td>
<td>598</td>
</tr>
<tr>
<td><strong>Day of Surgery Admission</strong></td>
<td>47.1%</td>
</tr>
<tr>
<td><strong>Average Length of Stay</strong></td>
<td>4.6 Days</td>
</tr>
</tbody>
</table>
Transplant, Urology and Nephrology Directorate
Transplant, Urology and Nephrology Directorate

Management Team

Prof Peter Conlon
Clinical Director

Catriona McDonald
Directorate Business Manager

Petrina Donnelly
Directorate Nurse Manager

Introduction
The Transplant, Urology and Nephrology Directorate incorporates these three specialities 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.

National Renal Transplant Programme
A total of 163 (39.6 pmp) renal transplants were performed in 2012, 32 of which were from a living donor. Also a record number of paediatric renal transplants were performed in Temple Street in 2012 (n=16). We are very close to achieving our 4,000th renal transplant in Ireland and are confident that this will occur by the middle of 2013. The first renal transplant took place in Ireland on January 13, 1964 and so we will be celebrating 50 years of Renal Transplantation in Ireland in 2014.

The Transplant, Urology and Nephrology directorate management team produced a business case on behalf of the National Renal Transplant Programme at Beaumont Hospital in November 2011 to expand the Transplant Programme, outlining a phased approach to perform 100 live donors per annum in the next three years.
In 2012 numerous meetings to discuss the aspects of the business case occurred and following discussions, and as part of this phased approach to the expansion, an interim plan for 2012 was produced to outline resources required in phase 1. The revenue and whole-time equivalents (wte) components of this phase were secured in 2012. The team is continuing to work with HSE Estates in securing the appropriate capital budget required to develop the infrastructure – this includes the refurbishment of the existing transplant unit (as an interim measure), equipping of an additional theatre and expansion of the H and I department.

National Organ Procurement Service
The National Organ Procurement Service for the Republic of Ireland is coordinated through the Organ Procurement Office at Beaumont Hospital. The service was established in 1986 with the appointment of a transplant coordinator. There are currently five coordinators in post.

<table>
<thead>
<tr>
<th>Organ</th>
<th>Retrieved</th>
<th>Export</th>
<th>Import</th>
<th>Research</th>
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<tbody>
<tr>
<td>Kidney</td>
<td>145</td>
<td>0</td>
<td>0</td>
<td>7</td>
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<tr>
<td>Liver</td>
<td>64</td>
<td>22</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Heart</td>
<td>13</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lung</td>
<td>21</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Pancreas</td>
<td>1</td>
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<td>0</td>
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</tbody>
</table>

The Department of Nephrology at Beaumont Hospital has its origins from Jervis Street Hospital, with the acquisition of a haemodialysis machine in 1958. Since those early days, dialysis and transplant medicine has grown rapidly in Ireland and the “Renal Unit” at Beaumont Hospital remains the largest provider of renal replacement therapy in the country. The Renal Unit at Beaumont offers a full range of therapies for renal failure including; Haemodialysis, Home therapies including Peritoneal dialysis and Home Haemodialysis, Plasma Exchange Therapy and Renal Transplantation.

<table>
<thead>
<tr>
<th>Total Number of Organs Retrieved</th>
<th>244</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Organ</th>
<th>Retained</th>
<th>Export</th>
<th>Import</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney</td>
<td>145</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Liver</td>
<td>64</td>
<td>22</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Heart</td>
<td>13</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lung</td>
<td>21</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Pancreas</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

In 2012 there were a total of 78 donors which equates to a donor rate of 17.03% per million population (pmp).

Donor Statistics
Total number of deceased donors: 78 (17.03pmp)
Number of potential donor referrals: 142

Details of 78 deceased donors

<table>
<thead>
<tr>
<th>Total Organ Donor Retrievals</th>
<th>78</th>
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<tbody>
<tr>
<td>Heart Beating</td>
<td>75</td>
</tr>
<tr>
<td>Non Heart Beating</td>
<td>3</td>
</tr>
</tbody>
</table>

| Adult Donors | 75 |
| Paediatric Donors | 3 |

<table>
<thead>
<tr>
<th>Organ Donor referrals not retrieved</th>
<th>64</th>
</tr>
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<tbody>
<tr>
<td>No Consent (reported cases)</td>
<td>24</td>
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<tr>
<td>Medically Unsuitable</td>
<td>30</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
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</table>

Total Number of deceased solid organ donors recorded in Ireland since 1964 = 2,272

<table>
<thead>
<tr>
<th>Nephrology</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemodialysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number HD Treatments</td>
<td></td>
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</tr>
<tr>
<td>Maintenance HD Treatments</td>
<td>31,182</td>
<td>31,002</td>
<td>29,573</td>
<td>31,007</td>
<td>29,181</td>
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<tr>
<td>Patients on maintenance programme in Beaumont</td>
<td>187</td>
<td>189</td>
<td>189</td>
<td>182</td>
<td>175</td>
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<tr>
<td>Acute HD treatment</td>
<td>4,921</td>
<td>4,781</td>
<td>4,393</td>
<td>5,335</td>
<td>4,642</td>
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<tr>
<td>Home Therapies</td>
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</tr>
<tr>
<td>Peritoneal Dialysis</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients on PD programme year end</td>
<td>38</td>
<td>39</td>
<td>42</td>
<td>47</td>
<td>59</td>
</tr>
<tr>
<td>Patients on CAPD</td>
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<td>8</td>
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<tr>
<td>Patients on APD</td>
<td>37</td>
<td>37</td>
<td>39</td>
<td>37</td>
<td>51</td>
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<tr>
<td>Home Haemodialysis</td>
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<tr>
<td>Patients on HHD programme</td>
<td>0</td>
<td>2</td>
<td>11</td>
<td>19</td>
<td>18</td>
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2012 has been a very busy year of renal activity in the Department of Nephrology at Beaumont Hospital. A feature of the Nephrology Department in recent years has been the reduction in the reliance of in-patient admissions with the reduction in average length-of-stay and increased out-patient and day case activity. This we anticipate to continue to improve in the coming years.

## Nephrology

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<tr>
<td><strong>In patients</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>In Pt Bed Days</td>
<td>14,450</td>
<td>15,188</td>
<td>12,903</td>
<td>12,185</td>
<td>11,814</td>
<td>10,613</td>
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<tr>
<td>In Pt Discharges</td>
<td>1,612</td>
<td>1,470</td>
<td>1,384</td>
<td>1,413</td>
<td>1,427</td>
<td>1,223</td>
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<tr>
<td><strong>OPD attendances</strong></td>
<td>5,707</td>
<td>6,453</td>
<td>6,535</td>
<td>6,961</td>
<td>7,759</td>
<td>8,877</td>
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<tr>
<td>Day Cases</td>
<td>335</td>
<td>372</td>
<td>604</td>
<td>602</td>
<td>685</td>
<td>791</td>
</tr>
</tbody>
</table>

### Home Haemodialysis Programme

Nocturnal home haemodialysis (NHD) is a form of home haemodialysis that is performed independently in the home environment. It is self-administered for 6-8 hours on 3-7 nights per week, providing between 30 and 45 hours of dialysis, compared to 12 hours on conventional in-centre haemodialysis. Interest in this method of dialysis is increasing due to the growing body of evidence demonstrating the numerous physiological benefits associated with it. It has been shown that frequent nocturnal haemodialysis improves left ventricular mass, reduces the need for blood pressure medications and phosphate binders in the majority of cases, and has a positive effect on health-related quality of life.

## Urology

2012 has been a very busy year of urology activity in Beaumont Hospital. The urology team at Beaumont hospital continues 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 outpatient and day case activity. This we anticipate to continue to improve in the coming years.

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In patients</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Pt Bed Days</td>
<td>7,216</td>
<td>7,341</td>
<td>8,226</td>
<td>8,111</td>
<td>8,639</td>
<td>8,644</td>
</tr>
<tr>
<td>In Pt Discharges</td>
<td>1,219</td>
<td>1,175</td>
<td>1,253</td>
<td>1,355</td>
<td>1,477</td>
<td>1,569</td>
</tr>
<tr>
<td><strong>Theatre activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine Operations</td>
<td>1,506</td>
<td>1,550</td>
<td>1,913</td>
<td>1,317</td>
<td>1,237</td>
<td>1,436</td>
</tr>
<tr>
<td>Emergency operations</td>
<td>316</td>
<td>351</td>
<td>391</td>
<td>360</td>
<td>438</td>
<td>367</td>
</tr>
<tr>
<td><strong>OPD attendances</strong></td>
<td>7,328</td>
<td>7,792</td>
<td>8,206</td>
<td>8,497</td>
<td>9,027</td>
<td>9,183</td>
</tr>
<tr>
<td>Day Cases Total</td>
<td>3,637</td>
<td>3,606</td>
<td>3,631</td>
<td>3,600</td>
<td>3,443</td>
<td>4,265</td>
</tr>
</tbody>
</table>

### Rapid Access Prostate Service

In 2012, 284 male patients were referred to the Rapid Access Prostate Clinic. Of the 284 patients referred 186 (65.5%) underwent a TRUS biopsy. Overall, 133 (71.5%) of all biopsies were positive for prostate cancer.

With regard to treatment modalities the numbers of patients who had:
- Surgery = 50
- External Beam Radiotherapy = 34
- Brachytherapy = 16
- Watch & Wait = 7
- Hormones only = 11
- Active Surveillance = 15
Nursing Staff Development and Further Education

Transplant, Urology and Nephrology directorate Conference “Trends and innovations in Transplantation and Renal Care”

The directorate hosted a Transplant and Nephrology conference, ‘Trends and innovations in Transplantation and Renal care’. This conference was held on November 30 and was attended by 120 Medical, Nursing and allied health professionals specialists from around the country.

Sheppard’s Trust award
Donia George (CPSN) and Maeve Crudge (Virology coordinator) won the Sheppard’s Trust award for introducing a Central Venous Catheter Care Bundle into the dialysis unit. This initiative promotes best practice each time a dialysis line is accessed.

Specialist Education 2012
The following participants completed the MSc in Renal Nursing and the Haemodialysis Nursing Module

<table>
<thead>
<tr>
<th>MSc In Renal Nursing / Post Graduate in Renal Nursing</th>
<th>Haemodialysis Nursing Module (Completed Sept 2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MSc In Renal Nursing</strong></td>
<td>Gopika Sekhar</td>
</tr>
<tr>
<td>Marisa Pinheiro</td>
<td>Maeve Crudge</td>
</tr>
<tr>
<td>Patricia Costello</td>
<td>Elena Manzano – St. Vincents</td>
</tr>
<tr>
<td><strong>Post Graduate 2011-2012</strong></td>
<td>Caroline Herwood – Merlin Park</td>
</tr>
<tr>
<td>Abigail Armstrong</td>
<td>Myril Orlina – Northern Cross</td>
</tr>
<tr>
<td>Cathal Collier</td>
<td>Dora Pereira – Northern Cross</td>
</tr>
<tr>
<td>Micheal Power</td>
<td>Annmarie McGrath- Wellstone Galway</td>
</tr>
<tr>
<td>Deirdre Twomey</td>
<td>Sharon Conneeley – Wellstone Galway</td>
</tr>
<tr>
<td><strong>Specialist Practice Programme in Urology and Renal Transplant Nursing.</strong></td>
<td>Tara Quinlan- Fresenius Limerick</td>
</tr>
<tr>
<td>Eimear Dunne</td>
<td>Somy Alex</td>
</tr>
<tr>
<td>Carmel Mahon</td>
<td>Soumya Joesph</td>
</tr>
<tr>
<td>Ann Gleeson</td>
<td></td>
</tr>
<tr>
<td>Jacinta D’Costa</td>
<td></td>
</tr>
<tr>
<td>Patricia Mc Gauran</td>
<td></td>
</tr>
</tbody>
</table>
Retirements in 2012
A number of senior colleagues retired in 2012. The Directorate would like to acknowledge the dedication of the staff noted below and the many years of service they gave to patient care. We wish them many healthy and happy years in their retirement.

Claire O’Kane  St Martins CNM 2
Margie Kennedy  Renal Counsellor
Bernie Burke  Urodynamics
Professor Joseph Walshe  Consultant Nephrologist
Jackie Healy-Hibbard  HCA

Medical Academic Publications during 2012

1. Renal allograft loss in the first post-operative month: causes and consequences.

2. Dense fine-mapping study identifies new susceptibility loci for primary biliary cirrhosis.

3. Twenty-year survivors of kidney transplantation.

4. Concordance of outcomes of pairs of kidneys transplanted into different recipients.
Traynor C, O’Kelly P, Denton M, Magee C, Conlon PJ.

5. Home haemodialysis in Ireland.

6. A hybrid CFHR3-1 gene causes familial C3 glomerulopathy.

7. Effect of perioperative blood transfusions on long term graft outcomes in renal transplant patients.
O’Brien FJ, Lineen J, Kennedy CM, Phelan PJ, Kelly PO, Denton MD, Magee C, Conlon PJ.

8. Complications and characteristics of patients referred to a joint diabetes renal clinic in Ireland.
Thabit H, Besharatin B, Conlon PJ, Smith D.


10. Inverted formin 2 mutations with variable expression in patients with sporadic and hereditary focal and segmental glomerulosclerosis.
**CLINICAL SERVICES & BUSINESS PLANNING**

The services delivered by this division are demand-led and the yearly increase in activity has continued in 2012.

The Clinical Services Division comprises the Health and Social Care Professionals (HSCPs), both therapeutic and diagnostic. These include the scientific staff of the laboratory, radiographers, medical measurement technicians (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.

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 below for details). Reports from these Departments will be included as part of the relevant directorate reports.

<table>
<thead>
<tr>
<th>Staff</th>
<th>Directorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiologists</td>
<td>Neurocent</td>
</tr>
<tr>
<td>Neurophysiological Technicians</td>
<td>Neurocent</td>
</tr>
<tr>
<td>Orthoptists</td>
<td>Neurocent</td>
</tr>
<tr>
<td>Cardiac Catheterisation Technicians</td>
<td>Medicine</td>
</tr>
<tr>
<td>COPD Outreach</td>
<td>Medicine</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>Medicine</td>
</tr>
<tr>
<td>Pulmonary Function Technicians</td>
<td>Medicine</td>
</tr>
<tr>
<td>Poisons Information Officers</td>
<td>Critical Care and Anaesthetics</td>
</tr>
<tr>
<td>Non-Invasive Vascular Lab</td>
<td>Surgery</td>
</tr>
<tr>
<td>Laboratory Scientific Staff</td>
<td>Laboratory</td>
</tr>
<tr>
<td>Radiographers</td>
<td>Imaging and Interventional Radiology</td>
</tr>
</tbody>
</table>

The services delivered by this division are demand-led and the yearly increase in activity has continued in 2012. 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, on a background of reducing staff numbers. Vacancy levels remained challenging throughout the year and managers and staff had to consistently reorganise, reprioritise and restructure throughout the year 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 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. In 2012 the registration board for radiographers was established and it is expected that the professional register for radiographers will open in 2013 with a two-year grand-parenting period before all radiographers must be registered. Social workers continued to collate their applications for registration, the deadline for which is May 31, 2013. It is anticipated that the registration boards for speech and language therapy, dietetics and occupational therapy will be established in 2013.
The critical matter for Beaumont Hospital of delayed discharges continued to be an ongoing challenge in 2012. On average 82 beds throughout the year were occupied by patients whose acute medical care had finished but were awaiting long term residential care under the Fair Deal Scheme. This was an increase on the previous year. This was against the background of exceptional challenges on bed availability for acute services, both for unscheduled and scheduled care. While there was an increase in discharges to long-term care in 2012, there was also an increase in the numbers being listed for placement (see graph below).

In total 338 patients were case managed by the Social Work Department through the complex 23-step process throughout 2012. The weekly average additions to the long-stay list increased (see graph below), requiring an increased number of discharges even to stay at the existing level of delayed discharges.

It was particularly noted that there was significant variation in these numbers over the year with 18% of all being listed for residential care in the first five weeks of 2012.

It was clear that there was an ongoing and increasing demand for residential care and that in spite of a significant amount of effort and results being achieved by the Social Work Department, which had full responsibility for discharges in this area, it was not going to be sustainable or make ground going forward. There was an imperative to expedite discharges and release beds to acute care. In late November 2012 a long-term care project was established as an organisational priority working with the Beaumont Improving Care and Safety (BICS) Programme and the Lean Enterprise Academy. The initial phase 1 of this project took place in the last six
weeks of 2012 and aimed to carry out an intensive review of those patients awaiting long-term care, to identify where they were in the complex Fair Deal process and to intervene as appropriate. In addition, and critically, was to understand fully and map the existing process in a visual manner and to redesign the process along LEAN principles. Through this initial phase the aim was to educate and familiarise key stakeholders in the process, particularly those who, to date, had no active involvement in the process. These included nursing, medical, health and social care professional and admin staff. A project team was formed: Principal Social Worker - Annette Winston, Senior Social Worker -Una Donnelly, Patient Flow - Rosaleen Cafferty, with a project manager - Ciara Ni Fhlathartaigh (Business Lead Medical Directorate/Care of Elderly Programme Manager), project sponsor - Ann Marie O'Grady, Head of Clinical Services & Business Planning and project support from BICS Programme Manager, Fiona Keogan.

The project established ward-focused teams of nursing, social work and HSCPs to work through phase 1. A resource from both social work and patient flow was redeployed for the duration of this component of the project. There was very significant engagement and learning across the organisation. This work needs to be further developed and subsequently mainstreamed in 2013 to ensure that the gains made will be increased and sustained.

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 to Adrienne O'Connor who provides critical support to both me and the Division. It is really appreciated.

Ann Marie O'Grady
Head of Clinical Services & Business Planning
Medical Physics and Clinical Engineering Department

*Head of Department: Pat Cooney, Chief Physicist*

**Introduction**

The Medical Physics and Clinical Engineering (MPCE) Department continued to provide scientific and technical support to clinical staff throughout 2012 in the management of medical equipment. This included provision of advice and support in the effective use of medical equipment technology, the provision of support in medical equipment and systems management, medical equipment specification, radiation physics and protection, diagnostic image quality assessment, quality assurance, service contract 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 Artificial Optical Radiation Committee, the Hygiene Committee, the Non-Pay Expenditure Management Committee and the Decontamination Strategic Group.

**Significant Service Developments**

The development by the department of a comprehensive register of prioritised medical equipment replacement requirements and significant engagement with the HSE around a hospital medical equipment replacement programme began to yield benefits in 2012. €3.08 million HSE funding for the replacement of specific ageing medical equipment was allocated in 2012. The replacement programme is a rolling one with a national value in 2012 in excess of €10 million and will carry forward into the coming years, through further development with the HSE’s National Equipment Replacement Programme. MPCE Department members have been leading out on behalf of the hospital in the procurement and delivery processes for this equipment replacement programme.

### 2012 Replacement Medical Equipment Projects at Beaumont

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Details</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Epilepsy Monitoring Equipment</td>
<td>Procured for both Cork University Hospital &amp; Beaumont Hospital</td>
<td>Installed in Beaumont Hospital 2012</td>
</tr>
<tr>
<td>Routine EEG Monitoring Equipment</td>
<td>Installed and commissioned 2012</td>
<td></td>
</tr>
<tr>
<td>Critical Care Anaesthetic Workstations for Theatres</td>
<td>Tendered, Q4 2012</td>
<td></td>
</tr>
<tr>
<td>Interventional Radiology Imaging System</td>
<td>Tendered, Q4 2012</td>
<td></td>
</tr>
<tr>
<td>Interventional Cardiology Imaging Systems</td>
<td>Tendered, Q4 2012</td>
<td></td>
</tr>
<tr>
<td>Laparoscopy Equipment for Theatre</td>
<td>Tendered, Q3 2012</td>
<td></td>
</tr>
</tbody>
</table>

### 2012 – New Medical Equipment Projects at Beaumont

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Details</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Information System – ICU’s</td>
<td>Tendered and selected 2012</td>
<td>Will be rolled out in 2013 and 2014</td>
</tr>
<tr>
<td>Ultraviolet Phototherapy Equipment (TL01, narrow band UVB)</td>
<td>Delivered and commissioned Q4 2012</td>
<td></td>
</tr>
</tbody>
</table>

The development of a medical equipment management database continued, with ongoing validation of the medical equipment asset inventory in use in the hospital. The system allows full tracking of medical equipment technical performance and maintains a full service history on each piece of equipment.

The development of a Medical Equipment Management Policy for Beaumont Hospital continued during 2012. This policy is being developed in line with relevant components of the standards published in Safer Better Healthcare, HIQA 2012.

A comprehensive audit of infusion technology was completed in Q4 2012. The audit was performed with a view to establishing a model for an equipment lending library.

Radiation protection advisory services are provided by the department, with contributions to the
statutory radiation safety committee; communication with exposed workers about personal dosimetry and systems of work; the statutory quality assurance programme; dealing with incidents and other aspects of compliance with SI 125(2000) and SI 148 (2002). An evaluation of eye doses received in the Interventional Radiology Department was performed in 2012.

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

The department supported national clinical care programmes, leading health informatics projects for HSE National Epilepsy Programme and HSE National Diabetes Programme

Education and Training

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.

Medical LASER Safety Course successfully run in 2012.

Design, co-ordination and delivery of a clinical documentation and patient safety seminar. This was a day-long seminar for nurses undertaking the MSc in advanced epilepsy nursing practice.

Contribution to lectures on the Medical Imaging Module of the MSc in Health Informatics, TCD.

Student placement from the DCU INTRA (INtegrated TRAining) Programme.

Appointments

Ms Meabh Smith was seconded to provide business continuity co-ordination around the Beaumont Hospital Information System (BHIS)

Presentations


October 2012, Biomedical Engineering Association of Ireland, Annual Scientific Meeting. Statutory Registration for Clinical Engineers - Overview and Update. Meabh Smith.

October 2012, Biomedical Engineering Association of Ireland, Annual Scientific Meeting. Managing Medical Equipment on a Reducing Resource. Meabh Smith

Publications


Awards

Ms Mary Fitzsimons led and Ms Patricia O’Byrne was part of the multidisciplinary team which received the Taoiseach’s Excellence in Public Service Award 2012: Information when and where needed for safe and effective patient care.

Ms Meabh Smith was awarded a silver medal by the Biomedical Engineering Association of Ireland, for her presentations on ‘Statutory Registration for Clinical Engineers - Overview and Update’ and ‘Managing Medical Equipment on a Reducing Resource’.
Department of Nutrition & Dietetics

Dietitian Manager in Charge III – Kara Cullen & Paula O’Connor

Since Kara’s return from leave of absence in October 2012, the Dietitian Manager In Charge III post is now shared between Kara & Paula

Introduction

The Department of Nutrition & Dietetics is dedicated to providing the highest possible standard of care to all patients referred to our service. We provide a dietetic service across three sites: Beaumont Hospital, St. Joseph’s Rehabilitation Unit and the Raheny Community Nursing Unit.

Activity Level

Service referral rates and clinical activity remained very high in 2012 with 23,420 inpatient and day case consultations completed. In addition there were 2,941 dietetic outpatient appointments offered, with a total of 765 patients attending group education sessions as part of cardiac rehabilitation and structured diabetes group education sessions (DAFNE/ DESMOND programmes).

Referral Patterns – 2012

![Chart showing referral patterns by department]

Specific Departmental Developments and Innovations

Development of Beaumont Hospital Guidelines on Refeeding Syndrome:

Significant work was carried out in the area of refeeding syndrome during 2012.

Refeeding syndrome is a potentially lethal condition characterised by severe fluid and electrolyte shifts associated with initiating nutrition support in malnourished patients and the metabolic complications which occur as a result. The syndrome encompasses life-threatening acute micronutrient deficiencies, fluid and electrolyte imbalance, and disturbances of organ function and metabolic regulation that may result from over-rapid or unbalanced nutrition support.

In 2009, an audit of 102 non-elective admissions from Beaumont Hospital’s Emergency Department indicated that 42% of patients were ‘at risk’ or at ‘high risk’ of developing refeeding problems using NICE criteria. Only 32% of those at high risk were managed appropriately. In response to the findings of this audit, a working group was established, made up of representatives from dietetics, gastroenterology, nursing and pharmacy.

This working group developed the ‘Refeeding Syndrome – Prevention & Treatment Guideline’ which was approved in August 2012 by the various hospital cogwheels and executive committees. The aims of these guidelines are to:

- To assist identification of patients who are at risk of refeeding syndrome, and to stratify this risk.
- To provide evidence-based guidance for the management of at-risk patients.

The group developed a schematic guideline for all wards which outlined identification and management of refeeding syndrome as well as provided ward-based, department-based and grand-rounds training on the guidelines which helped to increase awareness and educate relevant staff.
Implementation of the Modified Malnutrition Universal Screening Tool (MUST) in Raheny Community Nursing Unit:

The Raheny Community Nursing Unit was identified as lacking a consistent and accurate malnutrition screening tool. Research indicates that people over the age of 65 years in Ireland are at increased risk of malnutrition due to multiple factors such as dementia, depression, isolation, reduced mobility, poly-pharmacy and multiple co-morbidities (Corish et al. 2000). There was unanimous agreement between the Assistant Director of Nursing and the nurse managers from each ward for the Modified MUST screening tool to be introduced to the RCNU. Staff training and education was provided by Ciara Murphy (Senior Dietitian) and an audit of the MUST screening tool took place in September 2012. Primary outcomes were an improvement in MUST screening rates from 8% to 89% and an increase in number of appropriate dietetic referrals by 22%.

Re-structuring of Dietetic OPD Appointment System:

In 2012 the department’s Outpatient Task Group introduced a new approach to the organisation of appointments for our outpatient clinics. This was in response to the high level of non-attendance for all clinics in 2011 and was also in line with Beaumont Hospital’s BHIS continuity planning.

From 2012 rather that automatically make appointments for all patients referred for our OPD service, patients were contacted and asked to opt in for appointments. As a result we have seen our non-attendance rate fall by approximately 10%, in comparison to 2011 figures.

<table>
<thead>
<tr>
<th></th>
<th>Jan – Dec 2011 % DNA</th>
<th>Jan – Dec 2012 % DNA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Patients</strong></td>
<td>25</td>
<td>16.25</td>
</tr>
<tr>
<td><strong>Review Patients</strong></td>
<td>32.82</td>
<td>23.59</td>
</tr>
<tr>
<td><strong>All Patient Types</strong></td>
<td>29.76</td>
<td>20.77</td>
</tr>
</tbody>
</table>

% DNA Rate for all clinics - Monthly Trend 2011 v’s 2012:

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
- Active participation in the hospital’s Parenteral Nutrition Committee
- Active involvement in the work of the Irish Nutrition & Dietetics Institute (INDI) with a number of staff holding Council, advisory and representative roles.
- Membership of the Irish Society for Parenteral and Enteral Nutrition (IrSPEN) Management 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 Epilepsy Program (Kitty McElligott)
Dietetic Representative (Amy Shaw, Ciara Murphy) on working groups in Beaumont Hospital for the Care of the Elderly Clinical Care Programme

Active roles in the various special interest groups of the INDI

**Department Achievements 2012**

*‘Best of the Best’ Status in the International Nutrition Survey:*

In February 2012, Claire Moreau (Senior Dietitian, Richmond ITU) attended the ASPEN International Nutrition Conference in Florida to collect the ‘Best of the Best’ Awards on behalf of both Richmond ITU and General ITU. These awards, which were announced in December 2011, were based on our participation in the International Nutrition Survey. This survey, which first started in 2007, is an ongoing quality improvement (QI) initiative which aims to compare current nutrition practices in ICUs within and across different countries. The aim of the initiative is to illuminate differences, highlight strengths and weaknesses, and hopefully lead to practice improvements.

These awards demonstrate that the multidisciplinary professional teams working in Beaumont Hospital’s two intensive care units deliver nutritional care to the very highest international standards. Out of a total of 183 intensive care units worldwide, Richmond Neurosurgical Intensive Care Unit was ranked fourth and General ICU ninth in this survey of nutritional practices and outcomes. In addition Beaumont’s two ICUs were the only European ones to receive the “Best of the Best” (an accolade reserved for those achieving top ten ranking in the 2011 survey).

**INDI Good Practice Malnutrition Bursary:**

Carmel O’Hanlon (Clinical Specialist Dietitian) came in the top 3 for the 2012 INDI Good Practice Malnutrition Bursary for her submission on Nutrition Screening Project for Beaumont Hospital.

**Beaumont Foundation Grant Awards:**

In 2012, three staff members were awarded grants from Beaumont Hospital Foundation:

Amy Shaw (Senior Dietitian for Care of the Elderly) received funding for two projects:

**Plate Pals Initiative:**

Voluntary mealtime assistance has been shown to have a positive impact on patient care by improving mood and nutritional intake which are both imperative to reduce the risk of malnutrition, improve function and to reduce length-of-stay.

Thanks to the funding received from Beaumont Foundation in 2012, we are able to introduce this volunteer programme from Care Local (affiliated with Cross Care) which aims to train a number of volunteers to provide companionship for some of our elderly inpatients on Whitworth ward as well as assist with their meals. This is the first time that the programme will be piloted in an acute hospital.

This is a joint venture involving members across several disciplines working in the care of the older persons, including nursing, dietetics, speech and language as well as other supporting departments. It is hoped that the project will be rolled out by the summer of 2013.

**Meal Enjoyment Project – Whitworth Ward**

This multidisciplinary project team also secured funding to purchase specialised adapted cutlery for patients on Whitworth ward.

Carmel O’Hanlon (Clinical Specialist Dietitian) secured funding for two hoist scales which will be used in the upcoming nutritional screening project in the hospital.

Ruth Hannon (Senior Dietitian in CF & Respiratory Medicine) secured funding for the development of a multidisciplinary cystic fibrosis transition booklet

**Publications**


**Contribution to Education & Training**

Departmental 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 2012 a wide variety of presentations were given to groups including medical students, care attendants, nursing staff and post graduate 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 2012 two undergraduate student dieticians from TCD / DIT successfully completed their practical placement training in Beaumont Hospital. In addition, one undergraduate student carried out an audit of compliance rates for the nutritional parameters in the Enhanced Recovery After Surgery (ERAS) Programme in Beaumont Hospital as part of her student undergraduate thesis (for BSc in Human Nutrition & Dietetics, TCD/DIT)

Research / Audit

Members of the department have been involved in various audits in 2012:

Access to Inpatient Stroke Services and Multidisciplinary Team – current demands and capacity

This was an RCSI project which analysed the current access to inpatient stroke services and MDT in an acute stroke centre and compared these services to current best practice guidelines.

Effects of changing from conventional to home haemodialysis, the Irish experience

This was a prospective audit which looked at the effect of changing from conventional three times a week HD to a home HD programme on nutritional status, serum levels and mineral bone disorder medications.

Refeeding Syndrome Awareness among Dietetic Staff and impact on Clinical Practice

The Implementation of an Electromagnetic Imaging System to facilitate nasogastric placement

This was an audit of the use of Cortrak NG tubes in the Stroke Unit and measured the success of the project in terms of patient outcomes and cost savings.

PN Audit

Carmel O’Hanlon continues to co-ordinate an audit of parenteral nutrition practices and complications in Beaumont Hospital. The results of these audits are presented to the PN Committee Meeting and in 2012 Carmel presented the finding of the audit at the Beaumont Hospital Audit Day.

Overall 2012 was a busy and productive year for the Department of Nutrition & Dietetics.

Pharmacy Department

Head of Department: Peter Jacob, Chief Pharmacist

The Pharmacy Department provides a medication supply service to the hospital along with a ward clinical pharmacy service and a chemotherapy reconstitution service for inpatients and outpatients. The pharmacy also plays an active part in a number of hospital committees – the Total Parenteral Nutrition Committee, Drugs and Therapeutics Committee, Infection Control Committee and the Integrated Quality and Safety Committee.

The dispensary service continues to supply the medications for the patients on the wards. Due to the financial situation this service continues to review the cost of medications and maximises the use of generics where appropriate. A number of notable drugs came off patent recently and were switched to generic products resulting in significant savings to the hospital.

In the area of education, 2 staff members are in the process of doing Masters degrees in clinical pharmacy – one with Trinity College and another by correspondence with the UK.

Medication safety continues to be a priority and the medication safety officer addressed many issues of concern during the year. A medication safety bulletin is now being issued regularly and new policies are being developed to avoid medication errors.

A new chief pharmacist was appointed to the chemotherapy service during the year and has made a major contribution to reviewing and reorganising the unit to provide a more efficient service for patients on the oncology day ward.

Although there were many challenges during the year, particularly with staffing, much hard work was done to maintain standards and services in a difficult financial climate.

Physiotherapy Department

A/Physiotherapy Manager: Roisin Breen

A/Deputy Physiotherapy Manager: Pedro Vasquez

The Physiotherapy Department continues to strive to provide the best quality service within the challenges that changing referral patterns, decreasing staffing levels and supporting hospital initiatives can bring. In 2012 we had a staff vacancy level that ranged up to 17.6% following four resignations and six staff on
maternity leave over the year. Service analysis and staffing redistribution was essential to keep up our service standards. Service improvements such as negotiating approval for all musculoskeletal advanced practice practitioner follow-up appointments to be seen by our primary care colleagues reduced the volume of returns patients to be seen post-triage by Beaumont Physiotherapy Department.

Better utilisation of our skills and time proved to generate opportunities in other areas. A neuromuscular MDT respiratory clinic was developed which reduced the number of patients having to return separately for outpatient respiratory physiotherapy, this caused a valuable 19% reduction (323 in 2012 vs 398 in 2011) to our outpatient respiratory service referrals and this time was reallocated to providing more care developments for acute inpatients.

Our aim, to give patients greater access to physiotherapy at all patient pathway entry points to the hospital, has continued with increasing involvement in consultant-led clinics (orthopaedics, rheumatology, MND, botox, headache, MS, Parkinsons and new clinics such as neuromuscular respiratory clinic and orthopaedic post-operative clinic). Our representation in the Emergency Department is growing and 2012 saw the proposal for a full-time senior to be relocated to improve the patient pathway and access to our services. Within this unscheduled care entry point, Beaumont rapid assessment team has also had an increase in referrals by 58% from 2011. This service was only introduced in 2011 and received 140 referrals vs 221 for 2012.

Clinical Activity

Overall our referral rates increased by 11% with 14,786 new patients vs 13,281 for 2011 and clinical activity remained at our usual high levels of 69,899 visits (2% decrease from 71,470 visits in 2011).

Areas where there have been significant increases in referrals are demonstrated in figure 1 and figure 2.

**Figure 1. Outpatient services with increased referrals**

![Referral Rate Increases in Outpatients](image1.png)

**Figure 2. Inpatient services with increased referrals**

![Referral Rate Increases in Inpatients](image2.png)
Development and Innovation

Within the department we continue to focus on clinical governance, with established sub-committees meeting regularly to maintain high standards of clinical effectiveness, listening to users’ views, risk management and continuous quality improvement. Current physiotherapy clinical governance sub-committees are:

- Continued Professional Development
- Trust in care and Risk Management
- Documentation
- Communication and User Views

Beaumont and HSE primary care cross-site rotations have continued. These allowed exposure for our therapists of community physiotherapy duties and equally we were able to have Dublin North community physiotherapists get exposure to our acute services.

Neurosciences

- Significant funding for facial service developments secured from Beaumont Foundation
- Planning for re-organisation to remove critical care from neurosurgical service was carried out to allow greater allocation and specialism to neurosurgery specific services like facial, spinal surgery and rehab.
- Motor neuron disease service has had developments in the following areas:
  - Shoulder injection availability from the advanced practice musculoskeletal physiotherapists
  - Respiratory management - linking in with respiratory seniors as well as neuromuscular MDT respiratory clinic.
  - Education / support to primary care colleagues to allow quicker discharge of patients to community services
  - SNIP and ALSFRS assessment at MND clinic - facilitated by a review of the RCSI research post.
  - An outcome measure group was created to increase awareness and utilisation of these across neurosciences. Works include posters guiding best outcome measures per condition.

Rehab Service Incorporating Beaumont Hospital Care of the Elderly, Medical Rehab and Stroke Services and St. Joseph’s Hospital Rehab Service and Raheny Community Nursing Unit

- 2012 was first full year of new service structure with the amalgamation of stroke, medical rehabilitation, care of the elderly and St. Joseph’s Hospital rehab service.
- Rehab-specific competency document was created for rotational staff
- COTE programme involvement from all seniors in the team representing rehab, Day Hospital and ED streams
- Ciara O’Reilly is the senior representative in the planning and development of the new day hospital service.
- Ivan Clancy acts as senior representative in Beaumont Hospital’s falls group
- Close links have been created with Patient Flow and the work streams around discharge planning / transfer to rehab to facilitate appropriate discharge destinations for patients.

Respiratory Inpatient Services including Cystic Fibrosis

- Best practice guidelines for intensive care rehabilitation were reviewed and local guidelines for general intensive care (GITU) rehabilitation were developed.
- A communication initiative was started in GITU to aid treatment and physiotherapy communication with the multidisciplinary team. This involved use of a two-way communication board and a communication folder.
- Continued leadership of the tracheostomy ward round; in addition a competency document has been developed for new staff participating in the round.
- A surgical ward profile was carried out on two of the busiest surgical wards (St Luke’s,
AB Clery) to identify caseload mix and patient type in order to guide workforce planning and estimated treatment times for physiotherapy per surgical condition.

- The on-call working group carried out a survey to identify departmental training needs. This resulted in more practical training programme.

- Work has begun in collaboration with the oncology service to develop a neck dissection care pathway to screen for lymphoedema following neck dissection surgery. This work will be ongoing in 2013.

- An oxygen therapy booklet was developed to assist patients in their management of portable oxygen with the aim of saving community funding on often unused prescriptions.

- Claire Egan and Pedro Vasquez completed the HSE/ISCP funded Advanced Respiratory Practice Course 2011-2012 and are involved in the early warning score training programme for the hospital.

- Data collection occurred with a view to a larger study looking at readmission/representation rates in the BRAT patient population.

Oncology, Breast Surgery and Lymphoedema

- Oncology and breast surgery continue to show increasing referral rates as in previous 6 years. This year there was an 8% increase in oncology inpatient referrals (258 in 2011 vs 279 in 2012). The breast service had an increase in referrals of 9.5% from 157 referrals in 2011 to 172 in 2012. Referrals from St Luke’s Radiation Unit can account for some of this increase.

- Organised the national Irish Society of Chartered Physiotherapists Move4Health National Campaign entitled ‘Move more to fight cancer’ to raise awareness amongst health professionals about the importance of physiotherapy and physical activity for cancer patients. This included:
  - Public information stands in hospitals around the country
  - Provision of a new booklet about cancer in conjunction with the Irish Cancer Society
    - A number of public lectures about cancer and exercise
    - A lecture to health professionals
    - Online, radio and other multimedia information / lectures / awareness campaigning

- The kinesiotaping for lymphoedema course in conjunction with Klose Training, USA organised by Sine Vasquez was fully funded by a HSCPC grant.

- DCU ‘Move On’ exercise program for cancer patients was developed in association with Dr Noel McCaffrey (DCU) and rolled out in March 2012

- A care pathway was developed for the lymphoedema service incorporating changes across occupational therapy and physiotherapy and a new SOP. Further work will be completed in 2013.

- Successful application to Beaumont Foundation for identification wristbands for all breast patients who have undergone an axillary clearance surgery. These patients are at risk of lymphoedema from intravenous access. Purchase and roll-out to be carried out in 2013.

- The ‘Facing Forward’ programme took place in October 2012 involving a series of workshops and exercise sessions for patients who had completed their chemotherapy and radiotherapy in Beaumont.

- Breast CNS referrals are in operation since January 1st 2012. A new SOP was developed where breast care nurses referred all post-op breast surgery patients. Ongoing audit of the referral process is occurring. Further work on analysis of the audit to be done in 2013.

Musculoskeletal Outpatient Physiotherapy

- Ongoing commitment to monitor referral rates and clinical capacity to maintain waiting lists within HSE targets. All referrals from rheumatology and orthopaedics are now pooled and allocated to a ‘general’ list of available staff, based on clinical need rather than referral source.
• The MSK physiotherapy service continues to provide one advanced practice physiotherapy post which works across both orthopaedics and rheumatology outpatients as a consultant waiting list initiative.

• Orthopaedic post op clinic commenced Oct 2012 which is a physiotherapist-led review clinic to free up consultant clinic time. One senior is working in this clinic.

Clinical conditions seen at present in the post op clinic:
• Shoulder ASD
• Shoulder RC repairs
• Shoulder stabilisation
• THR/TKR
• Knee arthroscopy
• Other ligament/ soft tissue repairs
• Removal of metalwork
• MUA/ release of any specific joint

• Injection therapy: Three staff are competent to provide injection therapy in clinics and a draft policy was written which includes competency evaluation. Consent form, chart documentation and injection log were created as well.

• Bloods ordering: Policy completed and signed off by labs and senior management for named advanced practice physiotherapists to order bloods in a clinic setting.

• Occupational Health Clinic: One senior physiotherapist continues to provide one clinic a week in occupational health (1.5 hrs) to facilitate direct access for staff members to the physiotherapy service to improve hospital staff wellness.

• Establishment of multi-disciplinary pain management workshops for patients with chronic pain.

• Database commenced for ankylosing spondylitis patients, with aim to provide structured assessment and management of a chronic population who require objective follow up assessments.

• Two Senior Physiotherapists completed a three-day HSE-funded multi-disciplinary course in Acceptance & Commitment Therapy for Chronic Pain.

• A multi-disciplinary pain study was carried out looking at healthcare utilisation, biopsychosocial profile and income-replacement costs of patients with chronic lower back pain attending a tertiary pain clinic.

• Co-ordinated Joint Community Area 8 and Beaumont Hospital musculoskeletal training scheme occurred.

Practice Tutors

• Successful implementation of ‘4:1’ model of clinical education involving supervising four students per physiotherapist. This has proven to increase productivity to equate to the throughput statistics of a senior therapist, facilitate teamwork skills and enhance clinical competence of students.

Continuous Professional Development

Completed Masters Level Education

• Ciara O’Reilly (RCSI) - ‘Characterising falls risk in patients with low trauma Colles fractures attending physiotherapy clinics’ study at Beaumont Hospital

• Roisin Moloney (RCSI) – ‘Adding a dual task increased the sensitivity and specificity of the TUG test but only if it was a cognitive dual task’.

• Sarah Pyper (Neuromusculoskeletal Physiotherapy UCD) – A pilot randomised clinical trial of a supervised exercise class versus routine physiotherapy for subacromial impingement syndrome.

• Vanessa Cuddy (Neuromusculoskeletal Physiotherapy UCD) - “A systematic review on the treatment of plantar fasciitis”.

• Helen Heery and Amy Anslow: Organisational change and leadership development, RCSI & DCU.

• Roisin Breen: Health Services Management TCD
Ongoing Post Graduate Education

- Kareena Malone commenced an MSc by research with RCSI, “The impact of surgery on balance and gait parameters in patients with posterior fossa tumours”
- Randomised Control Trial of Arm ergometry in polio survivors is Deirdre Murray’s PhD research with RCSI which is ongoing
- Niall Halliday commenced MSc programme in Pain Science and Practice in September 2013 run by Queens University Belfast.
- MSc in Leadership and Management Development continues to be undertaken by Fiona Daly.

Research and Presentations

- An audit of the stroke service was undertaken between October 2010 and January 2011. The information was presented at the Irish Heart Foundation Stroke Day 2012.
- The rehab service was involved in the multi-centre ASPIRE-S study involving the development of rehabilitation prescriptions for patients post stroke.
- Supervised a summer RCSI medical student auditing the access of stroke patients to MDT services within acute setting.
- Claire Egan and Pedro Vasquez completed the Advanced Respiratory Care course in 2012.
- Claire Egan and Pedro Vasquez are certified Early Warning Score Educators and were involved in training hospital staff in 2012.
- Teaching to nursing staff on the Respiratory Specialist Practice Programme on airway clearance and the role of physiotherapy
- Lecturing on the National Respiratory (CPRC) courses: Respiratory Physiotherapy Management in Community settings, and Back to Basics
- Presentation of 5-month pilot of BRAT service review with poster presentations at:
  - RTRS
  - British and Irish Society of Acute Medicine (SAM)
- Lectures to nursing staff undergoing the oncology diploma on topics including lymphoedema and the role of physiotherapy in oncology.
- Lectures to the oncology team and physiotherapy department on lymphoedema, role of physiotherapy, and exercise in cancer
- Patient lectures and workshops on exercise in cancer as part of supporting patients and cancer charities
- Webcast oncology lecture for ISCP, which is archived by the website as an e-learning tool.
- Irish Pain Society Conference key note speaker on role on “Is physiotherapy a useful addition to the multidisciplinary headache team”? October 2012
- Irish Pain Society Poster Presentation of HRB-funded Student Summer Study “Bio-psychosocial profile, healthcare utilisation and Income-replacement costs of patients with lower back pain attending a tertiary pain clinic”
- Poster presentation at European Headache and Migraine Trust International Congress, London, Sept 2012 on “Role of Botox in Management of Chronic Migraine”

Publications

- Publication of Study Protocol: The effects of a home based arm ergometry training programme on physical fitness, fatigue and activity in Polio survivors: protocol for a randomised controlled trial. BMC Neurology 2012 12:57
- Chemotherapy induced peripheral neuropathy research presented as poster at European Society of Medical Oncology conference September 2012. This research was also submitted and accepted for publication to the Irish Journal of Medical Sciences. To be completed in 2013.

Lectures delivered in RCSI and UCD

• Respiratory anatomy and physiology & medical and surgical respiratory conditions
• Chest X-ray interpretation for Physiotherapists
• Neurology - anatomy and common condition
• Multi-disciplinary rehabilitation for RCSI medical students
• Oncology and Palliative Care
• Biomechanics training
• Musculoskeletal examination of the shoulder
• Working as a physiotherapist and professionalism
• Beaumont Outpatient Physiotherapy Department is a site for UCD MSc in Neuromusculoskeletal Physiotherapy

Involvement in National Groups

The physiotherapists are active members of the professional body (Irish Society of Chartered Physiotherapists). Many of the staff are involved in specialist clinical interest groups in neurology, respiratory, gerontology, manual therapy, rheumatology, oncology and palliative care and women’s health.

Seniors and clinical specialists continue to participate in the research partnership group between Beaumont hospital and RCSI (PACT).

• Claire Egan – Chair of the Chartered Physiotherapists in Respiratory Care (CPRC)
• Kareena Malone – Chair of the Chartered Physiotherapists in Neurology and Gerontology (CPNG)

• Catriona Carroll – Secretary of the CPRC
• Roisin Moloney - Communication Officer for CPNG
• Deirdre Murray developed a Vestibular Rehabilitation special interest group – subgroup of CPNG
• Roisin Moloney is chairperson of New National Parkinsons Group with a focus on development of European Parkinsons Guidelines and implementation of the guidelines nationally
• Roisin Breen was AHP Lead on HSE National Rheumatology Clinical Care Programme
• Jennifer Eadie was member of aptitude test and education committees in ISCP
• Jennifer Eadie and Deirdre Murray were on the ISCP Scope of Practice committee
• Caroline Treanor is Chairperson of ISCP Extended Scope Practitioner Group
• Rachel Egginton, Vanessa Cuddy and Jennifer Eadie were involved in national project developing musculoskeletal care pathways in conjunction with Rheumatology National Clinical Care programme
• Julie Sugrue involved in updating guidelines re Cervical Arterial Dysfunction for the Chartered Physiotherapists in Manual Therapy.
• Sine Vasquez and Grainne Walsh were communications officers for Chartered Physiotherapists in Oncology and Palliative Care special interest group (CPOPC)

Awards

• Niall Halliday (Senior Physiotherapist) was awarded a bursary scholarship for MSc. in Pain Science and Practice.
• Niall Halliday was awarded grant by Arthritis Ireland for service development of integrated rheumatology hand clinic
• Julie Sugrue was nominated for a Biomnis Healthcare Innovation Award for “Physiotherapy as part of Multidisciplinary care in Headache Clinic” April 2012.
• Sine Vasquez (Oncology Senior) was awarded a HSCPC grant for the ‘kinesiotaping for lymphoedema’ course in conjunction with Klose Training, USA.
Department of Psychology

The department has seen further growth in demand for services over the past year. There has been a significant demand in services from many hospital directorates and this coincided with fewer resources available to the Department. Resource issues and infrastructure continue to dominate service delivery problems. In 2012, there were a number of vacancies in the department which reduced service availability. However, the team did an excellent job in reconfiguring resources to continue to provide the services to the hospital as far as possible. It has been a year of necessity creating innovation and the department has developed many new service delivery models and collaborations.

Clinical Initiatives/Innovation

Dr Niall Pender has consolidated the cognitive-behavioural clinic for patients with Huntington’s disease in conjunction with the Huntington’s Disease Association of Ireland. He continues the collaboration with Professor Hardiman on the longitudinal monitoring of patients with motor neuron disease.

Dr Jennifer Wilson O’Raghallaigh, Senior Clinical Psychologist in Liaison Psychiatry, has made a number of innovative changes to the department and introduced novel treatment interventions such as:

Living Optimally with Inflammatory Bowel Disease (IBD) a three tiered intervention.

Chronic Disease Self Management Training with funding sourced from Abbvie. There were 22 professionals, 6 patients trained over 4 days

Chronic Disease Self Management Group Intervention:
  • 2 six-week groups completed and supervised
  • 27 patients attended

A Stress Management and Relaxation Training (SMART) Group Intervention
  • 6 patients attended a 6 session SMART group for anxiety reduction.

A new Mindfulness and Relaxation Centre at Beaumont Hospital was launched in September 2012 and has been very successful since it went live (www.beaumont.ie/marc). This was funded through Beaumont Hospital Foundation Grant and was developed by Dr Wilson O’Raghallaigh as part of the hospital’s organisational and personal development programme in collaboration with a wide range of departments in the hospital. Concurrently with this, she re-developed the Department of Psychology website and made it more informative and useful for users. Dr Wilson O’Raghallaigh developed and launched a Psychotherapy Case Discussion Group (RCSI) which involves weekly education/supervision meetings for health professionals and includes medical students in psychiatry rotation and Department of Psychology trainees and interns.

Jonathan Gallagher, Psychologist, Cardiac Rehabilitation, carried out a comprehensive needs-assessment of cardiac rehabilitation (CR), including psychological service provision, in 2012, identifying major barriers to uptake/attendance of CR. He identified key perceptual and logistical barriers which have informed more effective interventions to be carried out to improve uptake. For example:

• He used this research to form the basis of a grant application for funding to allow patients to avail of free parking during their attendance at CR sessions (2nd highest barrier identified by patients).

• He is currently finalising a randomised control trial of a psycho-educational bibliotherapy intervention to be carried out in 2013 which will target key perceptual barriers identified by patients.

• He identified that a simple and very brief personality screening item identifies patients at high risk for non-attendance (DNA) after controlling for demographic factors and he is currently exploring the possibility of formally integrating this screening measure into patient care before prior to CCU discharge with a view to reducing DNA rates for CR.

In 2012 he designed a needs-assessment of patients with implantable defibrillators (ICDs) to determine the extent of device acceptance, shock-anxiety, PTSD and clinical insomnia in this patient group. As well as identifying predictors of poor medical outcomes, and previously unmet need, this will enable us to prioritise at-risk ICD patients and improve referral pathways for this patient cohort.

He received approximately €6,000 funding from the pharmaceutical companies Servier and Aardex in order to fund the Medication Adherence Monitoring System (MEMS). This is a micro-chipped medication adherence technology which will allow us to examine
objectively patient’s self-management behaviour as part of our ongoing prospective study of Heart Failure patients (which began in October 2012).

Mr Gallagher was invited to review for the premier academic journals of both cardiac rehabilitation and behavioural medicine - the Journal of Cardiopulmonary Rehabilitation & Prevention and the APA journal Health Psychology. He was invited to give a speech on the psychological management of heart failure at the 4th Annual International Congress of Cardiology: December 2012 (Guangzhou, China).

Mr Gallagher received specialised training in sleep medicine (CBTi) from the University of Oxford in order to extend the range of therapeutic expertise available to Beaumont Hospital cardiac patients, where clinical insomnia is a highly prevalent co-morbidity and risk factor.

Mr Mark Mulrooney, Senior Clinical Neuropsychologist, ran a successful careers’ day with Beaumont Foundation with over 150 students attending. He developed new links with Dublin City University (DCU) undergraduate students yearly internship program which will see students placed in the hospital during their undergraduate programme at DCU. He undertook invited presentations and has ongoing links with Epilepsy Ireland, parents’ group in Dundalk. He has also developed a chronic disease self-management programme for epilepsy patients which will start in 2013.

Ms Mairead Dempsey, Senior Clinical Psychologist, Cochlear Implant, developed a parenting programme for the parents of children attending the cochlear implant service which was run over two separate full days in October and November 2012. This programme was an amalgamation of two well known parenting programmes 1) The Parents Plus Early Years Programme (developed in the Mater) and 2) Positive Parenting Programme developed by the National Deaf Children’s Society (NDCS) in the UK. The aim was to adapt the information and advice given for the parents of deaf children so that it would be more relevant for them. Parents of preschoolers and younger children were invited (18 months to 7 years) and we had a small but enthusiastic group of parents at these days.

Dr Gillian Fortune, continued her specialist clinic for Non-Epileptic Attack Disorder and this is being evaluated on an ongoing basis.

At a broader department 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 the hospital and support for the development of psychological services to different patient groups.

**Teaching and Training**

Staff of the Department of Psychology regularly contribute to post-graduate 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.

**Qualifications completed**

Congratulations to the following members of the Department who completed qualifications in 2012:

- Dr. Wilson O’Raghallaigh successfully completed the Organisational and Personal Development Programme and obtained a Distinction in Supervisory Management Skills.

- Helena Maher PhD. Helena successfully completed her PhD in Neuropsychology in association with Dr. Teresa Burke of University College Dublin.

**Research developments**

Research continues to be a priority within the department and during this year we focused on developing our research strategy. 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 2012 which will enable the department to expand its collaborations and research initiatives. Publications and presentations arising from our research are listed.

**Academic affiliations**

Dr Jennifer Wilson O’Raghallaigh, Senior Clinical Psychologist in Liaison Psychiatry, has an honorary lectureship in the Department of Psychiatry, Royal College of Surgeons in Ireland.

Dr Niall Pender was awarded a Fellowship of the Psychological Society of Ireland in 2012. He has an honorary lectureship in the Department of Psychology, Trinity College Dublin. He is also Visiting Research Fellow in the Academic Unit of Neurology, School of Medicine, Trinity College Dublin. He is also an associate member of the Trinity Institute of Neuroscience and member of the Irish Institute of Clinical Neuroscience.
Publications/ Posters/ Seminar & Conference Presentations (2012)

Publications


Susan Byrne, Aleksey Shatunov, Peter Bede, Marwa Elamin, Catherine Lynch, Kevin Kenna, Russell McLaughlin, Niall Pender, Daniel Bradley, Ammar Al-Chalabi and Orla Hardiman (2012). The Population Based Prevalence and Phenotype of 9p21 Hexanucleotide Repeats in ALS/FTD. (IN91.005). *Neurology* April 26, 2012; 78: IN9-1.005


**Presentations**


Wilson O’Raghallaigh, J. (2012). *Psychology and COPD*: Invited speaker to the COPD rehabilitation programme, Beaumont Hospital

Wilson O’Raghallaigh, J. (2012). *Psychology and IBD*: Invited speaker to the IBD Workshop, Beaumont Hospital


Conference Posters

Maher, H., Pender, N., Delanty, N., Doherty, C. & Burke (2012). *Cognitive functioning in individuals with MTLE with hippocampal sclerosis relative to unaffected same sex siblings.* The INS mid-year meeting Oslo, Norway (June, 2012).


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.

We work across two different sites, Beaumont Hospital and St Joseph’s Hospital.

The team of 23 WTE has a high level of skill-mix including senior social workers, senior clinical social work practitioners, main grade social workers and administration support staff.

We work across directorates in a range of areas/specialities, 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.

The HSE moratorium on recruitment presented many resource and staffing challenges in 2012 and has required a great degree of flexibility by the social work staff in a climate of change, reducing resources, and new practices.

The administration support staff absorbed particular pressure in 2012 with a significant reduction of 33% staffing level in the main/public office of the department.

Despite all these challenges the team has demonstrated great willingness and commitment to support all the developments and changes of 2012 and to maintain and develop a high quality social work service.

Activity levels

Statistical Information of Clinical Activity

Accurate data regarding referrals and activity, both patient and non patient, is now available due to the completion of development work in late 2011 for a social work IT system with the Information Technology Department. Core social work information is stored on this system, which allows us to capture for the first time accurate data on our clinical activity levels. This information will assist us with capacity and case load planning and with service development.
The information also informs the monthly metrics required to be submitted to the HSE. Ultimately it affords an improved quality service and patient and family care.

**Social Work activity according to speciality**

We received 4,721 referrals to the Social Work Department in 2012.

**Hospital Service Developments & Initiatives**

**Living Donor programme**

In April 2012, a senior social worker was appointed for the first time to the living-donor programme, providing psychosocial support to patients on the living-donor programme. Referrals have also been accepted from the wider renal population attending Beaumont Hospital. In addition to working with patients and their families a proposal to advocate for the reimbursement of living donors was completed. An information leaflet and discussion document in relation to living donors from abroad is also being developed.

**Short Stay Unit and Acute Medical Unit**

In August 2012, it was necessary to reconfigure our staffing to put a dedicated social work service into the AMU and SSU. This service was required to support the acute medicine programme. The social worker’s primary function is the immediate and early assessment of patients going through this service. Every patient that requires medical social work intervention is seen within 24 hours of referral. The discharge process of complex cases has been expedited as a result. Approximately 40 patients were reviewed in the last four months of the year. The social work service has been a valuable contribution to the SSU and AMU working effectively.

**Long Term Care (LTC) project**

Over the full year of 2012, there were 338 patients listed for LTC in Beaumont / St Joseph’s Hospitals. This represented an increase of 18% on the numbers for 2011. Each of these patients was case-managed by the Social Work Department and the Fair Deal Officer through a complex LTC process.

The LTC project group was established in November 2012 to review patients listed for LTC with the aim of streamlining the LTC process. The project team consists of representatives from Social Work (Principal and Senior Medical Social Worker), Patient Flow and the Care of the Elderly Project and is supported by the Head of Clinical Services & Business Planning and the Beaumont Improving Care & Safety (BICS) Programme. Further details are included at the start of the Clinical Services report.

The initial focus of the project was on developing standardised timeframes to complete the process and to understand the challenges faced in achieving this. The project has brought further clarity to the issues, both internally that we can influence and those external to the hospital that cause lengthy delays and at times render discharge under the Fair Deal system extremely difficult. Initial results from the project indicate that significant efficiencies have already been made in all steps of the process including significant reduction in the total transit time between listing for LTC and discharge.

The further development and sustainability of the focus on this process will need to be developed in 2013.

**Children’s First Guidelines**

The Minister for Children and Youth Affairs launched the Children First National Guidance 2011 on July 15, 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 multi-disciplinary, inter-agency working in the management of concerns about children’s safety and welfare.

In order to progress the hospital’s requirements to meet the Children First Guidelines and to ensure compliance across the 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. The work to develop a hospital standard operating procedure is ongoing as is the planning on training requirements for hospital staff.
Social Work Department Development and Initiatives

Registration of Professionally Qualified Social Workers:

CORU is Ireland’s first multi-profession health regulator. Its role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals. CORU was set up under the Health and Social Care Professionals Act 2005 (as amended). Social workers are the first professional group to go through the registration process. The profession must be registered by May 31, 2013. In preparation for registration, the Social Work Department met with representatives from CORU and the Irish Association of Social Workers. We have had an opportunity to feedback to CORU the challenges facing us as a profession to meet the requirements of registration. We have engaged with this process and it is expected that the Social Work Department will have registered by the agreed deadline.

In addition, the Social Work Manager is on the steering committee for Registration of Professionals in the Hospital. This group has been working on developing a hospital policy for “Management of Professional Registers” and the Social Work Department is also developing a standard operating procedure for registration.

Peer Supervision: Under the Code of Professional Conduct and Ethics for Social Workers “social workers need to seek and engage supervision in professional practice on an on-going and regular basis.”

Following professional supervision training in 2011 where we reviewed the supervision structure and explored options of supervision, the peer supervision structure was established for the senior social work team. This mandatory supervision takes place in a structure which divides the senior team into groups of five peers. Each group meet every six weeks to discuss cases, ethical dilemmas or themes affecting case work. Supervision is a key element in ensuring accountability, governance and risk management in social work practice. This peer supervision also enables us to meet some of the criteria required for registration.

Peer support: The senior social work team also met to review the informal peer support structure. Following consultation it was agreed to meet every six weeks on a voluntary basis. The purpose of the peer support is to provide a forum for the development of reflective practice.

Social Work Bereavement Service

We have a continued commitment to innovation in the area of bereavement support for our patients and their families. The Social Work Department runs four events a year including: the Bereavement Support Programme, Annual Bereaved Parents Day, Public Lecture on Bereavement and the Remembrance Service for Children and Young Adults.

Facing forward, Life After Cancer

In 2012 the social workers in oncology and palliative care worked with the multi-disciplinary team and the Daffodil Centre in organising and facilitating a new programme for survivors of cancer. The programme invited patients and their partner/friend to attend a psycho-education day as they finish treatment and go back into their own lives having survived a cancer diagnosis.

This day was held off site where the participants enjoyed the facilities of the Hilton Hotel. A keynote speaker focused on the psychological and emotional aspects of living with cancer diagnosis, moving into treatment and then moving out into a world where they leave the hospital behind.

There were also workshops and small group discussions led by the members of the multi-disciplinary team i.e. occupational therapist, physiotherapist, dietician, specialist nurses, and social workers. It is planned to continue this very positive development bi-annually.

Continued Professional Training

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. The journal clubs also serve to develop inter-agency links with agencies outside of Beaumont Hospital e.g. Dublin North elder abuse social worker, the Citizen Information Centre.

A particularly useful training was the team’s participation in Mindfulness training, run by Barbara Lynch from the staff counselling service.

Two social workers completed the Organisational and Personal Skills Development programme run by the Learning & Development Department and one senior social worker completed the Management Development programme.

External training - Social work staff also attended a range of training courses to develop our own skills.
and practice, for example in bereavement care, dementia care, Children First training & systemic family therapy.

A senior social worker has also completed the first year in a Masters in Applied Social Research in TCD.

Education & Training to Hospital Staff and at National Level

At hospital level we continue to participate in training to RCSI medical students regarding the role of the medical social worker in the acute setting. Other on-going commitments include lectures to postgraduate oncology nurses, to ED staff, to the FETAC Certificate in palliative care for HCAs and carers, and co-facilitation of Hospice Friendly Hospital communications training programme.

We continue our on-going commitment to education in a variety of forums including provision of placements for under graduate social work students from TCD, UCD & UCC.

Some team members are visiting lecturers at the School of Social Work in TCD.

We are also involved in a tutoring role of Social Work students in TCD and in the selection process for Master Social Work students in UCD.

We also contribute to a post graduate Masters in Bereavement Studies, Irish Hospice Foundation.

Representation in Hospital Groups and at National Level

Beaumont Hospital Care of the Elderly programme – Principal Social Worker representation on the steering committee and senior social work representation on two work streams, Rehabilitation and Day Hospital.

HSE Critical Care Clinical Care Programme – senior social worker worked to identify national staffing levels for social workers in ICUs.

Medical Directorate Management team – Principal Social Worker represented the HSCP group.

Head Medical Social Work group – The focus of the annual conference in 2012 was to review and update the clinical competencies framework for Medical Social Work.

Local placement fora (LPF) – Senior and Main Grade 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.

Special Delivery Unit – Principal and Senior social work representation at weekly SDU/Beaumont Hospital meetings

Family Therapy training programme in Mater Child & Adolescent Mental Health Services- Senior social worker in psychiatry lectures and is a faculty member.

Speech & Language Therapy

Department Manager: Dr. Rozanne Barrow

The Speech & Language Therapy 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.

Staff Complement

Including the Speech & Language Therapist Manager, the department comprises a total of 17 WTE Speech & Language Therapists (SLTs) and 1 WTE SLT Assistant who provide a service across five different ‘sites’ (Beaumont Hospital, St. Joseph’s Rehabilitation Unit, Raheny Community Nursing Unit, Radiation Oncology (Beaumont SLROC) and Cochlear Implant).

The department continues to carry a minimum vacancy level of 10%. While this is not ideal it is a significant improvement on 2011. Also, in line with new developments within the hospital for radiation oncology and residential care, senior SLTs were appointed to provide a service for residents of the Raheny Community Nursing Unit (RCNU) (April 2012) and for patients attending the SLROC-Beaumont (June 2012).

Clinical Activity

The demand for SLT was consistently high throughout the year. Overall, 46% of activity is direct patient-related, while 54% of activity is indirect. ‘Indirect’ patient activity is activity that is directly related to a named patient but that does not involve face-to-face contact (i.e. meeting with family members, working with staff on ways to support communication and
safe swallowing, the development of Alternative Augmentative Communication etc.). Below is a summary of SLT activity during 2012 according to speciality.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>% Referrals</th>
<th>% Treatment Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurosurgery</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Neurology</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>Care of Elderly</td>
<td>16%</td>
<td>29%</td>
</tr>
<tr>
<td>ENT</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Respiratory Medicine</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>22%</td>
<td>18%</td>
</tr>
</tbody>
</table>

[People referred with stroke are included in either Care of the Elderly or Neurology]

SLT Service developments

**RCNU**

A senior SLT was appointed in April 2012 to provide a service for residents in the 100 bedded Community Nursing Unit situated on the St. Joseph’s Hospital site. The main focus of work during 2012 has been on minimising risks associated with difficulties in eating and drinking for many of the residents (e.g. malnutrition, chest infections, pneumonia). A multidisciplinary group comprising of the SLT, the dietitian, the catering manager and members of the catering team was established with the overall aim to promote maximum safety and enjoyment of food and drink for all residents. The views of residents and their families were sought via questionnaires and informal meetings as well as ‘Food Comments’ books for feedback and suggestions. The SLT provided training for staff on ways to ensure safe feeding. In addition, the SLT has provided information sessions for residents’ families around communicating with people with cognitive impairment.

**Radiation Oncology**

A Senior SLT was appointed in June 2012 to provide a service for patients attending the SLROC-Beaumont. This SLT is the first to be appointed in Ireland specifically to work with people undergoing radiotherapy. Many patients undergoing radiation treatment experience changes in both swallowing and communication. This is particularly so for those with head and neck cancer but also for other groups. Timely SLT management of these patients can help prevent, as well as effectively manage, the potential side-effects of radiotherapy. The SLT provides a service before, during and following treatment.

**Specific Department Activity & Initiatives**

**The Beaumont Hospital Swallow Screening Test (BHSST)**

The BHSST which was introduced into the Acute Stroke Unit in 2011 increasingly became part of nursing practice during 2012 whereby 72% of patients admitted to the unit were assessed by nursing staff using the tool. During the year, the Care of the Elderly and Neurology medical teams were trained to use the BHSST. This extension of the use of the BHSST has allowed patients attending the Emergency Department and other areas of the hospital to be assessed, thereby facilitating timely management of patients who may present with swallowing difficulties. Staff in other wards have requested training on the BHSST. This is planned for 2013.

**Involvement in Awake Craniotomy Surgical Procedures**

Awake craniotomy surgeries play a significant role in the minimising of deficits associated with gliomas and epilepsy. The demand for SLT involvement in these procedures increased by 80% during 2012 (i.e. from 10 patients in 2011 to 18 patients in 2012). On reviewing the data, each patient who undergoes this procedure requires on average 10 hours of SLT input. This time is currently being taken out of current resources which impacts on the ability of the SLT service to respond promptly to other patients who have been referred. Currently a business case is being prepared for increased resources to meet this growing demand.

**Message Banking**

The Beaumont Hospital Foundation funded the purchase of high level voice recording equipment
that will allow people with progressive conditions who face permanent loss of their ability to speak clearly enough to be understood to record messages. These recordings can then be available for use on their electronic devices when they are no longer able to speak. In this way their electronic devices can use their voice rather than a computer generated voice.

**Contribution to Education**

Members of the department continue to contribute to in-house training and to provide practice education placements for both under and post graduate SLT students. In addition, a couple of members of staff are visiting lecturers at Trinity College Dublin and Dr. Rozanne Barrow does consultancy work for Connect – the Communication Disability Network in London for which Connect pay Beaumont Hospital for her time.

**Invited formal presentations and publications**


Barrow, R., Lyons, R. & Byrne, B. Stories of communication disability and identity across the lifespan: tools and techniques for listening differently. IASLT AGM & Study Day, Dublin, 27 April 2012.


Jagoe, C., O’Rourke, M., Boland, N., Byrne, B., Gath, P., Barrow, R., Gee, H. Writing in Partnership: supporting student writing through community collaboration. Galway Symposium on Higher Education, Galway, June 2012


**Occupational Therapy Department**

**OT Manager: Alison Enright**

**Acting OT Manager: Mairead Traynor**

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.

The service is provided across four sites, Beaumont Hospital, St. Joseph’s Hospital, the Raheny Community Nursing Unit and Psychiatry of Old Age Services. Within the team, there is a high level of skill mix ranging from clinical specialist and senior therapists to staff grade occupational therapists (OTs) and OT assistants, who together provide services to the following clinical specialities:

2012 was a busy year for the service. Activity levels remained high despite a significant reduction in staffing levels. Furthermore, three members of staff went on maternity leave which led to a number of acting-up positions within the team. From a service development perspective, the team implemented year 2 of the Occupational Therapy (OT) Strategic Plan 2011 – 2014. Objectives set for this year were ambitious and, notwithstanding the challenges, staff remained committed and enthusiastically led their successful implementation.
**Activity Levels**

OT activity patterns for 2012 continued to reflect that of the organisation and the wider health service with an increase in numbers of patients accessing out-patient and specialised services. Figures 1 and 2 below outline activity in the Emergency Department (ED) Hands Service and Out-Patient Plastics Service. Overall, 2012 activity was up 6% on 2011 figures.

**Service Developments and Innovations in 2012**

As part of the department’s strategic plan, staff in each clinical area focused on meeting specific objectives and a working party structure was implemented for service objectives which were common to all clinical areas. The strategy focused on the four key result areas below which align with the organisation’s objectives and key performance indicators:

**Samples of objectives delivered in 2012 are outlined below.**

**Service-Wide Developments:**

- Designed and implemented a detailed workload measurement/capacity planning model to accurately determine demand for services within each clinical speciality area, leading to optimal configuration of staff across the service.

- Revised the scope of the occupational therapy service to reflect the wider organisational priorities and key performance indicators.

- Designed best practice care pathways per clinical speciality area to meet our goal of ensuring every patient receives quality standardised care.

- Introduced standardised assessment procedures across the service and provided training for staff on their implementation.

- Rolled out the Functional Independence Measure across the service, thereby ensuring the use of a consistent language when reporting on patient assessment and treatment results.

- Moved to an integrated notes model, whereby all occupational therapy notes were detailed and located in the medical chart. This project has led to significant improvements in multi-disciplinary team-working, efficiency and patient safety.

- In November, developed and implemented an in-service training programme for OT Assistant staff as part of their overall continuing professional development.

- Designed and introduced clinical area competencies, leading to clear practice standards and an improved performance management framework.

- Implemented LEAN principles across the service, leading to better system management and improved space and storage solutions.
Specific Clinical Area Developments:

Medical - Medical, Oncology, Emergency Department, Care of the Elderly & Rheumatology Services

- Audit of the Emergency Department Hands Service to establish demand trends and plan to optimise access to the service.
- In partnership with Physiotherapy, initiated the development of a multi-disciplinary pain management service for chronic pain sufferers.

Surgical - Orthopaedics and Vascular

- Designed and introduced comprehensive patient information packs for in-patients and their carers. This has led to a significant reduction in treatment time for certain patient groups, allowing staff to improve access for patients by meeting 24 - 48 hour referral response times across the service.

Neuroscience – Neurology, Neurosurgery and Stroke Services

- Audit of the OT specialised seating service to better understand demand trends and resource requirements and to guide the development of a streamlined seating service.
- Deirdre Armitage completed Bobath Neurodevelopmental Training (Level 2), leading to enhanced quality of stroke services being offered to our patients.
- Louise Lawlor initiated and led the establishment of a Neurology Advisory Group, recognised under the Association of Occupational Therapists of Ireland, to advance practice nationally in this field.

Psychiatry of Old Age

- Initiated the introduction of a team-based outcome measure which has resulted in better quality care for patients and improved multi-disciplinary team working.

Involvement in Organisational, National and International Groups

- In June, 2012, Alison Enright was nominated as Therapy Lead to represent the Health and Social Care Professions nationally on the Acute Medicine Programme.
- Mary Naughton was nominated 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.
- Alex Businos represented the Department on the HSE Working Group for Survivors of Thalidomide in Ireland.
- 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.
- Delivering hospital-wide training sessions on specialised seating and positioning in line with the Hospital Seating and Positioning Policy launched in November, 2012.

Working together to realise our shared vision for optimal OT services for our patients has led to greater innovation and quality within the service in addition to improved efficiency and team work.
Chaplaincy

Head Chaplain: Fr Eoin Hughes

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 around the whole year.

Our work spreads out in many directions, for example, meeting new patients and their families most especially in the Emergency Department, also Richmond ITU and General ITU. We spend a good deal of time with patients who have to face major surgery especially with patients facing death.

We spend time with relatives of patients giving them spiritual comfort who find themselves in a stressful situation and helping them to come to terms with their next-of-kin’s illness and most especially comforting them at the loss of their loved ones.

Our work is a spirituality of presence, an empathic awareness of the needs of patients. We are present to people who may feel a disconnection with life, who may feel hopelessness, despair, who may have feelings of emptiness, pointlessness, anger and spiritual guilt. Patients who have feelings around the injustice of their situation, that God may have abandoned them; in other words, to work through their spiritual grief.

In addition, many patients faced with terminal illness may have many personal issues they may need to resolve, healing takes on many forms not just physically but most especially inner healing. Our work is not just a numbers game where success is measured and judged on the number of patients we see. Spiritual care forms a major part of our work which reaches down into the core of the patient’s being.

The chaplaincy service is interdenominational; we work together as a team in preparing and celebrating interdenominational services. For example, this includes services for the members of the staff who have died. We celebrate mass every day at 1pm with the exception of Saturday when mass is at 7.30 pm. We have two masses every Sunday at 10am and 1pm. We have two outstanding folk groups and we are very appreciative of Paschal Robinson and his folk group who lead the 10am mass and to June Bibat who leads the Filipino group at the 1pm mass.

We celebrated remembrance service for adults on the first Saturday and Sunday in November which were very well attended. The children and young adult bereavement service is organized by the Social Work Department and this is held on the first Saturday in February. Jenny Cuypers of our chaplaincy team assisted the Social Work Department in organizing this service.

We celebrate reconciliation services for staff and patients at Christmas and during the season of Lent. We have a service in advent for our volunteers and the Eucharistic ministers, readers, pastoral associates and music group.

We are very fortunate to have in our team Mr James Dunne, one of our volunteers who is team leader of the Ministry of the Eucharist leadership team and who helps to organize a hundred and ten of our Eucharistic ministers to bring communion to the sick on a weekly basis. We also had during the year twenty transition students from the Mercy Convent Beaumont Secondary School near the hospital who under strict supervision helped to bring communion to the sick on a Tuesday and a Thursday. This new venture was very successful. We are also grateful to our pastoral associates who visit our patients once a week and to our readers.

We are blessed with our locums, Fr John Kennedy and Deo from Uganda, Fr Polycarp from Nigeria and Fr Dan O’Callaghan, a Carmelite from Whitefriar Street. Many thanks to our full time staff - Fr Kevin of the OFM Capuchin, Fr Denis of the Carmelitian Order, and our lay full time Chaplain Jenny Cuypers. We equally thank our Presbyterian ministers Susan Dawson and Rev Lorraine Kennedy Ritchie. We were very grateful to our Methodist Ministers Conrad and Sonia Hicks, who left for new appointment during the summer, also to the work of our Church of Ireland Chaplain Desiree Prole. We welcome to our team the new Methodist Chaplain Rev. David Nixon. We also thank our volunteers Sr Therese Dillon of the Holy Rosary Sisters and Fr John McCarthy of the Sacred Heart Order.

I would like to thank all the staff for all their wonderful kindness to us and support that they have given to the chaplaincy department over the years.

Eoin Hughes

Head Chaplain
Operations
HYGIENE & GENERAL SERVICES

The Hygiene and General Services Department is made up of a number of support services including Chaplaincy, Portering Services, Security, Patient Registration and Medical Records.

General Services

General Services manages such key areas as post, transport, printing and copying as well as the management of key contracts such as cleaning and laundry.

Nifty Bus Service (North Fingal Rural Transport)

Nifty Bus Service commenced in 2012 this service is in conjunction with Bus Eireann and is providing patients with a bus connection service to patients from Drogheda, Balbriggan and Swords with a direct passage into the Hospital.

Vantastic

This is a new free local health transport service provided to citizens over 65. A number of patient regularly use this service to and from clinics.

Smarter Travel Workplace

In 2012 Beaumont Hospital became a partner in the Smarter Travel Workplaces in conjunction with the National Transport Authority. In October 2012, 25 teams of 4 – 6 staff took place in the National Walking Challenge over a period of 4 weeks. Each week teams registered their steps onto the national website and all in all Beaumont Hospital staff walked in excess of 6,886,348 steps. Our staff from the portering service came first in Beaumont and ninth overall in the country, including Northern Ireland.

Support Stat

In 2012 the HSE introduced a mechanism called Support Stat to monitor the performance of soft facilities management services. The areas included are cleaning, catering, linen and laundry, portering and security.

It is intended when up and running to allow each individual hospital to compare itself against other facilities within its peer group. Its aim is to measure performance, cost, service activity etc.

Portering Services

One of our long-serving members of staff, Patrick Mccaffery, retired in December 2012. Dave Wallnutt passed away in March 2012 and is sadly missed by all (RIP).

Two members of catering night staff transferred over to portering nights. We welcome them and wish them well in their new role.

A submission to Beaumont Hospital Foundation seeking funding to purchase wheelchairs was successful with a grant of €15,000. It is hoped that this will greatly improve the efficiency of the department in transferring patients to appointments etc.

Security

The Security Department endeavours to provide a safe and secure environment for all patients, relatives and staff

CCTV and access control were expanded across the hospital campus and assisted both in the prevention and detection of security-related issues. At present we have 140 CCTV cameras which cover the internal and external of the hospital. The staff car parks are also covered by CCTV which is monitored by the security personnel from the CCTV control room. There are also 220 access-controlled doors throughout the hospital which continue to increase
as new areas are developed. Access-control helps to restrict access and egress within the 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.

The security electronic incident logging system continues to be a valuable asset. It has enabled the Security Department to modernise their incident reporting. The security guards deal with 30 to 60 incidents a week ranging from unsocial behaviour to thefts, violence and aggression. The Fusion Incident System has given the department a database for our security incidents which is easily accessible with incident information close at hand. The database will give us invaluable information such as incident trends and types.

Training remains a focus for the department with regular Mandatory Fire PASMAV Prevention and safe management of aggression and violence training ongoing.

**Patient Registration**

The Registration Department operates 24 hours seven days a week, 52 weeks of the year. Below is a summary of all the patients registered through the Registration Department.

A new electronic system called Claim Sure was installed on our desktops to enable us process patients who have private insurance. Two tablets were also introduced to allow us process eligibility forms on ward level and in the Emergency Department. This has been a success in the department and has cut out a huge amount of paperwork.

Also, an on-line registration form was introduced for patients registering for the breast clinics. This enables patients register for their out-patient appointment in advance and has reduced the amount of first time patients queuing for charts to be made.

### In Patient Admissions

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>22,094</td>
<td>22,574</td>
</tr>
</tbody>
</table>

### Out Patient New Attendees

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>45,873</td>
<td>49,128</td>
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</tbody>
</table>

### Day Patient Admissions

### Day Procedure Room (DPR)

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>9,122</td>
<td>14,772</td>
</tr>
</tbody>
</table>

### Endocrinology Day Room (EDR)

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>280</td>
<td>415</td>
</tr>
</tbody>
</table>

### Infusion Day Room (INF)

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>1,537</td>
<td>1,641</td>
</tr>
</tbody>
</table>

### Respiratory Care Centre (RCC)

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS</td>
<td>741</td>
<td>527</td>
</tr>
</tbody>
</table>

### Medical Records

The healthcare records library holds approximately 64,000 records. Our on-site dormant filing unit (DFU) holds a further 70,000 healthcare records. Due to the increase in activity and the introduction of the NHO healthcare records the requirement to weed has increased in the last couple of years. The department is now constantly weeding. Charts are weedied following specific criteria in relation to the next upcoming appointment/scheduled admission. Approximately 45,000 healthcare records were transferred to DFU this year and 40,000 healthcare records were transferred to an offsite storage facility.
Hygiene Services

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. During 2012 the group met every four weeks 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. For 2013 the meeting frequency will be on a monthly basis. The group is supported by the General Services Department and chaired by the Hygiene & General Services Manager.

Audits

During the year 2012, 92 audits were carried out with an average score of 90%. A pass score is 85%. A full breakdown of audit scores for the year 2012 compared to 2011 and 2010 is outlined below. The average score of 90% is down by 1% from 2011 and the same as 2010. The overall failure rate of in 2012 was 9% is down from 2011 and 2010 and the average pass rate in 2012 was 91% is up by 1% from 2011 and 2010.

Audits are conducted by a multidisciplinary team including representatives from nursing, IPC, TSD, catering, general services and the senior executive. The elements examined during a hygiene audit are the physical environment, ward pantry, sharps, linen, waste, patient equipment and cleaning. Each area has an action plan for each element for addressing issues which is managed locally by a named manager and reported on to the task group quarterly.

Scores for each element are combined to give an overall score. As with every audit when an element fails, the result is reported back to the relevant ward manager/department head and a re-audit is undertaken. In cases were the re-audit fails, an action plan is devised at local level to address the issues.

Cleaning Contract Tender

Following completion of the ‘mini-competition’ under the HSE Framework Agreement, the new cleaning contract for Beaumont Hospital and St Joseph’s Hospital, Raheny, was awarded to Resource with effect from July 30, 2012, while a new company called Derrycourt was successful for the Raheny Community Nursing Unit. The hospital expects to save approximately €500,000 annually with the new contract and savings at the end of 2012 were €294,000.
Resource invested in new cleaning technology to improve productivity in floor cleaning, restructured work schedules and provided an extensive refresher training programme to achieve these substantial savings without compromising on standards. New innovations introduced by Resource on award of the tender included a new navy tunic and trousers antimicrobial uniform with the Resource logo for all cleaning operatives.

A new cleaning system was introduced called Techno Trolley Systems (TTS) which includes a trolley system and flat mopping unit which was tested along with other systems on the market and was approved by the Infection Control Department as the most suitable for the requirements of the hospital. New floor cleaning equipment from the Johnson Diversey “Taski” range was installed to help reduce the time of cleaning, save on water usage and was deemed compatible with the floor coverings in the hospital. Hepa filtered vacuums were located in all clinical areas.

Resource continued to carry out the six-monthly wall washing programme for wards and quarterly of our critical care areas using a new innovation, Vileda Swispo Express mop system.

A new electronic auditing system - E-cat - was trialled towards the end of 2012, adapting the system to meet the needs of Resource and the hospital in carrying out hygiene audits and delivering reports and statistics with a view to going live in January 2013. Service trac remained in use as the electronic audit tool to December 2012.

Window Cleaning

Resource continued to hold the contract for 2012

Feminine Hygiene

OCS Ireland held the contract for feminine hygiene units throughout 2012 with a view to going out to tender in 2013

Laundry Tender

Work has commenced on a tender specification for this service based on the hospital’s new invitation to tender specification. Due to the value of the contract this will be an EU tender with the aim to award a new contract from June 1, 2013.

Enhanced Environmental Decontamination with Hydrogen Peroxide Vapour

During 2012 hydrogen peroxide decontamination was undertaken on seven wards, i.e. St Damien’s (twice), RITU, St Laurence’s, Whitworth, St Brigid’s and the HDU. It is envisaged that this form of decontamination will be required for future outbreaks and a formal decontamination programme be devised for 2013. The next ward due following some painting work and remedial refurbishment is Jervis Ward.

Outbreak Management

Hygiene plays a significant role in outbreak management which has a significant impact on cleaning, laundry and waste management services. In 2012 the General Services Department worked closely with the infection control and prevention team in managing a number of outbreaks. Standards are maintained throughout; however, this does have an impact on the contract spend.

Management of Patient Equipment

The HSTG has a number of subgroups which develop action plans for challenging areas. One particular area of concern is that of patient equipment. Following the recent infection outbreak in St. Damien’s Ward a number of mattresses and patient armchairs had to be discarded. One group reviewed how mattresses are quality controlled at ward level and have devised a new SOP whereby they would be routinely checked. Approval was given to purchase 20 chairs on a monthly basis until June 2013.

Patient Complaints

There were 14 patient complaints reported to the Patient Representative Department in 2012 relating to hygiene/infection control, 7 related to hygiene and 7 related to infection control. These complaints were addressed and closed out.
### Overall Score

<table>
<thead>
<tr>
<th></th>
<th>Environment</th>
<th>Ward Pantry</th>
<th>Sharps</th>
<th>Linen</th>
<th>Waste</th>
<th>Patient Equip</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Failures 2012</td>
<td>9%</td>
<td>12%</td>
<td>30%</td>
<td>15%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>% Failures 2011</td>
<td>11%</td>
<td>16%</td>
<td>17%</td>
<td>12%</td>
<td>11%</td>
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### % Failures Rate Jan - Dec 2010/2011/2012

### Overall Score

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TECHNICAL SERVICES DEPARTMENT

2012 was a very challenging year for TSD. However, it proved to be a productive year in terms of the quantity and quality of works completed in addition to the ongoing maintenance works the department attends to. TSD delivered a number of important projects in 2012 in addition to receiving over 13,000 maintenance call requests. Project works undertaken in 2012 were as follows:

TSD
- Installation of wifi boosters throughout H block
- Installation of accessible platform to lecture theatres
- Installation of new reception desk to AMAU in ED Transit Lounge
- Refurbishment of office for ENT secretaries
- Refurbishment of St Laurence’s Ward
- Refurbishment of Richmond ICU sluice room
- Refurbishment of single rooms to St Raphael’s Ward
- Painting of Chapel
- Painting of St Brigid’s Ward
- Painting of Theatres

Projects
- Refurbishment of shower room and bathroom to St Michael’s Ward
- Installation of air conditioning to double room in St Raphael’s Ward
- Plant repair and installation of new roof finish to CSSD
- Installation of new flooring to the Laboratory corridors
- Installation of new flooring to the ENT corridor
- Refurbishment of former CKB unit in OPD
- Replacement of roof finish to Catering Department
- Upgrade of Pathology fire alarm
- Installation of new floor to Exam Hall
- Replacement of public lifts
- Installation of emergency signage to ED
- Replacement of roof finish to St Raphael’s Ward
- Replacement of roof finish to H block stair cores
- Refurbishment of bathroom to Corrigan Ward
- Refurbishment of EEG Control Room
- Creation of new Epilepsy Monitoring Unit
- Creation of new UVB Dermatology Unit

St Luke’s Radiation Oncology Centre, Beaumont Hospital
St Joseph’s Campus
St Joseph’s Campus

2012 was a year of unprecedented activity in St. Joseph’s Hospital. The number of patients who had surgery increased to 4,262, despite the ongoing challenge of limited resources.

Mary Keogh, Head of Services (December)

The 20-bedded Rehabilitation Unit continued to provide comprehensive multidisciplinary rehabilitation to older person with a wide range of, often complex, rehabilitation needs. The ongoing support of staff both on the St. Joseph’s campus but also the wider organisation was very much appreciated due to the challenges experienced with the opening of the final tranche of beds in the 100-bedded Raheny Community Nursing Unit on the campus, which provides ongoing holistic care for our elderly residents.

Year-end saw the plans bedded down for the development of the Day Hospital for Older Persons, which will see this service ultimately move from Beaumont Hospital to St. Joseph’s Hospital. This exciting new initiative will further expand out services as the Day Hospital will provide a comprehensive assessment services for the frail elderly persons in our community. Going forward, this development will ensure our continued commitment in providing a much needed service to the local community.

The haemochromatosis outpatient service was successfully moved from Beaumont Hospital to St. Joseph’s during the year. This is a welcome addition to the breadth of services provided on the campus.

2012 was a year of mixed emotions in St. Joseph’s Hospital which saw the retirement of Moira Hazlett who has been a long-standing advocate for St. Joseph’s Hospital. Her retirement saw the end of an era, which was an emotional and challenging prospect for the staff. To my predecessor Moira I sincerely thank her for a very warm welcome and comprehensive handover and wish her a long and happy retirement.

Personally 2012 was a very exciting year. I was appointed as Head of Services in St Joseph’s Hospital campus, a position which I commenced in December 2012. It is my firm commitment to continue to promote St Joseph’s as a centre of excellence in the care we provide to our patients and to develop and expand services that best fit the campus. I look forward to working with all the staff on the St Joseph’s campus to ensure we continue to provide safe quality care for our patients as per the National Standards for Safer Better Healthcare.

Raheny Community Nursing Unit

Pauline Connor, Assistant Director of Nursing/ Person in Charge (January – September)

Marguerite Kilduff, Assistant Director of Nursing/ Person in Charge (September – December)

Ann Marie O’Grady, Provider RCNU/Head of Clinical Services & Business Planning

Raheny CNU is a 100-bedded designated centre for residential care for older persons. While it opened in December 2010, this year we reached the goal of full occupancy. The RCNU was officially opened on November 5, 2012 by Minister for Health, Dr. James Reilly TD. The unit cares for older adults who require long-term residential care, many of whom have a very high nursing dependency and complex medical needs. Many of our residents were unable to identify other nursing homes that could meet their complex care needs. The multi-disciplinary team work hard to ensure that a high standard of care is delivered in a friendly, home-like setting. Due to the high level of advanced nursing skills, consultant geriatrician led medical care and comprehensive health and social care professional provision we are able to appropriately manage the vast majority of acutely ill residents without recourse to transferring to the acute hospital/emergency department setting. This is of great benefit and reassurance to our residents and their families. The team is very committed to maintaining the competencies to meet this challenge. We must always be aware that this is our residents’ home. Person-centred care and maintaining the dignity of our residents are core values.
Preventing boredom, social isolation and loneliness of our residents are key challenges for all our staff. Our activities staff have developed a busy programme to meet our residents’ needs. We had great fun on our day trips to the zoo in July and Pavilions, Swords, in December. Thanks to staff and family volunteers for their help.

Ongoing focus and attention to the HIQA National Quality Standards for Residential Care Settings for Older People in Ireland continued throughout the year. An unannounced HIQA inspection took place during the year with very positive feedback and a number of areas for further development as part of the continuous quality improvement cycle.

We have had to say goodbye to some staff members and wish them well and thank them for all their hard work in setting up the unit: Sean O’ Brien, Pauline Connor, Moira Hazlet and Dr Deepak Gopinathan. We also welcomed new staff: Marguerite Kilduff as Assistant Director of Nursing, Mary Keogh as Head of Services, St Joseph’s Campus, and Dr Alan Martin, Consultant Geriatrician, and wish all of them success in their new roles.

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<td><strong>2497</strong></td>
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Royal College of Surgeons in Ireland
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 2012. 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.

Despite the continued economic challenges, 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. This year we received funding for 93 research proposals to the value of €11.3 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 recognition of the outstanding high-quality contribution of medical consultants and other senior health professionals to the teaching and learning activities of RCSI, a new Honorary Appointments and Promotions Process was introduced in July 2012. 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. The first honorary appointments and promotions were ratified by Medicine and Health Sciences Board in September 2012 and included a number of Honorary Clinical Senior Lecturers, Associate Professors and Professors based at Beaumont Hospital. We are delighted to acknowledge their important contribution to our work.

This year saw considerable progress in the development of the Academic Health Centre between Beaumont Hospital, Connolly Hospital and RCSI. The mission of the Academic Health Centre is to prioritise patient care across the hospital and the community within a research-intensive learning environment, guaranteeing improved patient outcomes. A number of working groups are actively engaged in bringing the project to fruition.

A significant development for the College this year was the establishment of the 3U Partnership, a major collaboration between RCSI, NUI Maynooth and Dublin City University (DCU). The partnership brings together the complementary strengths of the three institutions to establish a new force in higher education. This new formal partnership builds on existing successful collaborations between the three institutions and it will see significant developments in academic programmes, research, education and internationalisation.

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 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

2012 was a hectic but yet fantastic year for the Department of Surgery. Members of the department had national and international grant success with new grants. There were numerous publications in peer reviewed journals, several of which were with new and established collaborators. Many of the graduate students and post-doctoral researchers won prizes both at home and abroad. This year also saw graduation of several MD student and PhD students. Work on the National Breast Cancer Bioresource continued generously supported by Breast Cancer Ireland. This work has greatly enhanced the department’s translational research programme and has led to several clinical publications, patents and a retrospective clinical trial.

Prizes and Awards

Jarlath Bolger, Oral Communication, Patey Prize, SARS, January, 2012
Christopher Byrne, Scholarship, Keystone, 2012
Christopher Byrne, EACR Young Investigator of the year, March 2012
Jean McBryan, St Luke’s Young Investigator lecture, January 2012
Jean McBryan, SFI funded, Travelling Fellowship to Dana Farber, Leonie Young, South Australian Research Fellowship, May 2012

Grants

August 2012 Leonie Young (PI) Science Foundation Ireland (SFI) Technology and Innovation Development Award (TIDA) (Principal Applicant), €109,300. In vivo testing of a LG1 mimetic peptide as a directed therapeutic strategy for endocrine related tumour metastasis
August 2012, Leonie Young (PI) European Commission 7th Framework Programme (Collaborative Research Project) EndoPredict 324425 Commencing February 2013 (4 year programme) €600,000
July 2012 Leonie Young (PI) S100beta a serum marker of poor outcome in breast cancer patients HRA_POR/2012/101, Health Research Board (HRB), €257,932

Patents

ADAM22 for use as a prognostic variable and target for therapy of a metastatic breast cancer disease.

Publications


In 2012, Professor Gerry McElvaney was elected President of the 35th European Cystic Fibrosis Conference based in Dublin. In addition to giving the plenary talk at the meeting, Professor McElvaney also delivered a symposium lecture on fungal infection in CF. There were 16 presentations from the Department of Medicine at the ECFS, one of the largest single contributors. In addition to Professor McElvaney, Drs Gunaratnam, Greene and Reeves all chaired sessions at the meeting. Dr Kerstin Pohl was awarded the young investigator award at the meeting for her work on neutrophil degranulation. In 2012, the Department of Medicine published a seminal paper in the New England Journal of Medicine entitled “Effect of estrogen on pseudomonas mucoidy and exacerbations in cystic fibrosis.” This presentation attracted much publicity nationally and internationally. Professor McElvaney was quoted as saying “This research study is among the first examples which shows the effects of gender hormones on infections and therefore has major implications for conditions beyond cystic fibrosis including other respiratory diseases such as asthma” The department continued to attract funding from the US-Ireland fund (HRB/SFI) and the Health Research Board most notably for its work on anaerobic bacteria and also on the effects of stenotrophomonas maltophilia in CF.

In the area of alpha one anti trypsin deficiency the department concluded the pivotal 7 year study of intravenous augmentation therapy with plasma purified alpha one anti trypsin. These data will be presented and published in the near future. The department also continued its work on alpha one screening. To date over 10,000 individuals have been screened making this one of the biggest alpha one screening populations in the world. This has lent considerable support to the study on the risk for MZ alpha one individuals which is ongoing in the department. In March 2012, Professor McElvaney was awarded the Irish Shilelagh award at the annual Celtic connections meeting held by the US Alpha one Foundation every St. Patrick’s Day. This award is presented to researchers and doctors who are leaders in the field of Alpha-1 research and this is the first time it has been awarded outside North America. Professor McElvaney also featured on the cover of the US Alpha one magazine “Alpha One to One” where he described alpha one as the prototype lung disease. At the Irish Thoracic society meeting in 2012 there were over 13 presentations from the department on alpha one anti trypsin deficiency. Similarly at the American Thoracic Society meeting in 2012 there were 21 presentations from the department many of which were on alpha one anti trypsin deficiency.

Professor Richard Costello is a HRB Clinician Scientist and in this area has developed a remote monitoring solution for inhaler adherence. The device is being used in clinical studies in the DCCR centre at the Smurfit Building as well as in a number of National and International studies. He runs a joint Neurology and Respiratory Clinic for patients with Neuromuscular disorders. He is President of the Irish Sleep Society and National Specialty Director in Respiratory Medicine. Professor Costello is a member of the European HERMES Board.

Dr Catherine Greene presented to the HSC Public Health Agency sponsored Infection & Immunity Translational Research Meeting, Queen’s University Belfast (Jun 2012) on the effects of oestrogen on lung host defence in cystic fibrosis. Dr Greene also presented to the Global Infections Bacteriology Seminar Programme, Birmingham University (Feb 2012 on new developments in cystic fibrosis: proteases, gender & microRNAs)

Dr Emer Reeves was an invited speaker at the European Cystic Fibrosis Conference, Lisbon Portugal, Symposium 22- in CF, and the Comprehensive Center for Infection, Immunity, and Transplantation, Department of Hygiene, Microbiology and Social Medicine Division of Hygiene and Medical Microbiology Innsbruck Medical University, Austria (June 2012)

Dr Killian Hurley was the post-graduate oral research prize winner at the RCSI Research day. He received the Mundipharma Pharmaceuticals Prize of a silver medal and a prize fund of €1,000 to attend a conference. Dr Hurley was also announced as winner of the William Stokes Award, which recognises the highest standard of research by Specialist Registrars, at the St Luke’s Day Symposium in the Royal College of Physicians

Kerstin Pohl was awarded the Young Investigator award at the ECFS meeting in Dublin in 2012. She also won second prize in the PhD poster category at the 2012 Beaumont Hospital Sheppard Prize for her project entitled “Decreased Rab27a activation and impaired release of secondary and tertiary granules from neutrophils in cystic fibrosis”.

Dr David Bergin was awarded first prize within the PhD category of the Beaumont Hospital Sheppard Prize which was held on February 21st 2012. Dr
Bergin was awarded the prize for his project entitled “The inhibitory effect of alpha-1 antitrypsin on TNF-alpha signaling”.

Drs Kerstin Pohl and Nessa Banville were awarded travel grants from the US Cystic Fibrosis Foundation for attendance at the North American Cystic Fibrosis Conference (NACFC) held in October 2012 at the Orange County Convention Center, Orlando, Florida

Publications


PhD completion
4 PhDs from the department successfully completed their degree this year
- Dr Sanjay Chotirmall
- Dr Catherine Coughlan
- Dr Kerstin Pohl
- Dr Irene Ogilsby

Professor Noel G McElvaney
Chairman, Department of Medicine, RCSI
Clinical Research Centre (CRC)

The RCSI Clinical Research Centre (CRC) has now been operating for over a decade. In that time, the centre has made significant progress in clinical research.

In 2012 The European Journal of Radiology published a seven-year follow-up for a study conducted at the CRC by the Department of Radiology. The journal editor acknowledged the article at the end of the year as an ‘excellent observational study’ with clear implications for clinical practice. A major goal for the CRC is to advance patient orientated research and it is very gratifying to see this recognized in international journals.

2012 also saw the first phase 1 trial of a malaria vaccine in Ireland. This was a significant accolade to the CRC, particularly for the staff who underwent detailed regulatory appraisal before and during the study and excelled in both phases of the appraisal.

Research activity continues to grow and in 2012 there were a total of 59 active studies, 10 of which were new studies. Patient visits were more than double that of 2010.

Research nurses in the CRC continue to provide support to investigators at a number of levels, from study set-up and coordination to protocol development, and full project management, including submission of ethics and regulatory applications. In 2012, the CRC was delighted to collaborate with four new Principal Investigators.

We are fortunate to be located on the Beaumont Hospital campus, and look forward to continuing our partnership with clinical researchers from Beaumont Hospital in the future.

Professor Dermot Kenny
Director, Clinical Research Centre, RCSI
Pathology Department

The RCSI Pathology Department has very close links with the Beaumont 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 to develop a much better understanding of the role of diagnostic pathology departments in patient management. An undergraduate pathology programme is also taught to physiotherapy students.

In addition to teaching undergraduate students, the department has a very active postgraduate training programme for histopathology trainees.

The department has collaborative research links with external institutions including the Conway Institute UCD, Queen’s University Belfast, Trinity College, Dublin and the National Cancer Institutes in Washington. The RCSI research laboratory is accredited by CPA UK, the UK laboratory accrediting body. The laboratory is one of only five laboratories in the UK and Ireland which are recognised by NEQAS as reference laboratories for Her2 analysis by FISH.

The research within the Pathology Department is translational-focussed and investigates modulators of invasion in bladder carcinoma and molecular mechanisms of invasion in colorectal carcinoma. Markers of aggressive behaviour in prostate cancer and colorectal cancer are also being investigated to identify cancers which will respond to new targeted therapies. Skin cancer is also being extensively studied. The department, through collaborative funding, has received a Sequenom instrument which is an instrument that evaluates the presence or absence of mutations in formalin fixed paraffin embedded material. This instrument is currently being used for a wide variety of molecular analyses which includes the detection of EGFR mutations in adenocarcinomas and BRAF mutations in 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, Penang, Jordan and Cairo. A number of staff in the Department are carrying out theses for MDs, PhDs and MScs.

Professor Mary Leader is a member of the Beaumont Foundation, the Board of Medical Education, Research and Training of the HSE, is 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. Professor Leader was awarded the President’s medal of the British Division of the International Academy of Pathology at their annual symposium, held in Pall Mall, London on November 23, 2012. 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. She has published in excess of 200 publications.

Professor Elaine Kay is President of the Council of the Irish Association for Cancer Research and a member of the following Committees / Boards: The Histopathology Committee of the Faculty of Pathology, The Council of the European Association for Cancer Research, The All Ireland NCI Scientific Advisory Board and the ICORG Translational Research Sub-Group. She is external examiner for the UK-based FRCPath examination and is a committee member of the Pathological Society of Great Britain and Ireland and a council member of the British Division of the International Academy of Pathologists (BDIAP).

Dr Tony Dorman is Clinical Director of the Pathology Laboratory Directorate in Beaumont Hospital, Chairman of the Division of Laboratory Medicine in Beaumont Hospital and secretary of the Irish Branch of the Association of Clinical Pathologists. He is the sole Consultant Renal Pathologist in Beaumont Hospital and provides an on-call service for renal pathology.

The Pathology Department is deeply indebted to all the teachers/lecturers from Beaumont Hospital and Connolly Hospital 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 Drs MacHale and Cosgrave contributing to the academic department as Senior Lecturers.

Professor Cotter was awarded a prestigious HRB Clinician Scientist Award to investigate serum biomarkers of psychosis. The department has a number of RCSI clinical research fellows completing their MD and PhD degrees who contribute to specialised clinical services in Neuropsychiatry, Psycho-oncology and Psycho-hepatology in Beaumont Hospital. Drs Helen Barry and Maurice Clancy, Honorary RCSI Lecturers, are each completing their MD theses on the psychiatric sequelae of surgery for treatment-resistant epilepsy. Dr Linda O’Rourke 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 Kieran Murphy continues in his role of President of the Medical Council.

Professors Cannon and Cotter have been awarded several international research grant awards and continue to publish in high impact journals.

Dr Mary Cosgrave continues in her role as Executive Clinical Director of the North Dublin Mental Health Service.

Professor K. C. Murphy,
Professor of Psychiatry, RCSI
Molecular Medicine

The Molecular Medicine Research Laboratories at Beaumont Hospital were established over ten years ago under the directorship of Professor Brian Harvey. The state-of-the-art research facilities in the department and collaborations with other research groups within RCSI and in the National Children’s Research Centre Crumlin, UCD, Dundalk IT, TCD and Queens University Belfast, in addition to many international collaborations support a multidisciplinary approach to understanding disease processes resulting in numerous publications.

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 (Member of Management Committee), the Irish Epithelial Physiology Group, Rapid Responses to Steroid Hormones International Meetings, The Physiological Society International Symposiums and the IUPS World Congress Symposium.

In July 2012, Professor Brian Harvey co-ordinated a symposium on the rapid actions of aldosterone on epithelial ion transport at the Physiological Society Meeting held in Edinburgh. The 5th Annual Irish Epithelial Physiology Group Meeting organised by Prof Brian Harvey and Dr Stephen Keely took place in Kilkenny in October. The keynote lecture was delivered by Professor Sean Colgan, University of Colorado, who presented his research findings on epithelial metabolism in the control of mucosal inflammation.

Researchers in the department of Molecular Medicine presented the findings of their research at national and international conferences over the past year and a number of awards were received including PhD student Áine Nolan who was awarded for her presentation ‘Novel oestradiol-sensitive microRNAs may contribute to colon carcinoma tumour promotion after loss of ERα receptor’ presented at the Beaumont Hospital Scientific Meeting - Shepards Prize. Aine was also awarded for her presentation at the Physiological Society meeting. Dr Magdalena Mroz received first prize for her presentation ‘Farnesoid X receptor exerts antisercretory actions in colonic epithelial cells – a new target for development of anti diarrhoeal drugs?’ and Dr Vinciane Saint Criq was awarded for her presentation ‘Rapid effects of 17α-estradiol on airway surface liquid hydration of normal and cystic fibrosis epithelia’ at the RCSI Annual Research Day Meeting (Early Career Category). Raphael Rapetti-Mauss received first prize for his presentation ‘17α-estradiol rapidly induces KCNQ1 internalization and post-endocytic trafficking in HT29 colonic epithelial cells’ at the 2012 Physiological Society meeting and for his presentation ‘Estrogen regulates K+ channel trafficking in colonic epithelial cells’ at the 6th annual Irish Epithelial Physiology Group Meeting.

Cormac Jennings, a HRB scholar, was awarded a PhD degree for his thesis on the role of oestrogen induced signalling in the suppression of malignant mesothelioma cell growth. Bernard Drum was also awarded a PhD for his thesis ‘Spontaneous Ca2+ Events In Isolated Rabbit Urethral Interstitial Cells of Cajal’ for research carried out in the Department of Molecular Medicine and Dundalk IT.

Dr Stephen Keely and Dr Warren Thomas both received Science Foundation Ireland’s Technology Innovation Development Awards in 2012 to enable them to progress their research from concept to market. Professor Brian Harvey was awarded funding under the Enterprise Ireland FP7 Coordinator Proposal Preparation Support Scheme for two grant applications for which he was the lead co-ordinator.

Molecular Medicine research and collaborations are funded by grants from Science Foundation Ireland, The Health Research Board, the Higher Education Authority, the Children’s Medical Research Foundation, the Chilean Science Foundation and the NIH.

Researchers in the Oncology Research Group, established by Professor Bryan Hennessy in 2011 are also based in the Department of Molecular Medicine. This research is funded by the Science Foundation Ireland, The Health Research Board, the American Cancer Society, the Irish Cancer Society and Drogheda Cancer Research and Education trust and the EU. In 2012, Sinéad Toomey, a post-doctoral researcher was awarded an SFI travel award to fund her research in MD Anderson Cancer Center in Houston, Texas. Professor Hennessy had more than 16 publications during 2012. Collaborative research is ongoing with researchers based in RCSI, DCU, UCD, TCD and MD Anderson Texas.

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 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.

In late 2010, the department, with colleagues in Dublin City University, was awarded a significant translational research grant from the Health Research Board (HRB) and Science Foundation Ireland to develop and evaluate 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 that plasma can reduce bacterial numbers on common healthcare surfaces by a factor of log 2. More recently, the HRB and the Healthcare Infection Society have awarded grants to evaluate 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 those carriage isolates that may subsequently invade leading to bloodstream infection and meningitis.

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 (with the Health Protection Surveillance Centre) organises an over-subscribed Foundation Course on HCAI each September and also contributes to the RCSI postgraduate course for infection prevention and control nurses.

Finally, departmental members are active on regional, national and other groups, and have contributed to the development of clinical guidelines, national standards for infection prevention and control and advice on the sensible and appropriate use of antibiotics.

Professor Hilary Humphreys
Head of Clinical Microbiology Department, RCSI
Department of Academic Radiology

The Department of Radiology continues its teaching mission to undergraduate RCSI students. There is an extensive teaching programme in place for IC2, IC3, SC1 and SC2 student groups. This reflects the central role that Radiology plays in patient diagnosis. The department takes part in weekly TOSCE’s, weekly essentials of clinical practice tutorials and provide a case of the week via Moodle for final year students. The e-learning radiology platform continues to grow and expand to reflect teaching practice. The SSC Programme continues and is now research based with students completing a research project over six weeks. The department also teaches postgraduate doctors in radiology, along with other specialities.

Dr Shaoib Shaikh was appointed as a clinical lecturer in Radiology and has strengthened the delivery of radiology teaching.

The department continues its research activities in all aspects of radiology and imaging. A large number of abstracts were delivered at national and international meetings over the year, with eight papers published in peer review journals. A book was published entitled “Interventional Radiology Techniques in Ablation,” with Professor Lee and Professor Watkinson as series editors. Professor Lee continues as President of the CardioVascular and Interventional Radiology Society of Europe (CIRSE) and continues to lecture widely on interventional radiology throughout the World.

Prof Michael J Lee, M.Sc, FRCPI, FRCR, FFR(RCSI), FSIR, EBIR
Consultant Interventional Radiologist,
Beaumont Hospital,
Professor of Radiology, RCSI
RCSI Beaumont Library

The RCSI Library in Beaumont Hospital supports the academic, clinical research, and professional development activities of health care professionals, researchers and students in Beaumont Hospital and RCSI.

Service Use

During 2012 the hospital librarian provided regular presentations and tutorials in the library, the Centre for Education and hospital departments on accessing and using RCSI databases, clinical summaries, e-journals and e-books. Over 70 hospital staff members attended library training in individual tutorials or as part of Staff Induction Days, Study Days, or Academic Writing Days. The library also provided information and training for RCSI students and interns in Beaumont. Students borrowed 3,128 books from Beaumont library, and Information Desk staff desk answered over 2,270 queries regarding library resources over a 10 month period in 2012 as the library was closed for renovations for two months. During that same 10 month period, our electronic gate counter noted 58,813 visits to the library.

Refurbishment

The Beaumont library was completely renovated in summer 2012. The project, managed by RCSI Estates and the library, gave us an opportunity to re-think the library space in response to student feedback over the years, with the intention of providing standard modern library facilities to RCSI students and staff based in Beaumont Hospital. Library staff carried out an extensive de-selection project in preparation for the refurbishment, disposing of duplicate print journals and low-demand printed books to free up space in the study areas. Remaining books and print journals were packed up and put in storage for the duration of the renovation work. The library space was closed for 10 weeks and library staff re-located to the Student Centre where we continued to provide limited services during the summer.

Following completion of the renovations, library staff re-stocked the library shelves, and RCSI and hospital staff were invited to a Open Day to mark the reopening.

The renovations facilitated a major improvement and extension of library services to include unstaffed extended opening hours and reading room access for students and staff. The library space was enhanced by the addition of a new group study room and new furniture throughout. The existing PC lab was extended with the addition of new desks and printers and the old printing system was replaced by the new RCSI print system. A reading area was created to browse newspapers, current journals and wellbeing books. The study areas were completely refurbished with new desks complete with task lights, power points, and WiFi access. Heating was upgraded and ceiling lighting was replaced throughout. The new study areas are bright, open plan, flexible spaces which can be re-configured in the future if necessary. Security cameras, door swipe timers and lighting timers were installed to facilitate unstaffed access in response to demand.

Clinical Information Service

A pilot clinical query service, in collaboration with clinical librarians in HSE East, was established whereby clinicians may submit clinical queries and literature search requests to a librarian via an online form. 2012 saw a steady increase in the use of this service with a total of 197 queries being answered by literature searches. The RCSI library online form is available at: http://www.rcsi.ie/beaumontlibrary-cliks

Library Staff

The hospital librarian took on the role of Communications Officer for the Health Science Libraries Group in Ireland, and attended their annual conference for health sciences librarians in Ireland, as well as seminars on Advanced Search Techniques for Systematic Reviews, and Information Literacy, and all library staff attended training on Microsoft Excel.

Breffni Smith
Assistant Librarian
RCSI Beaumont Hospital Library