

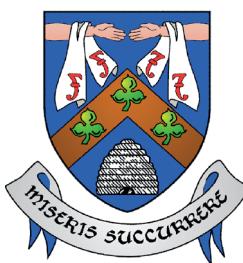
# 2024



Beaumont  
Hospital

# Annual Report





## MISSION STATEMENT

Beaumont Hospital is a University Teaching Hospital with a mission to deliver best quality care to patients. We are working together to develop and continually improve the way we deliver care and enhance the environment in which staff work.



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## Beaumont Hospital Board members - Meeting attendance 2024

Name	Nominated by	Term of Office	Board Meetings attended in 2020	
			Expected no. of meetings to attend 2024	No. of meetings attended 2024
Ms Pauline Philip	Minister for Health	14.10.22 - 19.06.23 19.06.23 - 19.06.26	6	12
Prof Patrick Redmond	RCSI	17.04.23 - 17.04.26	6	11
Prof Michelle Butler	DCU	17.04.23 - 17.04.26	6	12
Ms Bernice Ruane	Minister for Health	28.04.21 - 28.04.24 29.04.24 - 29.04.27	6	10
Mr Kieran Kelly	Minister for Health	17.08.23 - 17.08.26	6	12
Dr John Lathan	ICGP	27.09.23 - 16.04.26	6	11
Mr Mark Jacob	Minister for Health	23.10.24 - 23.10.27	2	2
Ms Elmarie Van Breda	Minister for Health	23.10.24 - 23.10.27	2	2
Ms Eleanor Farrell	Minister for Health	23.10.24 - 23.10.27	2	1
Edel Moloney	Minister for Health	23.10.24 - 23.10.27	2	2
Cllr James Humphreys	Fingal County Council	23.10.24 - 18.06.26	2	1
Mr Kevin O'Donovan	Dublin County Council	29.04.21 - 29.04.24	4	5
Ms Loretto Callaghan	Minister for Health	29.04.21 - 29.04.24	3	5
Ms Louise McMorrow	Minister for Health	29.06.21 - 29.06.24	3	5

## 2021 - 2023 Beaumont Hospital Board members - Meeting attendance

Name	Nominated by	Term of Office	Board Meetings attended in 2023	
			Expected no. of meetings to attend 2023	No. of meetings attended 2023
Mr Henry McGarvey	Minister for Health	29.06.17 -29.06.20 29.06.20 - 29.06.23	3	4
Prof Paul McNally	RCSI	17.04.20 - 17.04.23	3	3
Dr Gerard Moore	DCU	17.04.20 - 17.04.23	3	3
Cllr Daryl Barron	Dublin County Council	19.06.20 - 19.06.23	3	6
Dr Richard Aboud Resigned from Post 08.05.23	Irish College of General Practitioners	13.03.23 -16.04.23 17.04.23 - 17.04.26	3	2



## BANK

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Bank of Ireland,  
19 Main Street,  
Swords,  
Co Dublin,  
Ireland

## LEGAL ADVISORS

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Byrne Wallace  
88 Harcourt Street,  
Dublin 2





**Pauline Philip**  
*Chair of the Board*

## CHAIRS REPORT

At the heart of Beaumont Hospital is an ambition to deliver exemplary in-patient and out-patient care to the local community in North Dublin; and to be a centre of excellence for national services including Neurosurgery and Neurology, renal transplantation, and cochlear implantation care.

During 2024, working in partnership with key stakeholders, our key focus as the Hospital Board has centered on solidifying the senior management team, advancing the Hospitals 5 year strategic plan, and ensuring that patient centered care is at the forefront of everything we do.

As this report will outline in more detail, 2024 is reflective of some challenging deliverables. The first being our response to the impact of the Pay and Numbers HSE Strategy, navigating these restrictions to recruitment of staff while ensuring there was no negative impact to patient care through the redefining of our patient pathways and focusing on productivity. In parallel, the report also demonstrates continued commitment to our standard clinical pathways as well as redefining and creating new pathways to ensure quality care is delivered, reflective of our ambition to deliver excellence.

It was very positive to see the completion of some new developments such as; Hybrid Theatre, Immunology Day Ward, Winters Ward and the Radiology Room 12 Scanner, all initiatives progressed to ensure the best quality care and outcome for our patients.

Beaumont Hospital continues in the proud tradition of having the Royal College of Surgeons Ireland (RCSI) as its primary medical training, research, and academic partner. This important partnership has played a pivotal role, not only in training health care professionals, but has enabled, through the RCSI academic departments and research based on the Beaumont campus, the provision of best practice clinical services to our patients. It has been particularly appreciated, given the enormous support shown to Beaumont Hospital by the

Royal College of Surgeons in advancing the Hospitals 5 year strategy.

Beaumont Hospital integrated into the new Healthcare Regional from March 2025 of Dublin North East and this new integration carries many exciting and promising benefits to patients through a person centered care approach enabling better partnerships with community and social care.

This year has been a substantial test of our resources, both human and operational. While developments for services as outlined above have been much welcomed there is a real need for capital investment in Emergency Department services, additional bed capacity and expansion of space for our Neurosurgical Services to meet the ever growing need of our community and region. The Board will continue to advocate for appropriate levels of investment, both capital and revenue, so that the Hospital can safely sustain and grow the levels of service that our community requires and deserves.

During the year we have welcomed new members to the Board, as previous colleagues step down from their roles. We welcome the new range of experience, skill sets and eagerness to support Beaumont Hospital, the staff and above all the patients that our new members offer. The year has also seen a significant focus on improving our governance processes to support delivery and meet national standards.

Beaumont Hospital is more than just a building. It is a complex system of services and support for the community and region that it serves, delivered day in and day out by teams that demonstrate professionalism, empathy, kindness and a commitment to care. This report outlines the work of those teams and on behalf of our community, our region and the Board of Beaumont Hospital I would like to express our wholehearted thanks and appreciation.



Anne Coyle  
Chief Executive Officer

# CHIEF EXECUTIVE FOREWORD

2024 has been another busy year for everyone at Beaumont Hospital. For me personally I joined the Hospital as CEO in August 2024, and I was made to feel very welcome by my Hospital colleagues and partner Health Service Executive colleagues in HSE Dublin Northeast and Royal Colleague of Surgeons Ireland.

An immediate priority in joining the Hospital was addressing deterioration seen in Urgent and Emergency Care, specifically management of Hospital escalation and increasing surge capacity. The Hospital achieved this by creation of 14 new surge capacity beds. Recruitment to permanent Director of Nursing and reintroduction of the Chief Operating Officer role was completed in the last quarter. During 2024 the Hospital welcomed 5 new Board members and three new sub- Committee Chairs. In taking up post, it was reassuring to see Hospital staff engagement in working through delivery milestones to achieve ambitions at year 1, year 3 and year 5 of the Hospitals strategy “Building Excellence in Care Together 2025-2030”. This process provided an opportunity to reflect and refine our mission, our vision and our core values of excellence, compassion, respect and patient focussed quality care setting out where attention, resources should be focussed. The passion, drive, and commitment of staff I met during my induction to deliver for our population, patients, staff both current and future workforce is palpable. We want people to be really proud to work in Beaumont and we want people to really want to work in Beaumont Hospital.

The year has been characterised by continued increase in demand for our services and the Hospital's response to this challenge within our agreed pay and numbers cap. In 2024 the RCSI Hospital group was stood down from October 2024, nonetheless the Hospital continued to work closely with the HSE through the emerging Regional and Integrated Health Area structures. The relationship being fostered has been collaborative and supported with a shared focus on meeting the needs of our patients and the populations we serve.

Infrastructure remained a significant concern and risk and captured on the Hospital risk register. It is important though to reference the major developments and service expansion seen in 2024 that will deliver benefits to staff and patients specifically radiology day room, immunology day ward, new medical records facility, hybrid theatre and resurfacing of hospital bus terminus and car park. Many of these schemes have been enhanced through donations from Beaumont Foundation Charity. Thank you to everyone who has helped us to do that.

The year ahead will be another challenging one for us all. I am proud to be the CEO of Beaumont Hospital. All of our staff matter but I would like to personally thank our leadership team, our Board for helping us deliver another impactful year. We are also extremely grateful to our growing band of volunteers who give up their own precious time to maintain our outstanding range of services.



Prof Sam McConkey  
Chair of Medical Board

# BEAUMONT MEDICAL BOARD

## Introduction

The Medical Board of Beaumont Hospital is focused on building new and better physical spaces in which to care for our patients. All of the consultants agree that our current spaces are not adequate nor optimal. Without substantial change, improvements and investment in the physical spaces the organisation will not be able to meet minimal patient care needs in the next 1 – 5 years. The development of adequate physical space for patient care is therefore one of the most urgent issues for the Medical Board. We believe strongly that Beaumont needs one new substantial building project each year for the next 10 years just to be adequate. In the last year we have seen substantial and tangible progress in this direction.

## Stages

The process of building parts of a hospital requires sequential but interactive steps, a masterplan, feasibility study, stakeholder consultation, analysis of impact on energy, environment and other dimensions, detailed design, tender requirements, planning permission, enabling work, tendering, construction, fit-out and commissioning.

## Activity

We have met with several local TDs, ministers, local government representatives to highlight the need for new spaces in Beaumont.

A new sub-committee of the Board of Beaumont now has responsibility for leading and directing capital development projects. The internal capacity of staff in Beaumont to appraise, design, contract, sub-contract, tender, manage the relationship with large contractors, with HSE, with Department of Health and other external and internal stakeholders for capital building projects has been grown and strengthened.

Beaumont's new strategy explicitly recognises the needs for new spaces, including 200 new inpatient bed accommodation, to meet the needs of the people who will be in Beaumont catchment area in 10 years' time.

## Highlights

The following projects are under construction: a 20-bed Cystic Fibrosis inpatient unit, space for a new CT scanner in Emergency Department, a 6-bed Interventional radiology day ward, a Fire Alarm and emergency lighting installation, improvements for infection control and sanitation.

Refurbishment of Rockfield house, Beaumont house and St Anne's is out for tender. This will move administration and management offices from their current sites to allow for future building of clinical spaces.

The following projects are at the detailed design phase: Internal Road re-alignment, new multistorey car park, a radiology centre in St Joseph's including 3 ultrasound rooms, 4 X-ray rooms, a CT and an MRI, new Emergency Department, acquire Beaumont Convent and make 119 administration offices, new energy centre, electrical infrastructure, a sub-station, generators, feeder cables, and 95-bed Inpatient Accommodation over 5 floors.

The following projects are at the stage of design feasibility: new 2 storey Endoscopy Department with 7 rooms, and new 64-bed Critical Care Unit.

## Conclusion

The Medical Board strongly support these developments, and would like to work to deliver them as quickly as possible, as they are desperately needed. We recognise that this is a 10 – 13 year activity, however we will work to keep each of the above capital development projects moving along to completion as fast as possible given the factors that are within our control.



# BEAUMONT HOSPITAL STRATEGIC PLAN 2025 - 2030

## Development of the Beaumont Hospital Strategic Plan 2025 - 2030 Building Excellence in Care, Together

During 2024, Beaumont Hospital completed the development of its new Strategic Plan 2025 - 2030, this work built on a structured strategic planning programme that commenced in 2023 and was designed to ensure the hospital is well positioned to meet the evolving needs of patients, staff and the wider Irish healthcare system over the next five years.

The development of the strategy was a comprehensive, inclusive and evidence-based process, led by the Hospital Board and Executive Management Group, and supported by a dedicated Strategy Development Project Management Team. The approach was underpinned by strong governance arrangements and a clear commitment to engagement, transparency and co-creation.

### A Structured Four-Phase Approach

The strategic planning process was delivered through four distinct but highly interconnected phases:

- 1. Set-up and Governance** - Establishing robust governance structures, clear roles and responsibilities, and a detailed project plan to guide the development process and ensure accountability throughout.
- 2. Understanding Our Strategic Position** - Assessing Beaumont Hospital's current role within the Irish healthcare system through analysis of population demographics, service demand, hospital activity, national policy direction and the broader health and social care environment.
- 3. Identifying Our Strategic Priorities** - Defining the hospital's future direction and the key priorities required to deliver high-quality, safe and sustainable care.

- 4. Action Planning and Delivery** - Developing a comprehensive suite of strategic objectives and detailed action plans to underpin implementation and measurable progress.

### Listening to Patients, Staff and Stakeholders

Patient and staff engagement was central to the strategy's development. Insights from the National Patient Experience Survey were complemented by dedicated patient engagement sessions, enabling the hospital to hear directly from patients about their experiences and expectations.

### Our 7 Strategic Priorities



More than 150 in-person strategy development sessions were held across directorates and clinical service departments, supported by staff surveys and information sessions. Extensive external engagement was also undertaken with General Practitioners, discharge partners, political representatives, regional and national HSE colleagues, and academic partners RCSI and DCU. This ensured the strategy reflects the perspectives of those who use, deliver and partner with Beaumont Hospital services.

## Strategic Priorities and Objectives

Through this extensive process, seven strategic priorities were identified to guide the hospital's work over the next five years:

1. Our Patients
2. Our People and Culture
3. Our Clinical and Corporate Governance
4. Our Physical, Diagnostic and Digital Infrastructure
5. Our National, Regional and Local Service Profile
6. Our Clinical, Educational and Research Partnerships
7. Our Performance, Productivity and Sustainability



# QUALITY & SAFETY

## Introduction

The Hospital is responsible for, and committed to, leading and supporting a systematic, sustained approach to delivering safe, effective and person centred care for our patients.

The Hospital quality and safety directorate has a number of departments including Quality & Standards directorate, Clinical Governance & Audit, Risk & Legal Services, Patient Advisory Liaison Service (PALS), JCI Accreditation, Health & Safety, Health Promotion and Freedom of Information (FOI) & Data Access.

In 2024, the Hospital continued to work with clinical directorates and hospital departments focusing on continuous improvement to ensure compliance with national standards and delivery of priority actions outlined in the Quality & Safety Programme 2022 - 2027 under the four quality pillars; Patient-Centred Care, Safety, Effective Care and Better Health & Wellbeing.



Figure 1: Beaumont Hospital Quality & Safety Plan 2022-2027

The Hospital also continued to benchmark itself against the Joint Commission International (JCI) Accreditation Standards for Hospitals, with the standards being used as a framework for continuing improvement and to further support compliance with the National Standards for Safer Better Healthcare (HIQA, 2012).

## Clinical Audit Programme

The Hospital's clinical audit programme includes hospital directed clinical audit projects in addition to locally initiated clinical audits which individual clinicians undertake as part of their ongoing professional development and improvement.

## Performance Highlights

Throughout 2024 the Clinical Audit Manager continued to work closely with and support directorates and departments in the clinical audit process including registration and audit methodology.

In 2024, there were a total of 319 audits registered, averaging 26.6 audits registered per month.

Over a third of all audits had a primary objective of evaluating care against specific standards, with 13% reviewing the outcome of care for patients. Medication specific audits accounted for 14% with 7% focusing on patient satisfaction. Work has progressed over the past four years to ensure the audit office is informed when a registered audit is completed and what recommendations and/or improvements have been identified and are being progressed.

Figure 2 highlights improvement year on year since 2020. With the enactment in September 2024 of the Patient Safety Act 2023 and the protection offered to

clinical audit, it is anticipated that the audit return rates will continue to improve in 2025.

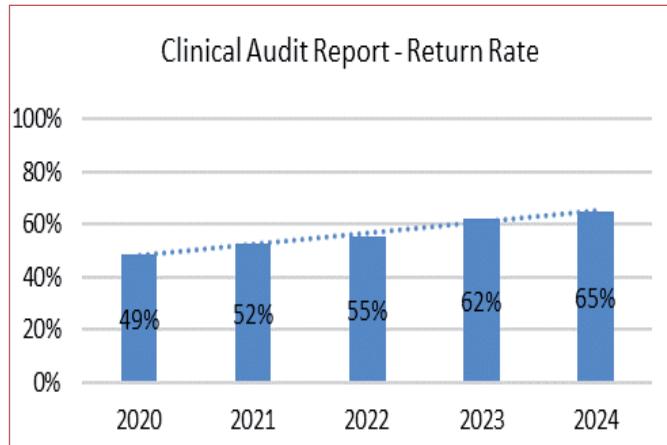


Figure 2: Percentage of returned audit reports

## Open Disclosure

The Patient Safety (Notifiable Incidents & Open Disclosure) Act 2023 was signed into law in May 2023 and came into effect in September 2024. In conjunction with this Act the HSE published the National Open Disclosure Framework (2023) which provides overarching principles and aims to promote a consistent approach to open disclosure nationally.

- **Training:** Mandatory Open Disclosure Conversation training commenced in July 2023. A total of 244 attended these sessions to year end 2024.
- **Documentation of Open Disclosure:** In 2024 the Open Disclosure Awareness and Education Committee continued to promote the use of an open disclosure sticker which contains the key points required at an open disclosure meeting as a guide for staff. Following feedback, these stickers were updated and packs developed which were placed on every ward.
- **Open Disclosure Awareness Week:** The second annual Open Disclosure Awareness Week took place on the week commencing 7<sup>th</sup> October 2024, with an awareness / information stand, a staff quiz and prizes.

## The 12th Annual Quality and Patient Safety Meeting

The 12<sup>th</sup> Annual Quality and Patient Safety Meeting, organised through the Clinical Audit and Clinical Governance Department supported by the staff in the Quality and Safety Directorate, took place on the 13<sup>th</sup> November 2024.

The theme for the meeting was *"Person First: Quality Care for All"*. Chaired by Mr. John Caird, Director of Clinical Governance, this event was attended by over 250 delegates including patient representatives from the hospital's Patient Experience Forum.

2024 saw the highest number of abstracts submitted (over 140). Nine projects were selected for podium

presentations and these all showcased the excellent improvement work that is underway across all directorates focusing on safe and effective patient care. 120 poster presentations were displayed across two days in the Centre of Education.

## Health & Safety Department

### Performance Highlights

- **Risk Assessment/Risk Registers:** The department continued its programme of work on the facilitation and provision of guidance in the development of risk registers at directorate and departmental level. A number of health & safety risk assessments across various hospital services assessing risks such as ergonomics, manual handling and chemical safety were also undertaken.
- **Auditing:** In 2024, 140 fire safety audits were completed including St. Joseph's Hospital campus. The annual DGSA audit for the St. Joseph's Campus took place on the 10<sup>th</sup> June 2024, the Beaumont Hospital site audit took place on the 25<sup>th</sup> June 2024. There were no non-conformances identified on either site.
- **Training**
  - **Inanimate Manual Handling Training:** 419 staff members attended classroom based Inanimate Manual Handling Training sessions with compliance reports issued to directorates / departments.
  - **Corporate Induction:** 14 online health & safety corporate induction programmes were attended by a total of 345 new staff members.
  - **Risk Register Workshops:** Workshops took place attended by a total of 80 staff members.
  - **Fire Marshal Training:** 58 sessions were delivered to staff in 2024 – a total of 423 staff were trained.
  - **Sharps Safety Training (Non-Clinical Staff):** 18 training courses took place attended by 234 staff members / contracted staff.
  - **Healthcare Assistant Training:** A Health Care Assistant (HCA) Safety Induction training course was conducted with new starters and existing employees providing training on specific areas of risk. A total of 22 HCAs attended the training.

### Communication and Consultation Strategy

**European Health and Safety Week:** This campaign took place from 25<sup>th</sup> - 29<sup>th</sup> November 2024 and the theme was *"Behaviour that Challenges, Caring for You and Your Patient"*. Staff were provided with information and

advice on training, risk assessment, incident and incidents supports when dealing with challenging behaviour. Over 350 staff attended the promotional stand.

**System Analysis Investigation:** System Analysis Investigations were carried out for Health & Safety Authority reportable incidents, serious near misses, dangerous occurrences (as prescribed by the HSA), fires and non-clinical needle stick injuries. In 2024, 56 incidents were reported to the HSA which equates to 8% of the total employee incidents for 2024 with the top three reportable incident types as behaviour that challenges (30%), slips, trips and falls (14%), contact/collision (14%) and manual handling (11%).

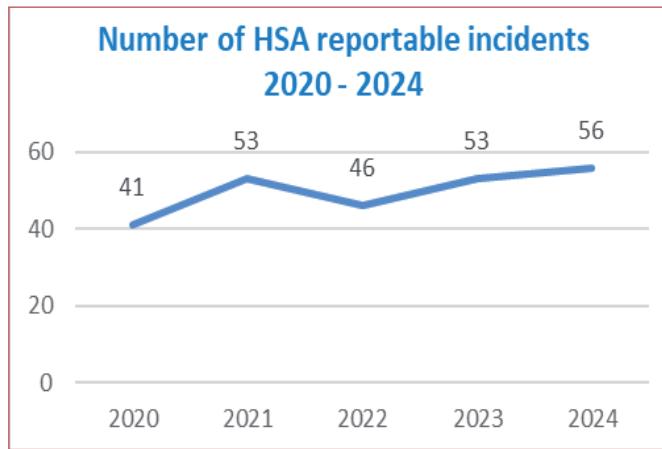


Figure 3: Number of HSA Reportable Incidents 2020 – 2024

## Health Promotion Department

### Performance Highlights

#### Wellbeing and Stress Management Programme for Patients and Staff

This Programme for patients, facilitated by the Health Promotion Manager, was extended to staff in 2024. The programme's emphasis lies in a lifestyle approach to achieving wellbeing looking at; healthy eating, movement and physical activity, sleep, awareness of hazards of drugs, smoking and alcohol, social support and connection.

In 2024 a total of 49 participants attended the full programme including 8 staff members.

#### Tobacco Cessation Services

In 2024, 326 people availed of the stop smoking support service. 186 patients availed of a one-to-one intensive smoking cessation service. An analysis of the programme confirms that 59% of patients who set a quit date availed of the quit smoking support programme. A further 140 people received telephone support with brief advice and ongoing assistance to encourage a quit attempt with relevant literature sent by post with referrals to the local

Quit Smoking Community Clinics for further ongoing support.

## Patient Advisory Liaison Service

### Performance Highlights

In 2024, a total of 6,665 complaints were received by the PALS department. This consists of 3,692 stage 1 complaints, 695 stage 2 complaints and 2,278 RFI.

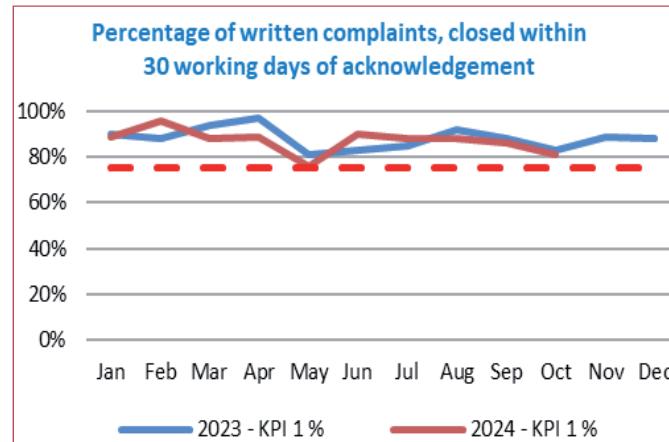


Figure 4: shows % complaints closed as per KPI

### Quality Improvement Plans: Communication

- Throughout 2024 the PALS department continued to focus on the area of effective communication. The following initiatives were undertaken:
- Liaison with relevant teams to ensure staff feel supported when dealing with complaints.
- Provision of education and training on 'effective communication when dealing with complaints' across the hospital.
- Corporate induction for new staff members on the complaints process and effective communication.
- Provision of education and training to nurse managers at their leadership development programme.
- Continuous support and advice provided to clinical directorates on appropriate and effective communication.
- Volunteer Programme
- The PALS department commenced the establishment of a volunteer programme within the hospital aiming to provide an invaluable service in assisting patients and visitors attending the hospital each day. A recruitment campaign will be progressed in 2025.

# Joint Commission International (JCI) Accreditation

## Performance Highlights

- Developed and administered a hospital wide Staff Culture of Safety Survey.
- Developed multi-disciplinary quality improvement project teams for quality improvement activities with concentration on long-term / high impact standards.
- Promotion of International Patient Safety Goals at Beaumont Hospital's Annual Quality and Patient Safety Meeting.
- Development of various hospital audits including emergency department documentation, handover requirements, medication safety and storage.
- Introduced electronically hosted nursing, medical, & surgical chart healthcare record audits.
- Supported in the development, implementation and monitoring of hospital wide process and documentation of critical results.

## Quality & Standards

## Performance Highlights

### National Standards for Safer Better Healthcare

The Health Information & Quality Authority (HIQA) conducted a two day announced inspection on September 24<sup>th</sup> & 25<sup>th</sup>, four clinical areas and the Emergency Department were visited as part of the inspection. The hospital has developed a comprehensive quality improvement plan that addresses areas of suboptimal compliance.

### Falls Prevention Steering Group

A multi component programme is in place detailed in the Hospital Falls Prevention Policy with the aim of reducing the risk of patients falling during their stay in the hospital.

In 2024 key achievements of the Group were:

- A review of education/training available to staff, with continued focus on the provision of local education.
- Targeted Quality Improvement projects on a number of wards.
- Falls Awareness Campaign.
- Ongoing aggregate review of falls data to extract relevant information to drive improvement.

### Pressure Ulcer Improvement Programme

The Group aims to develop, deliver, champion, implement and evaluate a quality improvement

programme to reduce the incidence of hospital acquired pressure injuries. In 2024, there was a continued focus on pressure area management and the prevention of hospital acquired pressure ulcers.

## National Inpatient Experience Survey (NIES)

The National Inpatient Experience Survey took place during the month of May 2024. The Quality & Safety Directorate in collaboration with nursing colleagues ensured that information pertaining to the survey was given to patients who were discharged during the survey month and who would be invited to participate in the survey.

The response rate was 41% (655 patients). Over half of respondents were aged 66 and over with approx 80% of patients surveyed rating their overall patient experience as good or very good. A quality improvement plan to address areas for improvement is being developed and will be progressed in 2025.

## Risk and Legal Services

## Performance Highlights

### Incident Management

In 2024, 6,263 incidents were reported and captured onto the NIMs system in line with the hospital's Risk Management Policy and the HSE Incident Management Framework, 2020. This represents a 5% increase in comparison to 2023. All serious incidents are raised for discussion to the hospital's Serious Incident Review Team (SIRT) which oversees the management of category 1 and 2 incidents, serious reportable events (SREs) and serious incidents (SIs).

In 2024, 156 cases were reviewed at SIRT, representing a 21% increase from 2023. Serious Incidents are further escalated and discussed at the HSE DNE Hospital Region Senior Incident Management Forum which is scheduled every six weeks. The commencement of the Patient Safety Act 2023 in September 2024, mandates open disclosure for a list of 13 notifiable patient safety incidents. The Act sets out a list of notifiable incidents that must be reported and disclosed to a patient and / or their family. At present the list refers to incidents which result in unintended or unanticipated death. Escalation of notifiable incidents to the HSE and HIQA will be completed by the Risk Management Department.

### Coroner's Court Activity

A core function of the department is to provide support and guidance to staff involved in various stages of the Coroner's process.

In summary, in 2024:

- 135 coroners reportable deaths were reported to the

Coroner's office:

- 244 medical reports/statements were requested by the Coroner;
- 30 inquests were completed and attended by staff

### Clinical Negligence / Employee Liability & Public Liability Claims

The department works closely with staff, the State Claims Agency and relevant legal teams in the management of clinical, employee and public liability and property damage claims. New claims created in 2024 decreased by 10% in comparison to 2023.

Year	Total Number of Open Claims at year end
2022	237
2023	236
2024	219

Figure 5: No. of open claims at year-end 2024

### Insurance Portfolio

The department is responsible for the insurance portfolio for the hospital co-ordinating claims against the hospital insurance policies and facilitating and co-ordinating site visits and inspections.

### Court Appearances

Following the commencement of the Assisted Decision Making (Capacity) Act 2015 the process for assessing capacity and applying for court orders for the treatment of patients has changed significantly. The department advises, supports and facilitates clinical staff in determining the correct process in each individual case.

## Freedom of Information Department

### Performance Highlights

#### Data Access

In 2024, the Data Access Office received a total of 2,627 requests and successfully processed 2615 (inclusive of outstanding requests from the previous year), an increase of 225 requests processed in comparison to 2023.

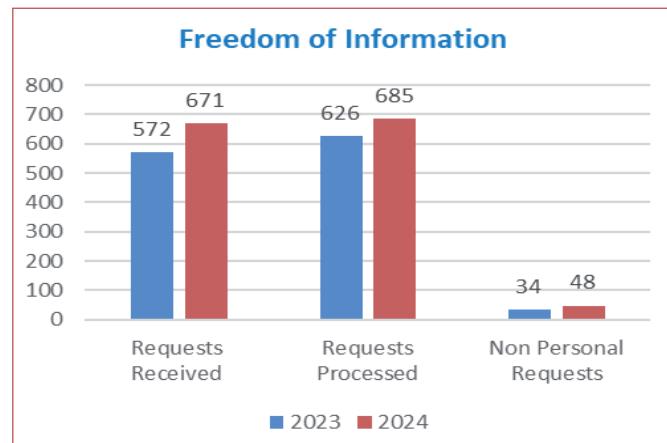


Figure 6: No. of Data Access requests received and processed

### Freedom of Information

In 2024, the Freedom of Information Office received a total of 671 requests, of which 48 were classified as non-personal requests. The department processed responses for 685 of the total requests received.

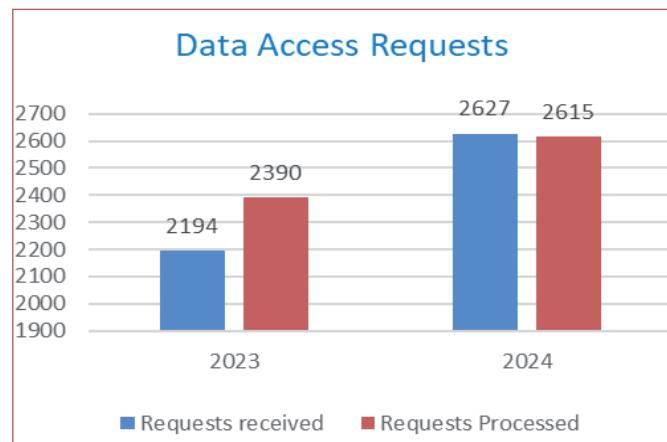


Figure 7: No. of FOI requested received and processed

### Legal Research

The co-ordination of the legal review of clinical trial agreements and recommendation for approval by the hospital is managed through this department.

In 2024, 87 clinical trials/studies were submitted for review, an increase of 20 from 2023. 72 were approved (inclusive of outstanding reviews from the previous year), an increase of 15 from 2023.

### Death Notifications

In 2024, the Death Notification Office processed a total of 1,121 cases.



# NURSING

## Introduction

The Nursing team at Beaumont Hospital continued during 2024 to demonstrate its commitment to the delivery of quality and safe patient care. Nursing were at the forefront of many changes and improvement processes across the campus which have enhanced patient care across all directorates.

This year we faced a significant number of challenges, the changing needs of the aging population of North Dublin, the increasing demands on our services from patients across the region and nationally, and the opening of extra capacity to cope with these increasing demands. These have all lead to the biggest challenge of maintaining a satisfactory level of skill mix in our workforce in all clinical areas to ensure safe quality care for our patients.

## Strategic Workforce Planning

Year ending 2024 saw an improved vacancy rate which we plan to improve further in 2025 with the implementation of our staff retention strategy. We also reported more starters than leavers by year end 2024 demonstrating a greater emphasis on staff retention.

We have partnered with Colaiste Dhulaigh (local third level educational facility) to support the Pre-Nursing QQI level 5 course to facilitate students with an opportunity to complete their required 60 hour placement. We have utilized these links to create a recruitment pathway and in 2024 we hired 2 direct students post completion of their course, we plan to expand that number to 15 in 2025.

## Centre of Education

Beaumont Hospital has experienced a gradual increase in the intake of student numbers over the last five years. 98 first years commenced the undergraduate nursing degree programme in September 2024.

Congratulations to the 65 graduates that attended a graduation ceremony in December 2024 and received their hospital badges.

## NMBI Accreditation of post graduate nursing programmes.

Beaumont Hospital with RCSI School of Nursing underwent an accreditation process with NMBI for postgraduate nursing programmes. Accreditation was received. The nurse education team in Beaumont Hospital were commended in particular for the significant support for learners and the provision of clinical exposure and expertise.

HCA education activity implemented in 2024 included:

- Launch of the HCA education HUB on Boris in March 2024. In the first three days after launch, 30 staff logged in and viewed various material on same.
- Launch of updated induction booklet for New HCA's
- Learning needs analysis was undertaken for HCAs
- New short education sessions, refresher sessions and a study day were introduced with different themes monthly which were provided at both HCA and CNM requests.

## Beaumont Care in the Home

In 2024, the service identified that the LOS for patients had dramatically reduced (n=15) versus (n=29) in 2023. The increased turnover within the service generated increased capacity, which made it feasible to accept patients to the service who presented to ED who required a short term home care package to support them at home. This avoided unnecessary admission to hospital or transfer to convalescence.

The service also took direct referrals from Pathfinders and GP's generating a significant admission avoidance for Beaumont Hospital.

Beaumont Care in the Home service also teamed up with Beaumont's Orthopaedic Early Supported Discharge (ESD) service and provided 19 patients with assistance with their activities of daily living while the physiotherapist and occupational therapist provided rehabilitation in the patient's home. This service avoided patients having prolonged unnecessary admissions in hospital awaiting the availability of rehabilitation beds in offsite facilities.

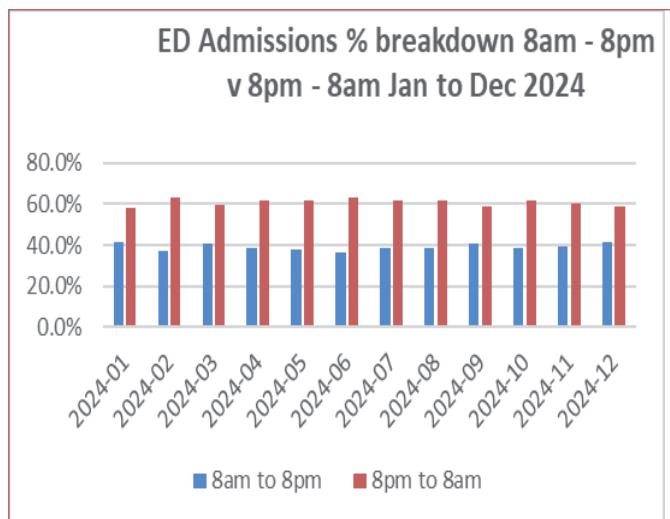
## Advanced Nurse Practice

Advanced/Candidate nurse practitioners were very active participants and presenters in research, publications, international and national conferences, poster presentations and new initiatives in 2024. Some highlights include:

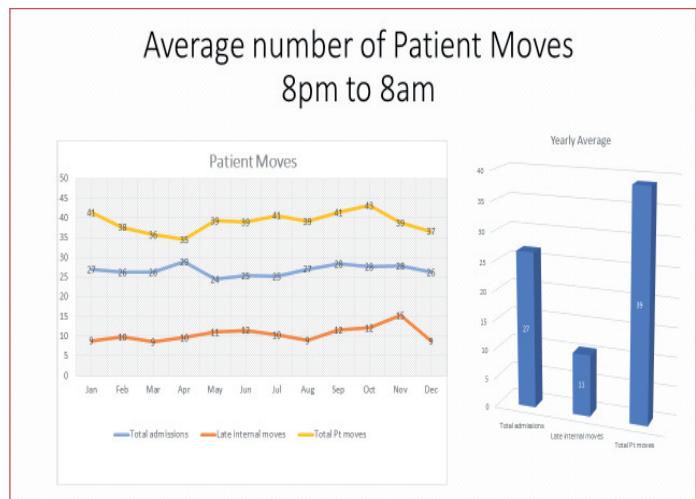
## Out of Hours Service

2024 was another busy year in the Out of hours Service as the following data indicates:

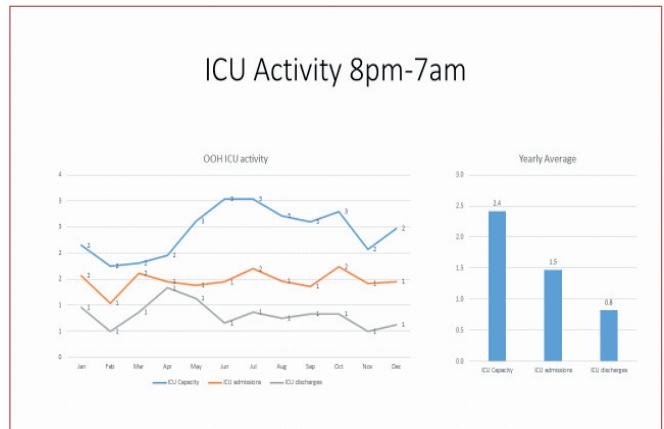
The below graph relative to patient flow, indicates the activity in the night time hours in contrast to day time.



The below graph shows the number of patients moved at night, on average 39 patients were moved per night in 2024.



The below graph indicates the ICU activity over night. On average throughout 2024 there were 2 admissions.



Over the past year, the team has responded to a high volume of referral, particularly supporting wards with deteriorating patients, cardiac arrests and other clinical escalations.

Currently the team comprises of 2.5 whole time equivalents (WTE) with one vacancy expected to be filled shortly.



# FINANCE & PROCUREMENT

## Introduction

Beaumont Hospital commenced 2024 with an initial budget of €469.7 million, a decrease of €50.6 million from the 2023 final allocation. Financial Limit was introduced in 2024 which was €570.2m, this is excluding Pensions and Superannuation. The significant movement in the allocation for Beaumont was heavily impacted by the additional costs incurred as a direct result of pay awards, inflation and price increases. 2024 also saw the agreement and rollout of Public Sector Pay Agreement 2024-2026.

Overall, 2024 was a challenging financial year which resulted in another deficit for Beaumont Hospital, as detailed in figure 1.

The Finance team encompasses functions such as Financial Accounts, Management Accounts, Patient Accounts, Accounts Payable, HIPE, Financial IT, Salaries, Procurement and Supplies. There are 91 WTE's operating across the various departments.

The Finance department is responsible for the monitoring and controlling of hospital finances and setting of budgets on an annual basis. In addition, it is responsible and accountable for the accuracy, quality and validity of all financial transactions and production of monthly and statutory financial statements.

The core functions of the Finance Department include payments of staff salaries, invoicing and collection of monies due and processing of supplier invoices and payments.

Finance is also responsible for ensuring compliance with procurement and expenditure rules and ordering, receipting and delivering goods and services across the hospital. The supplies department ensures the timely ordering and receiving of goods along with their distribution across the site. The HIPE department is

responsible for coding all inpatient and day case charts to ensure accurate reflection of hospital procedures.

## Key Performance Indicators

- Weekly, Bi-weekly and monthly processed almost 6,000 employees and pensioners
- Accounts Payable invoice processed 95,000
- Procurement compliance levels remains c. 94%.
- HIPE department coded 132,000 discharges
- Received €36.7m for Capital Projects
- Procurement ran 46 completions

	2024 Actual (€'m)	Financial Limit (€'m)	Variance (€'m)	Variance %
Pay	428.70	420.59	8.11	1.9%
Non Pay	250.48	229.80	20.69	9.0%
Income	-84.34	-80.18	-4.16	5.2%
Net Pay	594.84	570.20	24.65	4.3%

Figure 1: Summary of Financial Limit versus Actual 2024 (excluding Pensions and Superannuation)

2024 was a year of significant financial pressure and operational challenge for Beaumont Hospital, with escalating pay, inflationary and cost-of-living impacts contributing to an overall deficit position. The department's ongoing focus on accuracy, accountability, and value for money has ensured that essential services were maintained and capital investment progressed. Looking ahead, the team remains committed to implementing cost-containment measures, enhancing financial reporting, and supporting the hospital in delivering sustainable, high-quality care within available resources.



# HUMAN RESOURCES DIRECTORATE

## Introduction

At the end of 2024, there were 4,909 employees in Beaumont Hospital

## Key Developments

To complement the Hospital's in-house Staff Counselling Service, and grow capacity to provide 24/7 access to support staff health and wellbeing, the Hospital invested in the services of an external Employee Assistance Programme (EAP) provider to offer a hybrid model, in line with best practice.

Performance Achievement was formally launched, with a series of practical workshops and supports, and is a key initiative in continuing to foster employee engagement and foster ongoing professional development.

The Human Resources Directorate contributed to a range of hospital wide committees and working groups e.g. Project Coral, Wellbeing Information Supports & Education Committee, Infection Control Committee, Influenza Planning & Monitoring Committee, Advisory Group for Access for All and Radiation Protection Committee, alongside presenting on various Leadership & Development Programmes, and delivering a range of localised training events.

By the end of 2024, 81% of Consultants had signed up to the Public Only Consultant Contract 2023 (POCC). The aggregate uptake per specialty group basis will be a key enabler in supporting the achievement of envisaged service improvements and delivery of care under POCC.

Medical Training Leads have been appointed to complement and support current educational governance structures.

There were successful outcomes for the training post accreditation process carried out by the RCSI Surgical Affairs and the Irish Committee for Emergency Medicine Training (ICEMT).

Beaumont Hospital was listed among Ireland's 150 Best Employers for 2024, as published in the Sunday Independent.

## Performance Highlights

### Pay & Affordability

In accordance with HSE performance measures, the focus for much of 2024 was on pay and affordability targets, most notably whole time equivalent (WTE) values. The Hospital continued to operate effective employment control procedures in accordance with relevant HSE Pay-Bill Management Circulars for the purpose of ensuring that a continuous needs analysis was undertaken against service priorities.

At year end, total staffing complement stood at 4,546 whole time equivalents (WTE). In 2024, there was a net growth of 47 WTE (1%), inclusive of New Funded Service Development posts.



Figure 1: Workforce Profile Overview

## Recruitment & Retention

An efficient and proactive recruitment service is fundamental to the successful delivery of operational objectives and quality care to our patients. During the course of the year, the Recruitment team worked in close collaboration with hospital departments and managers on initiatives and innovative talent acquisition strategies targeted at attracting candidates to various service-critical posts in a timely manner.

In the context of the national recruitment moratorium in late 2023, and subsequent headcount ceilings applied under the HSE Pay & Numbers Strategy (PNS) 2024, there was an overall 28% contraction for new hires year-on-year. Recruitment and retention challenges also arose due to cost of living in Dublin and a competitive market in the Health Sector. That notwithstanding, the Hospital successfully retained 95% of nursing graduates in 2024.

Staff turnover (7.3%) continued to trend down compared to previous years (10.8% in 2023), with the number of retirements (88) broadly equivalent to previous years.

On the Medical HR front, there were 24 Consultant appointments to Beaumont Hospital. NCHD recruitment activity remained buoyant, including identified additionality requirements, and a range of initiatives in conjunction with the National Doctor Training Programme (NDTP).

Employee feedback from exit interviews has been used to inform recruitment and retention strategies and supporting creation of an organisational culture which continues to be responsive to employee needs.

## Staff Health & Wellbeing

### Occupational Health

The Occupational Health Department's mission is to assess and promote worker health in a healthy work environment, including assessment and advice on fitness for work with respect to underlying health conditions, and vaccination against vaccine preventable diseases, thus supporting the provision of quality patient care by healthy staff.

In overall terms:

- number of employee attendances increased 18% year-on-year,
- 31% increase in pre-employment health assessments,
- 4% decrease in vaccination appointments.

### Staff Counselling Service

The Staff Counselling Services advanced a range of group initiatives in 2024 to promote staff wellbeing and self-care, provide management support, and facilitate psycho-educational inputs, including sessions delivered on mindfulness and self-care spaces.

## Employee Absenteeism

The HR team worked collaboratively with managers and key stakeholders across all directorates and departments to improve levels of attendance, staff wellbeing and morale. The focus on absence management continues to be one of prevention, promotion and rehabilitation.

The average absenteeism rate for the year was 4.8%, which was marginally above the HSE's national target of 4%, albeit well below the national average. A consequence of COVID has been the development of an embedded culture in healthcare settings which discourages staff attendance when symptomatic, giving rise to challenges in maintaining pre-COVID absenteeism levels.

## European Working Time Directive Compliance

The Hospital continued to invest in initiatives targeted at improving the work-life balance of its non-Consultant Hospital Doctors (NCHD's) in accordance with the legislative rest and maximum weekly working hour's provisions of the European Working Time Directive (EWTD), and the 2022 NCHD Agreement. A review of the 3 month rolling averages by training rotation across 2024 (in accordance with the terms of the National NCHD Agreement) shows overall compliance ranging from 80% - 90%. Examinations of rosters to enable progress in compliance is ongoing.

## Employment of Persons with Disabilities

The National Disability Authority, in accordance with the legislative provisions of Disability Act (2005), has a 4.5% public sector employment quota for people with disabilities, which Beaumont Hospital achieved in 2024. Reports, which are predicated upon disclosure of disabilities from among existing and new entrant staff, are provided on an annual basis for the purpose of assessing compliance against this target. The Hospital continues to monitor performance against this statutory requirement and to take progressive action to build on success to date through inclusion and diversity strategies.

## Education, Learning & Development

The Learning and Development team worked with the Executive Team, managers and staff across Directorates to deliver dynamic, responsive learning and development supports to meet individual, team and service needs.

Informed by a hospital wide learning needs analyses, and in collaboration with subject matter experts across corporate and clinical specialties, a range of initiatives were undertaken in 2024, including accredited management, leadership and staff development programmes, in conjunction with our Academic Partners, Quality Qualifications Ireland (QQI) and Health Management Institute (HMI).

Across various role categories, staff received study leave support and partial funding towards the cost of continuing education in 2024 in keeping with the hospital's continuing professional development ethos, and targeted initiatives introduced to support retention. Investment by the Hospital in continuing education across staff categories exceeded €500k.

**BORIS** (Beaumont's Online Resource for Interactive Study), which is central to the administration and delivery of the hospital's education, learning and development agenda, had another busy year with over 29,000 online course completions.

Related to this, a new streamlined and blended format for corporate induction has been implemented to streamline and refine the on-boarding experience.

In October 2024, the Hospital welcomed 100 Transition Year (TY) students from local, regional & national schools to the annual TY Programme. The TY Programme is led by Learning and Development, and co-designed with colleagues in Nursing, Health & Social Care Professionals and from our Academic Partners.



# INFORMATION & COMMUNICATIONS TECHNOLOGY

## Introduction

The ICT Department provides an innovative and resilient framework of Information Services to support all aspects of the Hospital's business. This includes clinical and corporate IT systems, as well as supporting the technology that underpins it. The department also delivers a data management and business intelligence function for all directorates as well as managing the telephony infrastructure for the Hospital.

- Maintenance and support of IT infrastructure (networks, servers, endpoints)
- Software deployment and integration
- Data security and compliance
- User training and technical support
- Strategic planning and system upgrades

2024 marked a significant year of transformation for the Computer Department at Beaumont Hospital, with major advancements in digital infrastructure, cybersecurity, and the successful implementation of the MedLIS laboratory information system as the first phase of Project Coral (BHIS replacement programme). These initiatives have been instrumental in supporting the hospital's strategic goals of improving patient care, enhancing operational efficiency, and ensuring data integrity.

The major milestone achieved in 2024 was the full rollout of the MedLIS Laboratory ordering and resulting system – the first site in Ireland to deliver on the national Laboratory Information Management System (LIMS). This project was delivered in collaboration with the HSE and involved:

- Migration of legacy laboratory data to MedLIS (over 400,000,000 records)
- Integration with Electronic Health Record (EHR) systems
- Training for over 300 laboratory and clinical staff
- Implementation of automated reporting and real-time lab result delivery

The BHIS Replacement programme mentioned above was formally stood up in Q4 2023 and has been given the name Project Coral - this will be our only focus outside BAU as we enter 2024 and build on our transformation programme aimed at revolutionising healthcare delivery throughout the hospital – as we replace the core systems. This is an opportunity for us to improve existing practices, processes and how we do things alongside the core systems replacements. A total of 58 staff are required to implement Project Coral – all of which should be recruited by the end of Q2 2024.

## Key Projects Delivered During 2024

There were a number of key projects worthy of a mention as they were crucial to the delivery of the health informatics agenda in the Hospital during 2024. Some of the clinical systems highlights are set out below.

### Hospital texting solution

In Q4 2024 we implemented a new Appointment Reminder & Alert Texting Service which will:

- Reduce DNA (Did Not Attend) rates
- Improved patient experience
- Increase operational efficiency

### New Hospital Website

A new hospital website was built and commissioned during 2024. The redesigned site offers a fresh, modern look and improved navigation, making it easier for visitors to find the information they need.

### Breast Care System

Version 2.5 of the Breast Care Solution was implemented, marking continued progress in developing the software to support the digitalisation of breast care patient interactions with the hospital.

### NCIS Upgrade

The hospital adopted the latest upgrade of the National Cancer Information System (NCIS), maintaining national

standards while implementing the new functionality introduced with each release.

### iNEWS Rollout

The initial rollout out of the Irish National Early Warning System (INEWS) began across the hospital. The KEWS 300 platform allows the clinical staff at the nurse's station to have sight of all patient INEWS scores and vital-signs on a single screen. The status of each patient (based on score) is presented in an easy to assess, colour-coded format with time remaining until next INEWS recording clearly visible on screen.

## Infrastructure/operational Upgrades

### Email Migration to M365

Email upgrade to M365 cloud providing larger mailbox capacity with increased reliability to all staff.

### VCentre Upgrade

VCentre server management software upgraded along with the operating systems on 19 physical hosts.

### Service Desk Upgrades

The ICT helpdesk was upgraded to a cloud based solution which provides greater visibility for the user and associated with increased communication functionality while providing a smoother service to the business.

### Enhanced Device Management Controls

Establishment of InTune device management – Provides the hospital with greater visibility and control over mobile IT devices.

### Single Sign-on Rollout

Single sign on (SSO) was rolled out to the majority of the hospital during 2024. SSO allows users to log in with a single ID to any of several related, yet independent, software systems, thus reducing the amount of time a user needs to input a password. This solution offers easier access to systems for users and will greatly enhance cyber security across the hospital. Beaumont is the largest user of SSO in Ireland.

### Mobile Work Stations

We deployed a total of 50 BMWs (Beaumont mobile workstations), 100 PDA's and mobile printers to support the introduction of the new systems under Project Coral (specifically MedLIS). These will be used by all clinical teams for access to patient information at the point of care.

### DECT System Upgrade

Our DECT phone IP telephony system underwent a large upgrade to ensure reliability, support and cyber mitigations.

### DAKS Telephony in St Joseph's Hospital

A new DAKS Emergency telephony system installed in St Joseph's Hospital to ensure emergency cover on the site.

### Network Penetration Testing

We conducted a penetration testing exercise on the external and internal networks, and wireless network to identify vulnerabilities that could be exploited by malicious actors. Actions and mitigations were completed following the report.

### National Medical Laboratory Information System- A Milestone Achievement

The National Medical Laboratory Information System, along with the associated GP laboratory test ordering functionality, was successfully implemented on 17th August 2024.



# RCSI UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

## Introduction

As Vice Chancellor of RCSI, and a former Consultant General and Vascular Surgeon in Beaumont Hospital, it gives me great pride to provide an overview of RCSI's engagement and achievements at Beaumont Hospital throughout 2024.

### RCSI at Beaumont Hospital

Beaumont Hospital is the primary undergraduate medical training and research centre affiliated with RCSI and has been at the forefront of training future generations of healthcare professionals for more than 37 years.

RCSI's academic departments at Beaumont Hospital play a pivotal role in the provision of clinical services within the hospital. The RCSI academic departments based in Beaumont Hospital are the Departments of Surgery; Medicine; Pathology; Psychiatry; Clinical Microbiology; Radiology; Otolaryngology / Head and Neck Surgery; Anaesthesia and Critical Care; Clinical Neurological Sciences; and RCSI Beaumont Library. Beaumont Hospital is also home to the RCSI Clinical Research Centre and Translational Research Institute.

I express my deepest gratitude to the leadership of each of these units and their dedicated staff, who have offered an outstanding contribution to student education and success during the past year.

Through the OECI-accredited Beaumont RCSI Cancer Centre, and an array of clinician and scientist partnerships across disciplines, we can advance our shared ambitions to deliver world-class patient care through a deeper understanding of disease, compassion for our patients, and a commitment to the society we serve.

## Key Performance Indicators

Metric	Result
Times Higher Education Impact Ranking 2023 for UN Sustainable Development Goal 3: "Good Health and Well-being"	<b>World number 5</b>
Times Higher Education World University Rankings 2024	<b>Top 300</b>
RCSI publications (2024 PubMed indexed)*	1,650
Research income 23/24*	<b>€ 35.7M</b>

*\*Preliminary figure*

## Performance Highlights

RCSI Fifth in the world for 'Good Health and Well-being' Across RCSI, our community is driving initiatives and engaging in partnerships which are making a positive impact on healthcare and society. These efforts resulted in RCSI maintaining a leading global position in the 2024 Times Higher Education (THE) Impact rankings for "Good Health and Well-being" (UNSDG 3), ranking fifth in the world.

The THE University Impact Rankings recognise universities around the world for their social and economic impact based on the United Nations' 17 Sustainable Development Goals (SDGs).

As a reflection of RCSI's commitment to incorporating planetary health into the medical curriculum, RCSI has scored the highest of all Irish universities in the Planetary Health Score Card for the second year in a row.

The QS World University Rankings by Subject 2024 show that, for the first time, the School of Medicine, School of Pharmacy and Biomolecular Sciences, and the School of Nursing and Midwifery have all ranked in the Top

200. This reflects the continued hard work, effort and cooperation of everyone in the RCSI community.

## Strategic appointments

I would like to offer my thanks to Professor Hannah McGee, who concluded her term as foundation Deputy Vice Chancellor for Academic Affairs in June. Professor McGee has been instrumental in many landmark achievements shared between RCSI and Beaumont Hospital. It has been a great honour to work in partnership with such an outstanding colleague, and I thank her for her stellar contribution. Professor Tracy Robson succeeded Professor McGee as Deputy Vice Chancellor for Academic Affairs, bringing her invaluable wealth of experience to this key leadership role.

We are delighted to welcome several head of department and school appointments during the year. In May, Professor Nuala Healy was named Chair of Radiology, where she will lead RCSI's academic Department of Radiology while continuing her vital work as a consultant radiologist at Beaumont Hospital. In September, Professor Helena Kelly assumed her position as Head of the School of Pharmacy and Biomolecular Sciences, where she will build on the school's considerable achievements and reputation as a leading centre for excellence in education and research.

RCSI is built on the talents of its people. I am deeply indebted to my colleagues; who's vision and dedication continue to be a driving force behind our strategic achievements. I thank them for their ongoing leadership and collegiality.

## Beaumont RCSI Cancer Centre

Beaumont RCSI Cancer Centre is an innovative collaboration between Beaumont Hospital, RCSI University of Medicine and Health Sciences and St Luke's Radiation Oncology Network. The Centre has been accredited by the Organisation of European Cancer Centres (OECC) since 2022 following an evaluation of the Centre's comprehensive cancer care and translational research through rigorous self- assessment and onsite peer review audit.

Throughout 2024, we marked major milestones in this collaboration.

Beaumont RCSI Cancer Centre is playing a pivotal role in a groundbreaking €4.9 million lung cancer research programme was launched in October. In collaboration with the Irish Cancer Society, this project marks the largest single investment in lung cancer in Ireland's history. This pioneering initiative aims to transform lung cancer care and research, bringing state-of-the-art cancer care to the community and enhancing access to Irish Cancer Society support services. The programme will focus on four key research projects including: Lung Health Check; improving primary care pathways for lung cancer; rapid blood tests to determine best treatment

options; and immunotherapy for the treatment of lung cancer.

The annual Beaumont RCSI Cancer Centre Conference took place in May. The theme explored 'Cancer Care for All: Understanding Populations to Improve Outcomes', focusing specifically on understanding the diverse needs of patient populations to enhance the effectiveness of cancer treatment across the board. The conference reflected the core goal of the Beaumont RCSI Cancer Centre, highlighting the importance of collaboration between clinicians and scientists in order to provide individualised and quality care. Our collective efforts are aimed at improving patient care and setting new standards in cancer treatment through innovation and teamwork.

In October, Minister for Further and Higher Education, Research Innovation and Science Patrick O'Donovan TD announced the PRISM (Precision Oncology Research Initiative for Metastatic Breast Cancer) programme, led by Professor Leonie Young. This pioneering four-year initiative represents a significant advancement in the fight against advanced breast cancer.

### **RCSI awarded funding from the Higher Education Authority for new Bachelor of Dental Surgery**

In October, RCSI received funding for the new Bachelor of Dental Surgery. This five-year programme will welcome its first student in take in September 2025 and will qualify the first cohort of dentists in 2030. With a world-class curriculum in place, staff recruitment well advanced and facilities being prepared, the RCSI Dentistry programme will be the first of the supported programmes to be available to CAO students.

This dentistry programme will be the first community-based dentistry degree programme in Ireland. This approach reflects a major international trend in dentistry and other healthcare professions with clinical training shifting from traditional hospitals to community settings. The programme will significantly increase the number of dentistry training places available nationally and expand access to dental services.

Its curriculum will use a blend of teaching and learning methods, combining clinical skills training with the acquisition of knowledge, skills and professional attributes. It has been specifically designed to facilitate authentic and contextual learning, giving students the chance to develop their clinical and communication skills at the earliest opportunity.

### **Dr Jenny Moffett Receives Times Higher Award for Most Innovative Teacher**

Dr Jenny Moffett from RCSI's [Health Professions Education Centre](#), received a Times Higher Education Award for 'Most Innovative Teacher', after co-developing a digital educational escape room with RCSI students to address a critical lack of uncertainty management training in

medical education.

Dr Moffett engaged medical students in a design-thinking process that facilitated deep understanding of clinical students' experiences. Together, they created an online 'maker space' that established a safe, inclusive environment for both staff and students to learn and teach.

## Education

RCSI is exceptionally grateful to the tutors, lecturers, and staff at Beaumont for their enormous ongoing contribution to the University's teaching and examining. I am delighted to highlight some key accomplishments in education that were reached in 2024.

### Transforming Healthcare Education Project (THEP)

THEP, RCSI's innovative new medical curriculum, is proving popular with students as the University continues to champion student success through the implementation of future-focused curricula, the promotion of early career readiness and the amplification of student voices and feedback.

In September 2024, the School of Medicine successfully began its third year of our Transforming Healthcare Education Programme (THEP) to first- second -and third-year medical students. These are the first students who will follow THEP through to graduation. Feedback from our clinicians on the preparedness of students for clinical placements, having completed their early years through the new curriculum, has been outstanding.

We hope that the success of this project continues with the rollout of the fourth year of THEP. Its success to date is a testament to the programme's strength and the hard work of our educators, professional staff and students.

## Research

- **Leading stroke experts explore the future of stroke care at annual iPASTAR conference**

Among the research-focussed events held during the year was the iPASTAR conference in November which examined the future of stroke care took place at RCSI. Leading stroke experts, including Professor David Williams, Professor of Stroke Medicine at RCSI and Consultant Stroke Physician at Beaumont Hospital, explored ways of maximising accessibility and equity in stroke pathways, from the hospital to rehabilitation in the community, and living well and reducing risk after stroke.

## Innovation

Last year's growth in RCSI's knowledge transfer performance exceeded the targets independently set by Knowledge Transfer Ireland (KTI), setting us up to have a successful year of innovation in 2024. This year's success is testament to RCSI's world-class research expertise, greatly assisted by the Innovation team in the ORI, led by Dr Aoife Gallagher.

## Funding highlights

Professor Imran Sulaiman, Honorary Clinical Associate Professor at RCSI's Department of Medicine, has received a €1.87 million Starting Grant from the European Research Council (ERC) for a research project focused on improving the early detection and treatment of lung cancer. This significant funding will enable Professor Sulaiman to explore innovative methods for identifying and diagnosing lung cancer. On this project, RCSI will collaborate with researchers from New York University Langone Health and Trinity College Dublin. Professor Sulaiman is the second Beaumont respiratory clinician to win a prestigious ERC award, following the success of Professor Killian Hurley in 2022.

The groundbreaking €4.9 million lung cancer research programme, funded by the Irish Cancer Society, was launched in October, marking the largest single investment in lung cancer in Ireland's history.

Earlier in the year, RCSI partnered in a new €11.6m million research programme focused on cerebral palsy at University College Cork (UCC). ELEVATE, a groundbreaking five-year initiative, was funded under the Science Foundation Ireland (SFI) Strategic Partnership Programme (€5 million), with co-funding partner the Cerebral Palsy Foundation (CPF) providing support of over €6 million. [Dr Jennifer Ryan](#), Senior Lecturer at the [RCSI School of Physiotherapy](#) and Director of the CP-Life Research Centre, is leading RCSI's involvement in the programme.

An RCSI project investigating a new approach for the monitoring and treatment of early Cystic Fibrosis was awarded €676,866 in funding under the Taighde Éireann – Research Ireland Frontiers for the Future Programme. The funding was granted by Children's Health Ireland as a Frontiers for the Future partner. The research team at RCSI will investigate the potential of small particles which are important in regulating inflammation, to monitor and treat cystic fibrosis in its earliest stages.

## Conclusion

As Vice Chancellor of RCSI, I could not be prouder of the commitment of our staff and students, and acknowledge the enormous contribution that the patients, clinicians and staff of our teaching hospitals continue to make. The hard work, innovation, commitment and collegiality of the staff at RCSI over the last number of years has had an extraordinary impact, as evidenced by our successes in 2024.

The patients, clinicians and staff at Beaumont play a vital role in the education we provide our students, and the generosity shown to the University's students and trainees must be acknowledged. I am particularly grateful for the positive attitude and strong collegiate spirit that is continuously demonstrated by everyone in the RCSI and Beaumont communities.



# OPERATIONS AND PERFORMANCE

## Unscheduled Care and Patient Flow

Emergency Department activity increased marginally year-on-year, with 66,608 attendances recorded in 2024, representing a 5% increase compared to 2023. Notably, attendances among patients aged  $\geq 75$  years accounted for 20% of overall attendances in December 2024. While admission rates from ED remained stable (29% conversion), pressure on patient flow was evident with a rise in prolonged ED stays and Patient Experience Times (PET).

While ED wait times increased for some patients during periods of heightened pressure, the hospital's focus on early identification, discharge planning, and flow escalation is helping to mitigate delays. There was a 54% reduction in delayed discharges by year-end.

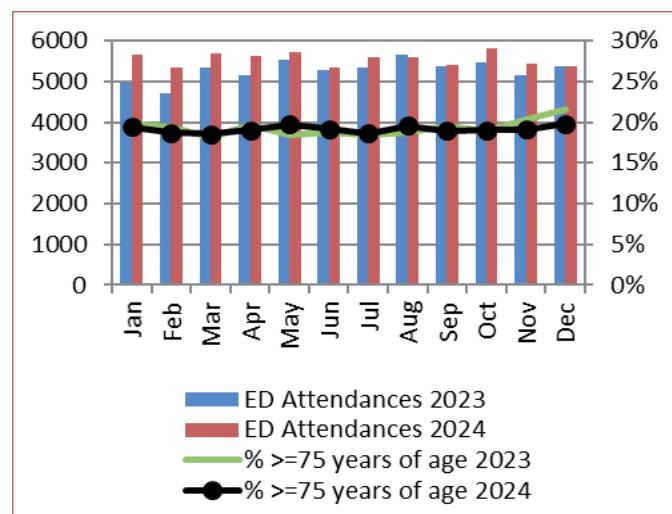


Figure 1: ED Attendances 2023/2024

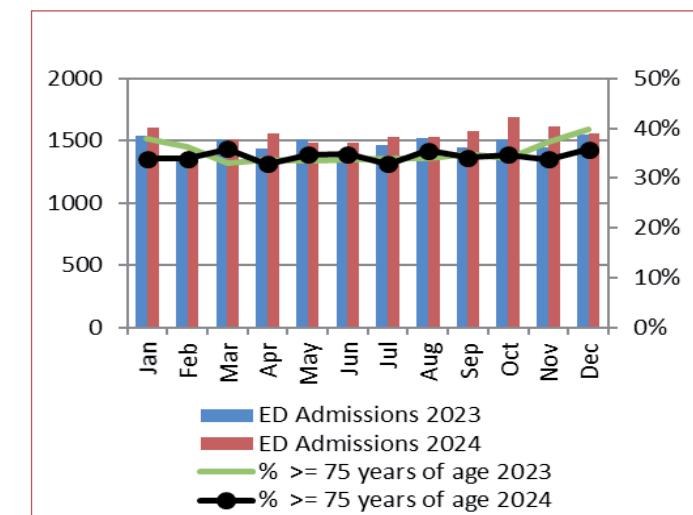


Figure 2: ED Admissions 2023/2024

## Scheduled Care and Patient Flow

Performance across elective and day-case services improved in 2024. Day case volumes increased by 6%, and elective inpatient admissions grew by 4%. Importantly, 79.5% of Inpatient and Day Case patients were seen within nine months, outperforming the national average (national average of 78.7% in November 2024). Strategic use of our dual-campus model and collaboration across specialties supported this improvement.

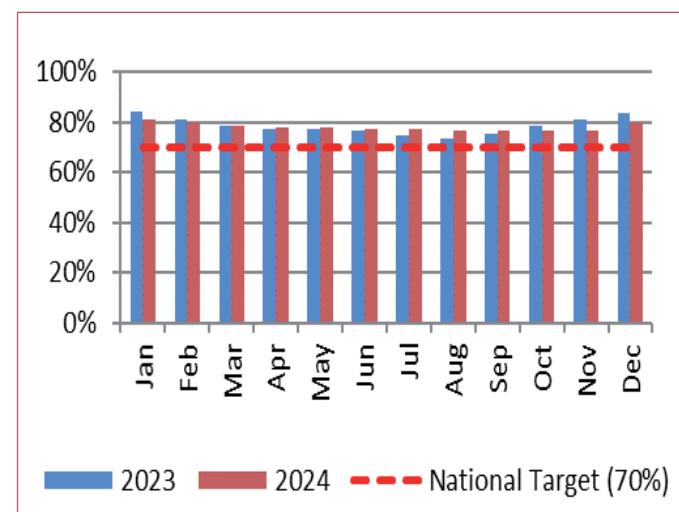


Figure 3: % of IPDC Patients waiting < 9months

In Outpatients, new attendances rose by 8% compared to 2023, and specialty-level work to address DNAs is progressing.

The hospital continues to focus on improving capacity planning, scheduling efficiency, and coordination of diagnostics and pre-assessment to further strengthen access.

These areas will remain priorities in 2025 as we embed reforms linked to the National Waiting List Action Plan and the Beaumont Hospital Strategy 2025–2030.

## Discharge and Flow

Medical average length of stay decreased by 9% year-on-year (11 days in Dec 2024). Delayed discharges also reduced significantly (54% improvement), contributing to better flow, although repatriation delays remain a challenge for our national specialties and an area of focus for 2025.

## Key Performance Metrics

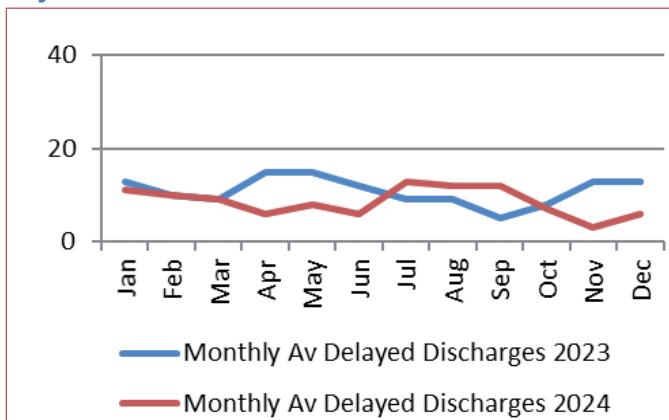


Figure 4: Monthly Avg Delayed Discharges 23/24

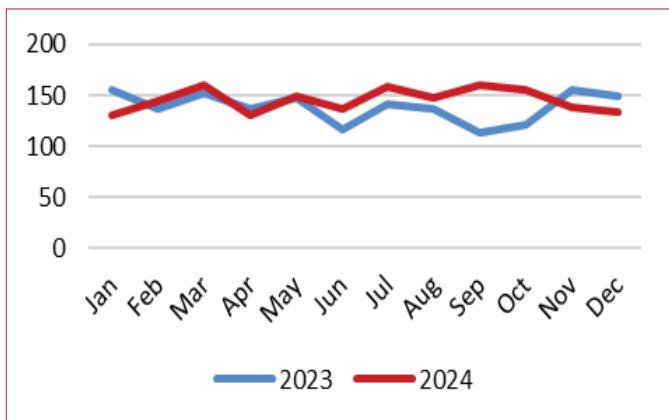


Figure 5: In-patient episodes ≥ 30 days 2023 / 2024

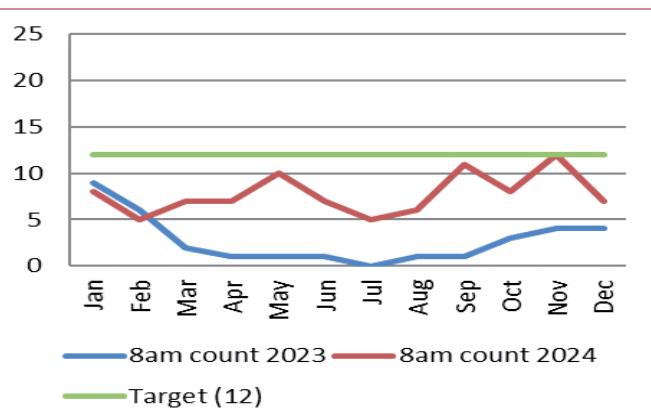


Figure 6: Patients in ED at 8am

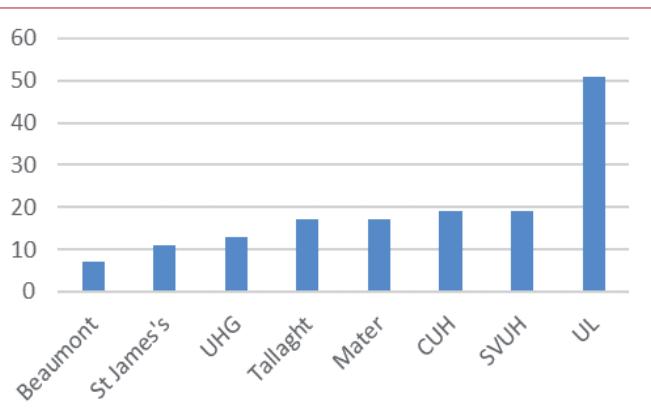


Figure 7: 8am TrolleyGAR Average Dec 2024

## Performance Highlights

Scheduled care performance was a key area of progress in 2024, underpinned by close operational-clinical alignment and new care pathways. Notably, a new pathway was developed to support Consultant training and clinical exposure in robotic-assisted surgery. This initiative, delivered in partnership with colleagues in St

Joseph's Raheny, enabled increased surgical activity while optimising post-operative recovery beds at SJR. As a result, Beaumont successfully commenced robotic breast surgery in 2024.

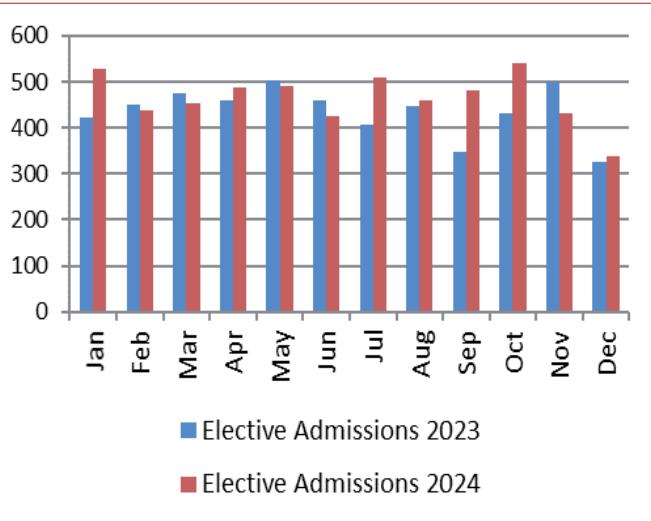


Figure 8: Elective in-patient admissions Beaumont & St. Josephs Hospital 2024 / 2023

Orthopaedic capacity was also enhanced through the reinstatement of a trauma pathway for minor procedures (e.g., wrist and ankle fractures), supported by collaboration across surgical services, theatres, and operations.

Since implementation in November 2024, 78 patients have been treated through the pathway:

- 47.5% were discharged on the same day.
- 78% were discharged either same-day or following a one-night stay.

This initiative has improved access to theatre, reduced bed days, and enhanced overall theatre utilisation.

In 2024 we also saw the commencement of multiple internal infrastructure projects across the campus to improve facilities and enhance services provided to our patients. This work required significant planning and coordination. Multiple internal ward moves and continuous risk assessments were carried out to ensure our most vulnerable patients were protected. These moves were carried out while causing minimal disruption to patient access.

## Conclusion

While challenges remain, 2024 was a year of progress in scheduled care access, complex discharge planning, and the development of high-value pathways. Looking ahead, the Patient Flow and Access Department is focused on further enhancing emergency and elective pathways in line with the strategic objectives set out in the Beaumont Hospital Strategy 2025–2030. In parallel, we remain committed to meeting the standards outlined in the Joint Commission International's Access to Care and Continuity of Care chapter. This includes ensuring that patient access processes are safe, timely, equitable, and responsive to individual needs across the continuum of care.

## MAJOR INCIDENT PLANNING TEAM

### Introduction

The Major Incident Planning (MIP) team developed Internal Incident and Major Emergency plans.

#### Testing the Internal Incident & Major Emergency Plans

- Both plans cover Beaumont Hospital and St Joseph's Campus and were updated this year in response to actual events and simulation exercises.
- The plan includes an automated call-out system which is tested several times per year and is continually updated.
- The Internal plan includes the rapid response team attending an incident when 2999 is called. There were fourteen internal incidents this year.

## Performance Highlights

The MIP team organised and hosted two Major Emergency Simulations. Staff from all areas of the hospital attended and representatives from The National Ambulance Service (NAS), Dublin Fire Brigade (DFB), and An Garda Síochána (AGS) also attended. The first exercise was based on a major transport incident, with over 100 casualties presenting to Beaumont. The second simulation was based on social unrest in the local area with over 100 casualties presenting. These simulations demonstrated the role of the first responders and tested the hospital's response to such events.

#### Fire Evacuation Drills

71 Fire evacuation exercises were held across the Beaumont and St. Joseph's Campuses with a total of 1045 staff participating. These exercises prepare staff to respond safely and effectively to fire alarms, following predetermined protocols to ensure the safe movement of patients, staff and visitors if required. These exercises were also held out of hours in both campuses. The MIP Team worked closely with the Health and safety Department, Technical Services Directorate (TSD), GS4 Security and Slattery's Fire Officer to deliver an integrated approach to emergency preparedness.

#### MIP Training

The MIP Team provided comprehensive training throughout the year to ensure staff across all departments are familiar with emergency procedures. Highlights include:

- Mandatory training sessions on major incident and internal emergency protocols for all new starters
- Refresher training for staff across ED, ICUs, Theatres, Wards and non-clinical departments
- Simulation debriefs after each major exercise to embed learning and continuously improve hospital readiness
- Development of department-specific action cards to support real-time decision-making.

In collaboration with the Health and Safety team, the MIP Team also integrated emergency preparedness into broader staff health and safety training programmes.



Figure Number: 1 Total of 1967 staff attended training as indicated

# CLINICAL DIRECTORATES



## CRITICAL CARE AND ANAESTHESIA CLINICAL DIRECTORATE

### Key Performance Indicators

In 2024, Beaumont Hospital provided general anaesthesia to **8,949** patients for surgical procedures, reflecting a 2.3% increase from the previous year (Figure 1a). Meanwhile, St Joseph's Hospital Campus completed an additional **3,413** general anaesthesia cases, also representing an increase in comparison to 2023 (Figure 1b).

Beaumont	Emergency	Scheduled	YTD	VAR	% VAR
2024	3,968	4,932	8,900	187	2.1%
2023	3,830	4,883	8,713	278	3.2%
2022	3,284	5,151	8,435	624	7.4%

Figure 1a: BH Surgical Procedures YTD

Beaumont	Emergency	Scheduled	YTD	VAR	% VAR
2024	3,968	4,932	8,900	187	2.1%
2023	3,830	4,883	8,713	278	3.2%
2022	3,284	5,151	8,435	624	7.4%

Figure 1b: SJH Surgical Procedures GA OT & MPR's YTD

### Pre-Operative Assessment Clinic (POA)

The Pre-Operative Assessment Clinic (POA) provides risk assessment and optimisation for patients for that are on the IPDC waiting list for Scheduled Care Surgery procedures. The service facilitates patient day of surgery admission (DOSA) where appropriate.

POA completed a total of 10,198 episodes of care during 2024. Episodes of care (EOC) are broken down into Nurse led virtual / physical, Consultant led physical and chart reviews. Overall PAC attendance for 2024 was 7,626 visits.

POA, Episodes of Care (EOC)			
Year	YTD	Variance	% Variance
2024	10,198	-511	-5%
2023	10,709	2,294	27%
2022	8,415	1,566	23%
2021	6,849	3,997	140%
2020	2,852		

Figure 3: Pre-operative Assessment EOC, YTD'2024

### Critical Care Outreach

The outreach service increased in 2024 to 4 Registered Advanced Nurse Practitioners (RANP) and 1 Candidate ANP. This resulted in a seven day service, which in October further expanded to include Saturday and Sunday nights.

In 2024 there were 1414 referrals and 3092 assessments performed. 512 (36%) were critical care discharges and 902 (64%) were acute referrals from inpatient wards. The surgical and neurosurgical wards account for the majority of referrals.

Through early detection and management of the acutely deteriorating patient the CCO service aims to avoid admission to critical care where possible, appropriate, and safe to do so. Where critical care admission is needed, CCO aim to facilitate timely and safe transfer, whilst supporting ward based nursing and medical teams to provide evidenced based care to the deteriorating or critically ill patient.

Acute referrals have further increased by 26.5% in 2024, following on from a 51% increase in 2023.

The CCO service has 4 registered nurse prescribers, who commenced medicinal products in April, and have completed audits in line with hospital policy.

## Pain Management Service

The Department of Pain Management in Beaumont Hospital is a multidisciplinary pain service. It provides an out-patient and in-house pain medicine service for patients in the north Dublin area along with providing a tertiary referral service for patients suitable for neuromodulation outside the catchment area. The pain team also runs the inpatient Post-Operative Pain Medicine service.

The service is run by 3 consultants: Dr Mudrakouski, Dr Moore and Dr Patel. Our team has 2 specialist R/ANP, Dr O'Brien and Ms Dowling, 1 specialist C/ANP, Ms McIntyre, 1 Clinical Nurse Manager II, Ms Evans. 2 Clinical Specialist Physiotherapist: Ms Ormond and Ms Heffron, and 1 Clinical Psychologist, Dr Hamid. Our service is also supported by our specialist pain fellow and a dedicated pain registrar.

### iPainCentre

The iPainCentre is Beaumont Hospital's integrated community-based pain service, focusing on managing non-specific low back pain, radicular pain, widespread pain, and fibromyalgia syndrome, funded via Sláintecare Programme.

The centre employs a multidisciplinary team to provide accessible, inclusive, and evidence-based integrated services, adhering to international guidelines for chronic pain management.

Pain Medicine receives an average 415 new referrals monthly, an overall increase of 49% (n4,987) in 2024 (figure 2a). There are 3 out-patient Pain Medicine clinics a week located both in the Beaumont Hospital campus and in the Omni Shopping centre. Virtual and physical appointments are scheduled for patients with new patient attendances of n1,625, in 2024 (figure 2c).

Referrals	Actual YTD	Variance	% Variance
2024	4,987	1,639	49.0%
2023	3,348	1,219	57.3%
2022	2,129	584	37.8%
2021	1,545	320	26.1%

Figure 2a: New Referrals Received YTD'21-'24

Pain Attendance 2024	Actual YTD	Variance	% Variance
New OPD	1,625	517	2.2%
Return OPD	1,422	-162	-10.2%
IPDC/PP/DR	1,203	-575	-32.3%

Figure 2b: Pain Attendance, YTD'2024

Our service runs 4.5 intervention lists in St Joseph's hospital each week and a monthly list in Beaumont theatre. Interventions are performed under fluoroscopy or ultrasound, treating 1,203 patients in 2024 (figure 2b).

We provide a neuro-modulatory service for patients requiring intrathecal pump insertion and spinal cord stimulation. All patients undergoing spinal cord implantation are discussed at our MDT meetings and are seen by our physiotherapist and psychologist before implantation is performed.

There are 1 weekly nurse led infusion service clinics in St. Joseph's for patients with fibromyalgia and neuropathic pain (Lignocaine/Ketamine infusions) and 1 nurse led Neuropathic Pain clinic (Qutenza) in the Omni.

We also provide a daily week-day inpatient post-operative pain management service for patients undergoing surgery which is attended by our specialist registrar and ANP nurse.

## National Poisons Information Centre

The Poisons Information Centre answered a total of 11,099 enquiries in 2024. Most calls were from the general public (55.1%), 17.4% were from GPs/GP co-ops and 21.9% were from hospitals. Calls about 242 patients with severe features were referred to the Clinical Director. The average wait time for callers was 1:02 minutes and the average maximum wait time was 20:55 minutes.

The Centre received 556,220 product notifications during 2024 and audited the quality of 3,009 notifications (a 296% increase compared to 2023). The Centre contacted 500 companies regarding the Notification procedure for hazardous chemical mixtures which came into force on 1 January 2025 and handled 1,113 queries from industry about the poison centre registration procedure.

The NPIC Facebook (@NPICireland) page had over 32,000 followers, the NPIC Instagram (npicireland) 6,500 followers and the NPIC Twitter account (@IrelandNpic) over 1,200 followers at the end of 2024. The NPIC's LinkedIn page was relaunched in 2024.

((<https://www.linkedin.com/company/npicireland/>). There were 35,771 visitors to our website.

## Audits

A digital accessibility audit of our website poisons.ie was carried out in 2024 and, after the issues identified had been rectified, a certificate of compliance was awarded.

The following clinical audits were completed or started during 2024:

1. Acute poisoning and an analysis of timelines.
2. Medication errors reported to the National Poisons Information Centre, Beaumont Hospital.
3. Accuracy and Consistency of PSS Application at Poison Information Centre, Beaumont Hospital, Dublin.

# IMAGING AND INTERVENTIONAL RADIOLOGY DIRECTORATE

## Key Performance Indicators

### Wait times

A CT mobile unit has been operational on the Beaumont Hospital campus for the full calendar year of 2024. This CT unit was procured and funded using an NTPF insourced funding model with the support of an outsourcing partner. NTPF funding ceased in March 2024. Due to the positive impact the CT unit has had on outpatient wait times the hospital has continued to fund this initiative. This unit performed 6,162 scans in 2024. The impact of this initiative has resulted in outpatient CT activity increasing by 10% on 2023's activity level. In 2024 97.4% of routine outpatients had their CT within 6 months of their original referral.

MRI routine outpatient wait times in 2024 averaged at 76.5% of routine patients being imaged within 6 months of referral. The MRI mobile in SJHR increased MRI outpatient activity by 18% compared with 2023 activity levels. However 2024 demand for outpatient demand increased by 6% on the previous year.

The positive effect of increased outsourcing capacity for ultrasound resulted in significant improvements in routine ultrasound wait times. In January 2023 79% of routine ultrasound outpatients were imaged within the target timeframe of 3 months from referral. In 2024 98% of routine US outpatients were imaged within 3 months of referral.

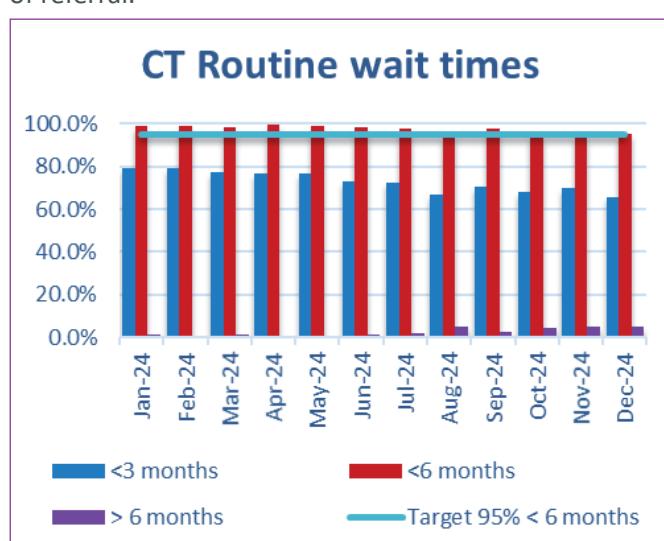


Figure 1 CT Waiting list performance 2024

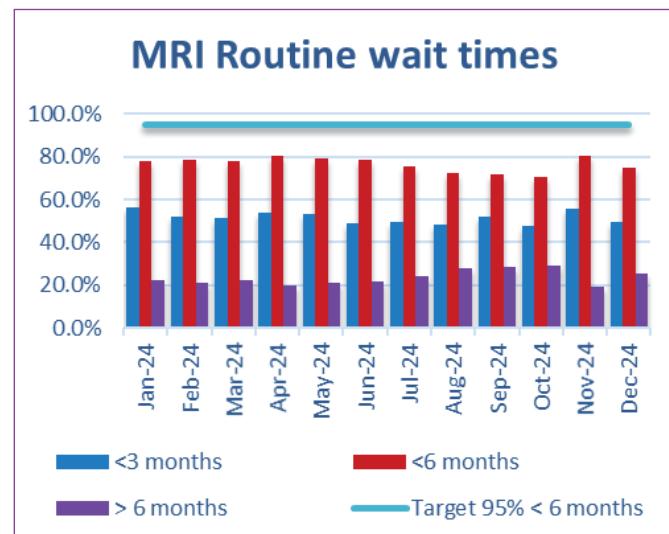


Figure 2 MRI Waiting list performance 2024

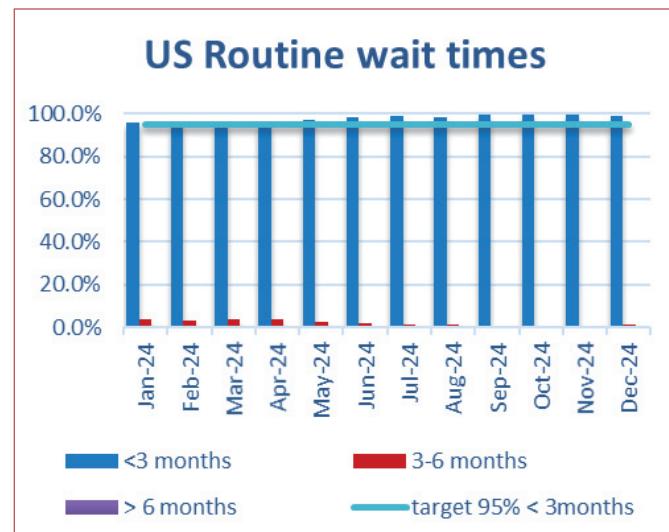


Figure 3 Ultrasound Waiting list performance 2024

## Performance Highlights

### OMNI Reporting Sonographers:

Two advanced practice sonographers lead an OP Ultrasound service at OMNI and in 2024 scanned and reported 3809 ultrasound exams with a median turnaround time imaged to report of 25 minutes.

### Driving Innovation:

Beaumont Radiology, in conjunction with the public service innovation fund to fund a project that will look at the use of AI in interpretation of mammograms performed on patients in Beaumont's family history service. Consultant Radiologists Dr Deirdre Duke, Dr Neasa Ni Mhuircheartaigh and Dr Niamh Hambly will be integral to the success of this pilot which is due to start in 2025.

### Improving efficiencies:

#### Q Genda Software:

The HSE Spark Innovation Programme allocated funding of €12,000 for the implementation of the Digitising Consultant Management project in the Radiology Department. The implementation of the software

QGenda is expected to deliver several significant benefits to the Radiology Department, including:

- Increased efficiency and productivity: Automated rota creation and centralized leave management will free up administrative time, allowing staff to focus on more value-added tasks.
- Reduced errors and improved accuracy: Eliminating the manual processes associated with paper-based systems will minimize the potential for errors in scheduling and leave management.
- Enhanced communication and transparency: Real-time access to information will improve communication and coordination among consultants and administrative staff.
- Improved compliance with working time regulations and other relevant policies.

#### Contrast Enhanced Mammography (CEM):

Contrast Enhanced Mammography (CEM) compares favourably to breast MRI with similar sensitivity, higher specificity, and hence higher PPV making it a viable, cost-effective diagnostic imaging alternative to MRI for breast patients. CEM mammography imaging time is 8-20 minutes, a breast MRI slot in Beaumont is 40 minutes. In 2024 NCCP provided funding for the purchase of CEM and a contrast pump both of which were delivered in April 2025.

#### Multi-Disciplinary Team (MDT) Growth:

MDTs are critical part of patient management pathways and form a significant part of a Consultant Radiologist's workload. In 2024 over 14,000 cases discussed at MDT had radiologist input.

#### Elective Coiling Pathway:

The aim of this pathway was to maximise patient throughput within the limitations of what was currently available in Beaumont (in terms of neurosurgical beds, anaesthetic cover, neuro-interventional cover etc). Utilizing a single ring fenced neurosurgical bed, the pathway has significantly improved the admission rates

for this very important cohort of patients, all of whom run the risk of a life-threatening intracranial bleed whilst awaiting treatment. Since the introduction of the pathway in July 2024, over 70 elective aneurysm patients have been treated by neuro-interventional radiologists with successful admission rates of over 60%. This 500% improvement from the 10% admission rate in early 2024. Over 95% of patients were discharged on day 1 post treatment indicating very low complication rates and high levels of efficiency in turning over a single neurosurgical bed four times a week.

#### Establishment of the Neuroradiology Research Group (2024):

Supported by the Royal College of Surgeons in Ireland (RCSI) and the Health Service Executive (HSE) Spark Innovation Program, the Neuroradiology Research Group was formally established in 2024. This development provides structure to and consolidates the research activities undertaken by the neuroradiology team over the past ten years.

**Infrastructure Development:** Key personnel appointments which occurred in 2024, including Dr. Naomi Nowlan as Research Coordinator and Maxim Chopyysky as Data Analyst, will facilitate the creation of a lean and effective research infrastructure.

**Strategic Objectives:** The primary goals of the Neuroradiology Research Group are:

- To increase academic productivity, capitalising on the high clinical throughput and strong patient outcomes characteristic of Beaumont Hospital's current practices.
- To enhance the Group's international profile, thereby increasing Beaumont's appeal as a training centre for international clinical fellows.
- To position Beaumont Interventional Neuroradiology (INR) as a recognized centre for participation in medical device and stroke clinical trials.

# CLINICAL DIRECTORATE OF LABORATORY MEDICINE

## Blood Transfusion Department

### Key Performance Indicators

Indicator	Met
RC wastage	Yes
Platelet wastage	Yes
O Neg usage	Yes
Blood Track PDA usage for TS	Yes

Figure 1: KPIs for 2024

AREA	2021	2022	2023	2024
Specimen	21334	23977	25900	23901
RBC Transfused	6399	6789	6495	6602
Plts Transfused	1617	2111	1975	2082
Plasma Transfused	697	478	662	769

Figure 2: Workload analysis

### Performance Highlights

The Blood Transfusion Department, encompassing the Blood Transfusion Laboratory and the Haemovigilance Office, utilises the electronic crossmatch procedure for 90% of patients transfused. This technology facilitates a rapid turnaround time for the provision of red cells for patients with a valid Group & Screen specimen. This has also enabled the Department to continue to maintain wastage in 2024 of red cells at 0.19% with the benchmark nationally of less than 0.5% and platelet wastage of 0.57% with the benchmark nationally less than 8%. In addition, Beaumont Hospital maintained a Crossmatch: Transfusion (C:T) ratio of 1.4. A C:T of greater than 1.5 usually indicates excessive crossmatch requests compared to units transfused (AABB, 2003).

Implementation of new Laboratory Information System Pathnet as part of MedLIS was rolled out in August. Introduction of two new Blood grouping and antibody screening analysers.

## Near Patient Testing (NPT)

### Key Performance Indicators:

Indicator Set	Achieved?	Comment
Maintain positive results in EQA at 90% or above	Yes	95.5%
To Respond to 100% of Complaints within 30 Days	N/A	None received
Close out of 75% of non-conformances within 30 days	No	51.6%
Close out of 60% of Serious Non-Conformances within 60 Days	No	25.0%
Perform 70% of Audits within 45 days of Scheduled Start Date	Yes	100%
Perform 75% of Joint Reviews within 60 Days of Scheduled Date *Q1 and Q2 only	N/A	No JRs scheduled

Figure 2: NPT KPIs.

### Performance Highlights:

1.9% increase since 2023 and 30% increase since 2019. This increase in workload demonstrates the tremendous efforts of the Near Patient Testing Department to ensure:

- appropriate staff are trained to use the devices
- that training is accessible to staff and
- devices are in optimal working conditions at all times.

### Key Performance Indicators:

Indicator Set	Achieved?	Comment
Maintain positive results in EQA at 90% or above	Yes	95.5%
To Respond to 100% of Complaints within 30 Days	N/A	None received
Close out of 75% of non-conformances within 30 days	No	51.6%
Close out of 60% of Serious Non-Conformances within 60 Days	No	25.0%
Perform 70% of Audits within 45 days of Scheduled Start Date	Yes	100%
Perform 75% of Joint Reviews within 60 Days of Scheduled Date *Q1 and Q2 only	N/A	No JRs scheduled

Figure 2: NPT KPIs.

## Haematology Department

### Key Performance Indicators

The Laboratory KPI's are monitored on a quarterly basis. Data below reflects data calculated from Q1, Q2 and Q3 combined. Q4 can only be collated in March 2025. All Quality TAT indicators were met.

Maintain positive results in EQA	98.4%
Respond to 100% of Complaints within 30 Days ( one complaint)	100.0%
Close out of 75% of non-conformances within 30 days	62.4%
Close out of 60% of Serious Non-Conformances within 30 Days (only 2)	50.0%
Perform 70% of Audits within 45 days of Scheduled Start Date	87.6%
Perform 75% of Joint Reviews within 60 Days of Scheduled Date	66.7%

Figure Number 1: Quality Performance Indicators

Ensure 90% of turnaround times (TAT) for a specified assay are within quoted TAT:	All met
FBC	99.96%
COAGSC	99.79%
CD4	99.32%
HFE	96.77%

Figure Number 2: Turnaround Time Quality Performance Indicators

## Microbiology Department

### New developments:

- The BioFire platform, which provides a new molecular test for direct testing of positive blood cultures, providing earlier organism identification, and detection of potential markers of antimicrobial resistance
- Introduction of new urine specimen containers to facilitate the automated Sedimax for urine microscopy
- Introduced new laboratory Information system, MedLIS
- New equipment including the MALDI TOF and the TB MGIT
- Increased the range of PCR tests enhancing diagnosis for our patients

### Quality Performance Indicators (Q2 2024)

Maintain positive results in EQA at 90% or above	100%
Ensure 90% of turnaround times for CSF examination are within quoted TAT	96%
Ensure 90% of turnaround times for TB Culture are within TAT	94.2%
To respond to 100% of complaints within 30 days	N/A
Close out of 75% of non-conformances within 30 days	93.1%
Close out of 60% of serious non-conformances raised through audit within 30 days	100%

Figure 1: Specimen types/ numbers for Microbiology

## Molecular Pathology Department

### Key Performance Indicators

The Laboratory KPI's are monitored on a quarterly basis. Data below is a summary of the overall performance of the Laboratory in 2024

Assay	Comment
NGS: Lung, Colorectal, Melanoma, Breast	59% Achieved
Microsatellite Instability (MSI)	87% Achieved
MLH1 Methylation	50% Achieved
BRAF fusion	100% Achieved
BRAF V600E	67% Achieved
MGMT	98% Achieved
IDHSQ	86% Achieved
Array CGH	100% Achieved
DNA Methylation	97% Achieved

Figure 1 Turnaround Time Quality Performance Indicators

### Performance Highlights:

- Successfully maintained accreditation to ISO15189:2012 standards
- Validation and Verification of the COBAS 5800
- Maintained a high quality of service for all users
- Availability of enhanced diagnostics for positive blood cultures, to inform faster clinical decision making by Clinical Microbiologists
- Successful implementation of new urine specimen containers hospital-wide including our GP users
- Our Microbiology laboratory continues to be a spoke site for the National SARS-CoV-2 Whole genome sequencing programme which provides a service for all hospitals in the health region 'HSE Dublin and North East'. This service has sequenced and reported 1,205 cases from April 2023 to October 2024

# IMMUNOLOGY DEPARTMENT

## Clinical Immunology Department

The Clinical Immunology service provides care to patients with significant food and drug allergy, anaphylaxis, immunodeficiency, and autoimmune diseases as well as providing clinical liaison between Immunology Laboratory and clinician colleagues.

The numbers of clinical referrals received by the Department continues to increase with increasing case complexity noted.

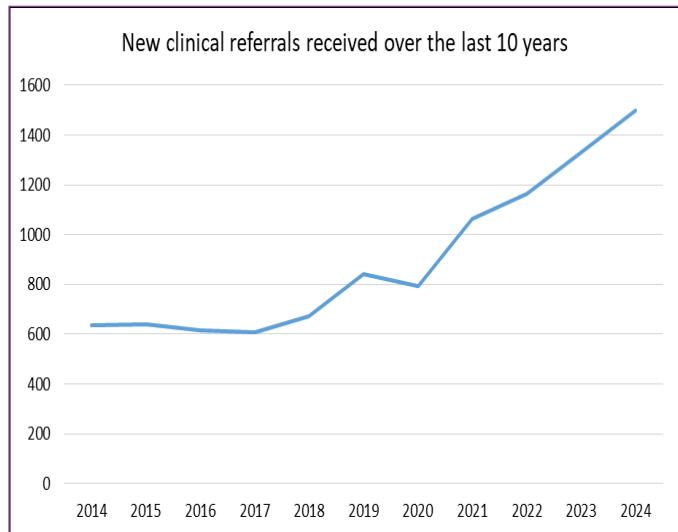


Figure 1: Number of new clinical referrals

As part of the departmental strategy to optimise the efficiency of allergy assessments based on a one-stop shop model of care, with the strong support of the Laboratory Directorate Management team, the Immunology Dayward was launched on 1<sup>st</sup> July 2024. In 2024, there were 1370 daycare admission with 806 between July and December 2024.

On-going care was provided for over 600 patients with immunodeficiency, of which 175 patients require immunoglobulin replacement therapy. 81% of these patients are either self-infusing at home or in their local hospital monitored by our nurse-led home therapy programme.

Collaboration with other clinical services is continued with the established monthly neuroinflammatory MDTs and in 2024 the Immunology/Aesthesia perioperative anaphylaxis joint clinics.

## Key Performance Indicators

Indicator Set	Achieved?	Comment
Maintain positive results in EQA at 90% or above	Yes (97%)	
To Respond to 100% of Complaints within 30 Days	N/A	No complaints received
Close out of 75% of non-conformances within 30 days	No (56%)	
Close out of 60% of Serious Non-Conformances within 60 Days	No (0%)	1 Serious NC in 2024
Perform 70% of Audits within 45 days of Scheduled Start Date	Yes (73%)	
Ensure 90% of turnaround times for a specified assay are within quoted turnaround times: GBM	Yes (99%)	Q1-Q2 Cumulative Data, Q3 & Q4 analysis in progress
Ensure 90% of turnaround times for a specified assay are within quoted turnaround times: MPO/PR3	Yes (100%)	Q1-Q2 Cumulative Data, Q3 & Q4 analysis in progress
Ensure 90% of turnaround times for a specified assay are within quoted turnaround times: DNA	Yes (100%)	Q1-Q2 Cumulative Data, Q3 & Q4 analysis in progress
Ensure 90% of turnaround times for a specified assay are within quoted turnaround times: AIESERUM/ AIE CSF/ AIEPANEL	Yes (99%)	Q1-Q2 Cumulative Data, Q3 & Q4 analysis in progress

Table Number 2: Immunology Department Quality Indicators 2023

## Performance Highlights

### Workload

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.

Request Item	Patient Requests 2023	Patient Requests 2024
Test sets	121,741	116,516
Individual tests	173,150	159,809
Specimens	74,208	74,150

Figure 3: Immunology Department Workload 2023 & 2024. Excluding Biopsy & referral workload

## National Histocompatibility and Immunogenetics Service for Solid Organ Transplantation (NHSIOT)

### Key performance indicators

Test requests: pre-transplant and post-transplant programme	Number of tests		
	2023	2024	% difference
HLA Antibody Screening - Single Antigen Bead (SAB) Assays	9555	11084	+16%
HLA Typing-Molecular and Serology	5898	6510	+10.4%

Figure 1: Test requests: Pre-transplant and Post-transplant Programme

Living Donor Programme	Number of patients		
	2023	2024	% difference
Recipients processed for living donor programme	116	117	+0.9%
1st work-up	107	97	-9.3%
2 <sup>nd</sup> work-up: full clinical evaluation and immunological assessment	76	75	-1.3%
3 <sup>rd</sup> and final work-up: proceed to donation and transplantation	36	32	-11.1%
Living Donor Transplants	30	30	0.0%

Figure 2: Living Donor Programme

Deceased Donor Programme	Number of patients		
	2023	2024	% difference
Deceased Donors	95	84	-11.6%
Deceased kidney only transplants	159	145	-8.8%
Pancreas (SPK) transplants	5	4	-20.0%
Pancreas only transplants	1	0	-100.0%
Paired Kidney Exchange (PKE) transplants	2	7	+250.0%
Heart transplants	5	9	+80.0%
Lung transplants	19	13	-31.6%
Heart/Lung transplants	0	0	-
Heart/Liver transplants	0	0	-
Liver Transplant Support	42	37	-11.9%

Figure 3: Deceased Donor Programme

Antibody Incompatible Programme	Number of patients		
	2023	2024	% difference
Total patients reviewed	190	125	-34.2%
Total patients suitable for crossmatch	47	29	-38.3%
Total patients transplanted	19	14	-26.3%

Figure 4: Antibody Incompatible Programme

Kidney, SPK waiting lists	Number of patients		
	2023	2024	% difference
Total patients active on list	417	422	+1.2%
Total patients suspended due to clinical/personal reasons (to Dec 31 <sup>st</sup> )	84	98	+16.7%
Total patients on waiting list – Active and Suspended	501	520	+3.8%
New patients activated	220	260	+18.2%
Average waiting time (months)	22	21	-4.5%

Figure 5: Kidney and Kidney /Pancreas (SPK) Waiting Lists

Other solid organ waiting lists	Number of patients		
	2023	2024	% difference
Total patients on heart waiting list	7	2	-71.4%
Total patients on lung waiting list	24	24	0.0%
Total patients on heart/kidney waiting list	0	0	-
Total patients on liver waiting list	23	40	+73.9%
Total patients on pancreas only waiting list	0	0	-

Figure 6: Other Solid Organ Waiting Lists

Tissue Establishment	Number of patients		
	2023	2024	% difference
Total vessels banked	77	65	-15.6%
Total vessels transplanted	0	0	-

Figure 7: Tissue Establishment Figures

## Performance Highlights

- 105 highly sensitised patients (HSP's) have been successfully transplanted to date (Jan 2025) using the **Antibody Incompatible Transplant (HLAi) programme** introduced in 2018. Despite the need to avoid ATG because of COVID-19, we have been able to rapidly adjust the programme to select patients suitable for transplantation without ATG augmentation.

## Chemical Pathology Department

### Performance Highlights

The following achievements were made in the chemical pathology laboratory in 2024:

- Successful Go-Live of MedLIS. This was the highpoint of a phenomenal amount of testing, dedication and commitment by all involved. The implementation of MedLIS enabled electronic ordering for the GPs and auto-authorisation of biochemistry assays.
- Maintaining the service for all users.
- 3 staff members completed their MSc
- The appointment of a third Consultant Chemical Pathologist.
- Maintaining INAB accreditation saw the introduction of eGFR to the Renal Profile; the validation of two new high throughput HbA1c analysers to meet the growing sample numbers; the replacement of the IDS iSYS for the newer faster IDS i10.
- Extension of INAB scope to include software to aid the interpretation of CSF Xanthochromia and CSF  $\beta$ 2 Transferrin for the detection of CSF leaks.

## Histopathology

### Quality Performance Indicators

The department's quality performance indicators are measured on a monthly basis.

### Workload

#### Cases

	2022	2023	2024
Histology	19154	20573	25039
Cytology	1605	1612	1688
Renal	528	602	668
Neuropathology	1576	1811	1855

#### Specimens

	2022	2023	2024
Histology	35275	37673	45847
Cytology	2055	1992	2165
Renal	533	610	671
Neuropathology	2925	3104	3216

#### Blocks

	2022	2023	2024
Histology	67666	70528	87398
Cytology	3767	3712	4081
Renal	1594	1747	1686
Neuropathology	6121	6362	6005

#### Slides

	2022	2023	2024
Histology	125310	134529	174909
Cytology	7198	6791	7439
Renal	5598	6402	6135
Neuropathology	17539	18425	16361

### Performance Highlights:

- Successfully maintained accreditation to ISO15189:2012 standards
- Validation and Verification of the Sakura A120 auto embedder for all large surgical blocks
- Continue to support the Bowel Screen programme for the early detection of Colorectal Cancer
- Specialist Scientist for Histodissection
- Postgraduate and graduate training is an integral component of the department and much time and effort is invested in this area. Our trainees continue to successfully complete their examinations.

## Neuropathology

### Key Performance Indicators:

Maintain positive results in EQA (& ILQA) at 90% or above	95.7%
Ensure 90% of turnaround times are within quoted turnaround times:	98%
To respond to 100% of complaints within 30 days	0 complaints
Close out of 75% of non-conformances within 30 days	59.7 %
Close out of 60% of serious non-conformances raised through audit within 30 days	88.9%

Figure 1: Neuropathology Department KPIs.

### Performance Highlights:

Overall, 2024 saw a 24% increase in workload compared to 2021 (18,710 slides vs 15,058 slides) with an overall increase in the complexity of all services.

For each specimen routinely processed in the Neuropathology Department, there are on average 2 blocks and at least 6 slides generated per specimen for both pathological and immunohistochemical characterisation (with pituitary cases requiring up to 14 additional slides).

### Intra-Operative Diagnosis:

During the neurosurgical procedure, specimens are sent to the Neuropathology Department for an intra-operative analysis with instantaneous results communicated directly to the neurosurgical team in the operating room. The remaining neurosurgical specimens are formalin-fixed and relevant immunocytochemical tests requested. Currently the Neuropathology Department deploys an array of over 100 diagnostic antibodies, fully accredited to ISO15189:2012 standards. Despite severe staff shortages over the past several years, the Neuropathology Department has maintained this accredited, efficient, cutting-edge service.

## Laboratory Quality Department

### Performance Highlights

Successful Irish National Accreditation Board (INAB) Surveillance Audit:

The annual surveillance assessment by INAB took place over the course of a few weeks in May and June 2024. The assessment was very successful with the laboratory granted maintenance of its existing scope of accreditation, along with being awarded accreditation for extension to scope for new and updated tests in the Chemical Pathology, Histopathology, Haematology and the Molecular Pathology laboratories. These tests include Clinical Chemistry Hormones [Aldosterone, Growth Hormone, Insulin-Like

Growth Factor-1], eGFR, HbA1c, CSF B2 Transferrin, CSF Xanthochromia, Platelet Count F, Immune Monitoring, Lymphoid Screening Tube, PAP Stain, Thin Prep, Illumina AmpliSeq Tumour Hotspot Panel V2 Assay, BRCA NGS Assay, DNA Methylation Profiling (V2 kit), Microsatellite Instability Testing], detection of deletions or duplication in the BRCA 1 and BRCA 2 genes by Multiplex Ligation - Dependent Probe Amplification.

## MEDICAL DIRECTORATE

The Medical Directorate encompasses all the sub specialities of medicine across unscheduled, outpatient and diagnostic care.

### Medical Directorate Speciality Reports:

#### Department of Geriatric and Stroke Medicine:

The Department of Geriatric and Medicine had an active year across all acute services, outpatient and day hospital ambulatory care, and offsite rehabilitation units. Specific departmental highlights include:

##### Off-site rehabilitation:

Beaumont Hospital has ongoing increased demand for off-site rehabilitation beds and enhanced resourcing for same. In 2024 (vs 2023) there was a reduction in LOS by 6% (36 vs 34 days).

##### ICPOP:

The Integrated Care Team for Older People (ICPOP) Dublin North, which manages frail older people in the community, continues to provide comprehensive assessment and rehabilitation for patients either at home or at an outreach clinic in Balbriggan Primary Care Centre (for local residents). Referrals come from Beaumont Emergency Department, GPs, and primary care teams in the Dublin North area. A second geriatrician post has been approved and is expected to be appointed later in 2025.

##### Fracture Liaison Service:

The Geriatric Medicine department continues to oversee the DXA service at St Joseph's Hospital, scanning over 2,000 patients annually from GP and Beaumont Hospital referrals. The two Advanced Nurse Practitioners in Fracture Liaison Service (FLS) run 'one-stop' bone health clinics alongside the DXA.

The Irish National FLS Database is co-chaired by Professor Frances Dockery produced its 3rd annual report in 2024 on low-trauma fractures in Ireland with 9 trauma hospitals participating.

##### Service level activity for in-patients and out-patients:

- There was a 2% reduction in Beaumont Hospital Geriatric average length of stay 2023 V 2024

- There was a 4% reduction in St. Joseph's Geriatric average length of stay 2023 V 2024
- There was an 11% increase in Beaumont Hospital Geriatric inpatient discharges 2023 V 2024
- There was 9% increase in St. Joseph's Geriatric inpatient discharges.
- There was 12% decrease in New outpatients for 2023 V 2024
- There was 17% decrease in Return outpatients for 2023 V 2024.

## Stroke Service 2024:

### Service statistics

Beaumont Stroke Service continues to grow, with increased volumes of stroke patients seen in several metrics – FAST calls (1173 in 2022; 1320 in 2023; 1498 in 2024); EVT (338 in 2022; 405 in 2023; 357 in 2024); Discharges (797 in 2022; 917 in 2023; 958 in 2024).

This was the first complete year of the TIA ambulatory pathway, which has significantly improved the efficiency of the use of stroke unit beds. 201 patients were sent home on the pathway in 2024, with an estimated saving of 884 bed days. MRI access supporting the TIA ambulatory pathway has increased from 3 slots per week to 5 in 2024.

Beaumont Stroke service still performing well in national KQIs despite challenges with increasing volumes and staff shortages.

### Service level activity for in-patients and out-patients:

Stroke average length of stay 2023 V 2024 was maintained at 10 days

- There was a 2% increase in Stroke inpatient discharges 2023 V 2024
- There was a 35% increase in New outpatients seen in 2023 V 2024
- There was a 15% increase in Return outpatients seen in 2023 V 2024.

## Gastroenterology

### Service level activity for in-patients and out-patients:

Gastroenterology average length of stay 2023 V 2024 was maintained at 9 days

- There was 5% increase in Gastroenterology inpatient discharges 2023 V 2024
- There was a 2% decrease in New outpatients seen in 2023 V 2024
- There was a 5% increase in Return outpatients seen in 2023 V 2024.
- There was a 4% decrease in Endoscopy activity in 2023 Vs 2024

## Hepatology

### Clinical activity

- Liver support clinic- 1124 patient reviews in 2024 for decompensated cirrhosis/HCC liver cancer (reduction in ED admissions and LOS)
- 572 Hepatitis B patients, 534 Hepatitis C attendances
- Fibroscan service- 1647 tests performed in 2024 (20.8% increase on 2022)
- First Hepatology ANP in Ireland graduated- 450 patients seen in ANP clinic (40% approx. discharge rate)
- Long waiting liver clinic- 482 patients seen in 2024
- HCC/liver cancer- biggest referrer of cases in Ireland to National Liver Unit
- Haemochromatosis nurse-led service (St Jos, MDT at Beaumont)- 2018 procedures in 2024
- Community Hepatitis C service ongoing- links to hubs (e.g. Domville hse)
- Beaumont Integrated Alcohol Service- temporary funding to allow additional alcohol liaison nurse support; community Integrated Alcohol Service established in North Dublin

### Multidisciplinary Support

As you can see Hepatology is very much a multidisciplinary service. We hold a weekly MDT to discuss patients with decompensated liver disease to achieve early discharge and optimal outcomes. This is also normally attended by our pharmacist Eimear whose input is essential to our service. In addition we provide specialist Hepatology input for our spoke hospitals within the Dublin North East hospital group on a weekly basis.

### Nurse-led Haemochromatosis service

This nursing service which provides venesection to almost 1,500 patients per year with haemochromatosis in St. Joseph is supported by a monthly MDT in Beaumont.

### IBD and Nutrition Annual Report:

The Inflammatory Bowel Disease service continues to evolve and develop with the addition of a third specialist nurse to support our ambulatory pathways and provide direct access for IBD patients to specialist care. We met our objective of improving IBD nurse access pathways as evidenced by very positive feedback from service users as we seek to maintain high standards of care despite growing patient population and complexity. The IBD service has developed new programmes of research for IBD and gastroenterology patients with a new feasibility study of funded clinician-supervised exercise programmes for patients with moderate-severe disease.

## Medical Oncology:

The roll out of the National Cancer Information System in 2024 was extended to include prescribing of systemic anticancer therapy (SACT). This allows the safe electronic

prescribing of (SACT) according to nationally agreed protocol, with the outcomes from all multidisciplinary meetings recorded in real time on the system.

The 5 year grant (started from 2022) from the Health Research Board (HRB) to the Cancer Clinical Trials and Research Unit (CCTU), Beaumont Hospital. The CCTU, led by Professor Patrick Morris, was successful in obtaining maximum grant funding of €2.5 million Euro over 5 years to support cancer clinical trials.

#### **Service level activity for in-patients and out-patients:**

- There was a 4% decrease in Medical Oncology average length of stay 2023 V 2024
- There was an 8% increase in Medical Oncology inpatient discharges 2023 V 2024
- There was 6% increase in New outpatients 2023 V 2024
- There was 2% decrease in Return outpatients 2023 V 2024

## **Haematology:**

Commencement of early detection and survivorship service which will be led by Prof Glavey as CNS post approved. Coagulation ANP commenced in 2024 this post develops the service in consultation with Dr. Karl Ewins. Appointment of new Consultant Dr Gustavo Pinto-Solano.

#### **Service level activity for in-patients and out-patients:**

Haematology average length of stay in 2023 V 2024 has been maintained at 17 days

- There was a 12% increase in Haematology Inpatient discharges 2023 V 2024
- There was a 10% decrease in New Outpatients 2023 V 2024
- There was a 23% increase in Return Outpatients 2023 V 2024

A new Clinic G outpatient clinic was established in June 2025 and all Haematology services have been decanted to this space.

## **Palliative Care Team:**

The Palliative Care Team at Beaumont Hospital is committed, as a consult service, to supporting hospital staff caring for people with life-limiting illness, optimising their comfort and supporting their care transitions.

In 2024, the Palliative Care team continued to experience an increased demand. There are three CNS in palliative care, who continued to provide an excellent clinical service, despite the increased service activity. The palliative care team have been developing PPPG to support clinical practice of the specialist palliative care service, and to ensure PPPG meet accreditation guidelines for OECI and JCI.

## **Liaison Psychiatry**

The Psycho-Oncology service was 'highly commended' in the Excellence in Quality and Patient Safety category of the Health Care Excellence Awards in December 2023.

- There was a 3% increase in New outpatients 2023 V 2024
- There was a 5% decrease in Return outpatients 2023 V 2024

## **Dermatology:**

The Dermatology service at Beaumont Hospital has continued to expand in 2024.

A large volume of referrals are received each month, average 774 patient and demand continues to exceed available service capacity.

2170 IPDC procedures were performed in 2024, and 3338 new patients were on the waiting list at the end of 2024.

#### **Service level activity for in-patients and out-patients**

- There was a 40% increase in Dermatology New outpatients 2023 V 2024
- There was a 7% increase in Dermatology Return outpatients 2023 V 2024
- There was an 8% reduction in Dermatology IPDC activity 2023 Vs 2024.

## **Rheumatology:**

In 2024 our dedicated consultant team continues to provide rheumatology care.

We have continued to build on our specialty clinics with a new clinic for early inflammatory arthritis joining vasculitis, ankylosing spondylitis, lupus and scleroderma services.

The development of a dedicated rheumatology unit remains the primary objective of the rheumatology department. This will enable us to provide in reach to the emergency department, advance our ANP led services and expand our outpatients and MSK physiotherapy services. Funding for this unit has been raised through the biosimilar switch initiative which we continue to participate in.

#### **Service level activity for in-patients and out-patients**

- There was a 7% increase in Rheumatology average length of stay 2023 V 2024
- There was a 4% increase in Rheumatology In-patient discharges 2023 V 2024
- There was a 9% increase in New outpatients 2023 V 2024
- There was a 2% increase in Return outpatients 2023 V 2024.

## Respiratory:

### Collaborative Quality Improvement Projects

In 2024 plans were approved for Ireland's first clinically integrated patient stem cell research facility in Beaumont Hospital, dedicated to patient-centered biomedical research in Ireland. It will enable advanced stem cell research and personalized drug testing, with initial applications focusing on lung disease and extending to other conditions over time. Professor Killian Hurley, Associate Professor of Respiratory Medicine is a key leader of this unique research initiative.

**Digital healthcare service:** electronic peak flow monitoring service to aid diagnosis, management and optimisation of asthma in pregnant patients and adult asthma.

### Severe Asthma Service

Less than 10% of referrals to the severe asthma clinic require enrollment in an intense biologic workup programme. Of those who undergo multidisciplinary care with Advanced Nurse Practitioner and Consultant guided pre-biologic evaluation; 40% are stabilised without requiring biologic therapy, representing a significant cost saving. Biologics are now predominately self-administered at home. Thus, severe asthma has become a truly ambulatory outpatient based service. Hospitalizations are rare. There are currently over 100 patients on biologic therapy in Beaumont, with 80% at home and 20% in-hospital administration.

### Digital Monitoring

Electronic peak flow monitoring of patients continued in 2024 this aids diagnosis, management and optimisation of asthma. Severe asthma, uncontrolled asthma and pregnant patients enrolled. All patients being considered for biologic therapy must undergo monitoring. Outcomes to date demonstrate improved asthma diagnosis, improved asthma control, and minimisation of escalation of therapies including reduction in those requiring oral corticosteroids and avoidance of expensive biologics.

### Lung Cancer Service

In 2024 the lung cancer service developed a radial EBUS diagnostic service for peripheral lung lesions. There has been expansion and development of an indwelling pleural catheter service, which will require additional resources to expand in future. A second clinic was established during the week to manage the high volume or urgent referrals to the lung cancer and nodule service. The Thoracic Oncology Tumour Board meeting has transitioned to NCIS for recording of MDM outcomes, this integrates with other cancer service MDMs. There has been a significant investment from the Irish Cancer Society to develop Ireland's first Lung Cancer Screening Pilot, with significant preliminary work to enable roll out in 2025.

### Interstitial Lung Disease Service

In 2024 The Interstitial Lung Disease service launched a combined clinic with Rheumatology. The specialist ILD clinic comprises medical expertise, Clinical Specialists in ILD, and physiotherapy to integrate multidisciplinary input in the service. There is a nurse led oxygen assessment clinic for patients with ILD and advanced lung disease. There has been a significant increase in clinic patient numbers seen in the ILD service with a doubling of patients treated with state of the art anti-fibrotic therapy. The clinic also facilitated workup and transition of care for patients in need of urgent lung transplants. There is a need to enhance the nursing supports to this larger number of patients with a view to develop an Advanced Nurse practitioner role in ILD.

### Sleep Service

The Sleep Service has experienced a huge expansion in the volume of referrals for assessment of OSA, which in turn has led to a significant delay in access for limited studies with the wait list now approaching 20 months. During the winter surge in hospital attendance, this has led to a falloff in availability of beds for inpatient testing in St Joseph's Hospital. To improve the availability of inpatient diagnostics in Beaumont Hospital the Watch PAT One testing device has been rolled out. More investment in limited sleep study capacity, home testing, and study interpretation with sleep physiology testing is required in 2025 to impact on waiting list numbers and timelines.

### Cystic Fibrosis Service

The Cystic Fibrosis Service has overseen the expansion cutting edge CFTR modulator therapies with the availability of Kaftrio, this has dramatically impacted on exacerbation rates of persons with CF and improved clinical indices and their lung function. The effect of this is prolonged survival of this patient group with an ageing population with an increase in complexity and comorbidity in CF care. Increasingly women with CF are more fertile and there has led to an increase in pregnancy management. There is an expansion in the rare lung disease activity also, with increased admissions for management of alpha one antitrypsin deficiency and non-CF bronchiectasis. The hospital is keen to address the lengthening alpha one antitrypsin deficiency waiting list for services and support expansion of same in 2025. The new specialist designed 20 bedded CF build is due to start work in 2025. A service focus for 2025 is the recruitment of a new Consultant with a special interest in CF.

### COPD

A multidisciplinary assessment clinic of COPD has been established. In addition, a 'Hot' clinic for COPD admission avoidance has been rolled which includes senior medical input, advanced nurse practitioner management and physiotherapy involvement. A joint ventilation clinic has been established to manage patients with advanced lung disease and respiratory failure requiring non-invasive

ventilatory support. A formal monthly MDM has been held to enhance the integration of obstructive airways disease management in the community. There has been significant expansion of pulmonary rehab availability in the community with 6 hubs now in use. The Integrated Care Hub also consists of two fully functional PFT labs. In 2025 a core objective for the service is to move PFT imaging onto the National NIMIS PACS system. HSE engagement to facilitate this project have been ongoing throughout 2024.

### **Respiratory Centre**

The Respiratory Centre has been opened in upgraded facilities adjacent to St Paul's ward and continues to care for a large number of patients, including expansion in asthma drug management, oxygen assessments, and integration with the ILD service. The current demands cannot be fully met, particularly with the pivotal nursing role for the management of respiratory devices on patients not in core respiratory wards. Acquiring an additional CNS whole time equivalent resources is a key focus for 2025 as well as the development of enhanced pathways to the community for integrated care management.

### **Service level activity for in-patients and out-patients**

- There was a 3% decrease in Respiratory average length of stay 2023 V 2024
- There was a 13% increase in Respiratory inpatient discharges 2023 V 2024
- There was an 11% decrease in New outpatients 2023 V 2024
- There was a 6% increase in Return outpatients 2023 V 2024.

## **Infectious Diseases Service:**

The past year saw steady growth in both new and return outpatient activity for the infectious diseases service, alongside a very active inpatient team. During 2024, the service continued within John's ward and has been working with an excellent nursing team to improve facilities and care in the area. The new Long COVID clinic moved to a new Friday morning slot and the waiting list has been dramatically reduced. This clinic is a collaboration with Psychiatry, Psychology and Physiotherapy and is run with a monthly MDT to reduce return appointments and maximise care pathway.

The TB service is now offering a central portal for patients with confirmed or suspected TB from a wide variety of referrers and offers clear linkage to Public Health. It also assesses and treats staff referred by the Occupational health service who have screened positive for latent TB. The service has now treated excess 80 staff members.

The OPAT service continues to deliver safe and effective therapy in patients' homes and welcomes the addition of a candidate ANP to the service this year.

The number of people living with HIV attending the service continues to grow by between 2 and 4 each week. During 2023 we rolled out an injectable therapy clinic, a dedicated new patient clinic and expanded access to vaccination, such as the Mpox vaccine. This service continued into 2024.

Our viral hepatitis clinic continues to review and treat patients and has impressive outcomes for those treated. The clinic now has a fibro-scanner and offers comprehensive one stop assessment and treatment.

Strong ongoing collaborations with the transplant service has led to the development of guidance on expanded use of donor kidneys. This is already making an impact. The service also works closely with Orthopaedics and Vascular surgery on increasingly complex device infections. The establishment in 2023 and continuance in 2024 of an endocarditis MDT, with representatives from Cardiology, Microbiology and Infectious Diseases this meeting is one of the first to use new online MDT portal and aims to improve assessment, diagnosis and outcomes in patients with confirmed or suspected endocarditis.

### **Service level activity for in-patients and out-patients**

- There was a 10% decrease in Infectious Disease average length of stay 2023 V 2024
- There was a 9% increase in Infectious Disease inpatient discharges 2023 V 2024
- There was a 10% decrease in New outpatients 2023 V 2024
- There was a 1% increase in Return outpatients 2023 V 2024

## **Endocrinology Service:**

The Endocrinology service in Beaumont Hospital provides specialist and general Endocrine care for people with endocrine conditions for the local area, the North East of Ireland and in the case of Pituitary and Adrenal disease, nationally.

The service provides specialist clinics in pituitary disease, adrenal disease, thyroid disease, reproductive Endocrinology, late effects of cancer treatment and general endocrinology clinics. Many clinics are run as joint clinics with relevant services e.g. neurosurgery, Gynaecology and radiation oncology.

### **Service level activity for in-patients and out-patients**

- There was a 7% increase in Endocrinology average length of stay 2023 V 2024
- There was a 5% decrease in Endocrinology inpatient discharges 2023 V 2024
- New outpatients 2023 V 2024 was maintained at 2075 patients
- There was a 3% increase in Return outpatients 2023 V 2024

## Diabetes Service

The diabetes service in Beaumont Hospital provide specialist and general diabetes care for people with diabetes for the local area and the North East of Ireland. The service provides specialist insulin pump therapy and continuous glucose monitoring clinics, Type 1 diabetes clinics, young adult and transition clinics, cystic fibrosis related diabetes clinics, combined renal and diabetes clinics, diabetic foot MDT clinics and offers a Structured education programme called DAFNE to all patients with Type 1 diabetes.

The cornerstone of the service is the diabetes day centre (DDC). The DDC team see over 3,500 patients per year. The service also provides clinical supervision for the hospital podiatry service with over 1,700 diabetic foot patients reviewed in 2024. The diabetes service continues to evolve

and a service focus for 2025 is to expand in relation to consultant, podiatry, nursing and dietitian numbers as well as infrastructure to cope with the increasing prevalence of diabetes in the community and with the demands of increasing complexity of diabetes related complications and presentations.

## Cardiology

### Service level activity for in-patients and out-patients

- There was an 18% decrease in Cardiology average length of stay 2023 V 2024
- There was a 6% decrease in Cardiology inpatient discharges 2023 V 2024
- There was a 14% increase in New outpatients 2023 V 2024
- There was a .5% increase in Return outpatients 2023 V 2024

AVLOS 2024	Jan	Feb	Mar	Apr	May	June	July	August	Sept	Oct	Nov	Dec
Cardiology	4.84	6.55	6.2	6.87	7.5	8.77	9.45	5.98	7.06	7.61	7.46	8.12
Endocrinology	10.23	12.74	13.36	8.44	9.67	9.87	9.48	11.29	14.68	13.07	13.16	10.02
Gastroenterology	9.94	8.44	10.14	8.63	9.89	7.8	7.68	8.95	7.85	9.08	8.33	10.4
Geriatrics-BH	17.13	17.61	16.03	16.87	16.58	17.3	14.39	18.55	13.51	15.46	14.15	12.54
Haematology	21.26	20.02	16.62	16.93	15.2	18.44	20.2	14.62	14.4	20.29	11.94	14.26
Infectious Diseases	4.29	11	6.54	5.76	6.9	8.12	6.28	8.54	6.46	6.51	10.74	7.55
Oncology Medical	12.57	9.19	10.08	10.88	9.22	9.86	11.53	10.55	12.55	11.07	12.21	12.68
Respiratory Medicine	10.68	9.75	10.71	6.84	9.11	8.43	12.27	9.95	7.45	8.78	9.4	7.86
Rheumatology	9.36	12.95	11.09	9.01	9.95	12.04	9.96	10.74	10.14	11.45	8.36	10.69
Geriatrics - SJRU	37.35	32.5	41.2	31.05	36	25.68	34	32.56	44.14	24.62	31.13	38.45
Stroke	10.22	9.74	14.13	9.01	11.14	9.02	12.96	9.94	8.28	9.34	11.2	8.55
<b>Grand Total</b>	<b>11.25</b>	<b>11.85</b>	<b>12.03</b>	<b>10.03</b>	<b>10.9</b>	<b>10.88</b>	<b>11.56</b>	<b>11.23</b>	<b>10.58</b>	<b>11.08</b>	<b>11.13</b>	<b>10.37</b>

Figure 1: Inpatient AVLOS 2024

NO OF DISCHARGES 2024	Jan	Feb	Mar	Apr	May	June	July	August	Sept	Oct	Nov	Dec
Cardiology	95	107	110	124	130	118	110	107	116	129	122	98
Endocrinology	130	117	111	112	104	100	87	88	88	112	114	140
Gastroenterology	165	150	140	153	148	137	135	147	128	149	159	145
Geriatrics-BH	119	120	128	144	129	115	133	129	146	163	169	164
Haematology	45	47	53	59	62	47	59	56	47	48	57	52
Infectious Diseases	102	84	101	92	109	78	105	95	92	116	100	111
Oncology Medical	87	102	80	102	133	100	101	93	87	105	91	82
Respiratory Medicine	209	190	192	214	220	173	243	222	214	223	226	197
Rheumatology	111	108	115	91	109	105	117	100	94	135	111	142
Geriatrics- SJRU	14	27	25	20	23	19	19	16	21	16	22	11
Stroke	84	52	82	76	94	75	88	68	85	72	72	90
<b>Grand Total</b>	<b>1161</b>	<b>1104</b>	<b>1137</b>	<b>1187</b>	<b>1241</b>	<b>1067</b>	<b>1197</b>	<b>1121</b>	<b>1118</b>	<b>1268</b>	<b>1243</b>	<b>1232</b>

2: Inpatient Discharge 2024:

# NEUROCENT DIRECTORATE

## Key Performance Indicators

- The NeuroCENT Directorate has noted static OPD activity on comparison with 2023 (N= 45).
- New patient NeuroCENT OPD activity showed a 5% decrease compared with 2023 (N = -744).
- Return patient NeuroCENT OPD activity showed a 2% increase in RTN activity compared with 2023 (N= 789).
- Inpatient activity: Noted 2% increase 2023 vs 2024 (N = 98).
- Neuro Cent day case activity showed a 5% increase on comparison with 2023 activity (N = 622).
- Emergency admissions showed a 12% increase on comparison with 2023 activity (N = 260).

Specialty	2023	2024	Variance	%Var
E.N.T.	9545	10131	586	6%
Maxillo-Facial	202	273	71	35%
Neurology	4859	5506	647	13%
Neurosurgery	8615	8401	-214	-2%
Ophthalmology	1521	1687	166	11%
Total	24,742	25,998	1,256	5%

Figure 1. New OPD Referrals NeuroCENT Directorate 2023 v 2024.

Specialty	2023	2024	Variance	%Var
E.N.T.	17,784	17,987	203	1%
Maxillo-Facial	393	517	124	32%
Neurology	13,305	12,614	-691	-5%
Neurosurgery	12,012	13,005	993	8%
Ophthalmology	4,711	4,208	-503	-11%
Total	48,205	48,331	126	0%

Figure 2. Total OPD Attendances New/Return NeuroCENT 2023 v 2024.

Specialty	2023	2024	Variance	%Var
E.N.T.	8,426	8,853	427	5%
Neurology	2,650	2,985	335	13%
Neurosurgery	2,844	2,892	48	2%
Ophthalmology	617	549	-68	-11%
Total	14,537	15,279	742	5%

Figure 3. Inpatient and Daycase admissions NeuroCENT 2023 v 2024.

## The Department of Neurosurgery

### Key Performance Indicators

- 6% increase in Inpatient Day Case activity 2023 v 2024 (N = 11).
- 1% increase in inpatient activity (N = 37).
- 8% increase in Outpatient activity (New, Return & Virtual) 2023 v 2024 (N= 993).
- Neurosurgical emergency admissions are up 12%, 2023 v 2024 (N = 168).

## The Department of Otolaryngology, Head and Neck Cancer

The Department of Otolaryngology, Head and Neck Cancer in Beaumont Hospital is the largest single provider of otolaryngology surgical primary procedures in the country. The department also have a separate National Cochlear Implant Department, which is one of the largest in the British Isles.

### Neuro-otology & Skull Base Service

The Neuro-Otology & Skull Base Service is the national centre for the management and treatment of lateral skull base conditions for the Republic of Ireland. The service has a Multidisciplinary Team (MDT) approach which provides integrated services for the treatment, management and care of patients with benign and malignant lateral skull base tumours and conditions.

Multidisciplinary meetings are held in conjunction with the clinic and runs on the morning of the Skull Base Clinic and facilitates discussion of patients with lateral skull base tumours in order to provide guidance on their management.

MDT Meeting activity	2023	2024	Variance	% Variance
Total number of patients discussed in MDM	864	1,120	256	30% Increase

Figure 4: Skull Base Clinic MDT Activity 2023 V 2024.

### Key Performance Indicators - ENT Department

- 1% increase in Outpatient activity (New, Return & Virtual) 2023 v 2024 (N = 203).
- 5% increase in day case and inpatient activity 2023 v 2024 (N = 427).
- 6% increase in the number of new patient OPD referrals reviewed 2023 v 2024 (N = 586).
- Key Objectives for 2025
- Working towards the development of an independent building on the Beaumont Hospital campus, to house

the Department of Otolaryngology, Head and Neck Cancer.

- Expansion of the lateral skull base service supported by the appointment of a second lateral skull base surgeon.

## The National Hearing Implant and Viani Research Centre (NHIVRC)

### Referrals, Discharges and Transfers

Referrals are usually acknowledged and responded within 2 weeks. Pediatric patients are offered an appointment within 3 months whereas adult patients within 9-12 months of referral. Urgent cases, e.g. meningitis, are expedited and seen within 1 month.

	referral to initial clinic	Initial clinic to surgery
Paediatric	0-12 weeks	0-11 months
Adults	9-12 months	6-24 months

Figure 5: Indicative times between referral, initial clinic and CI surgery in 2024

### Surgical activity

#### New implants

	Adults	Paediatric	Total
Unilateral implantation	71	16	87
Bilateral Simultaneous	0	15	15
Bilateral Sequential	2	1	3
Total	73	32	105

\* number of devices

Figure 6: Implantation Procedures 2024

#### Revision Surgery

Revision surgery of cochlear implants is rare and is mostly done in cases of confirmed device failure or a medical complication.

	Adults	Paediatric	Total
<b>Reason</b>			
Device Failure	9	8	17
Medical Reason	5	2	7
Other	1		1
<b>Total</b>	<b>15</b>	<b>10</b>	<b>25</b>
<b>Action</b>			
Repositioning	1	-	1
Reimplanted	12	10	22
Explant only	2	0	

Figure 7: Revision Surgery Data

## Clinical Neurophysiology

### Electroencephalography (EEG)

EEG is performed to investigate patients for seizures and epilepsy, encephalopathy and related disorders.

Waiting time for outpatient EEG studies has grown due to a marked increased clinical demand from within the RHA and appointment of additional neurologists, stroke physicians and medical consultants in Beaumont Hospital and across the region.

In 2024 1,234 EEGs were performed. The provision of additional lab space, equipment and staff, in particular clinical physiologists will be required to increase capacity, reduce waiting time for patients and enhance access to inpatient and urgent studies.

A protected 'Rapid Access Seizure Clinic' EEG slot has been established to aid service access after a first seizure presentation, to Beaumont Hospital and has reduced need for inpatient admission for certain patients.

### Nerve Conduction Studies (NCS) and Electromyography (EMG)

Nerve conduction studies (NCS) and electromyography (EMG) are diagnostic investigations commonly used to evaluate the function of the peripheral nervous system and are essential in the diagnosis of a large number of conditions.

In 2024 1526 nerve conduction studies and EMG studies were performed.

### EMG/NCS STATISTICS



Figure 8: NCS and EMG Activity

### Intraoperative Neurophysiological monitoring (IONM)

IONM is performed during neurosurgical and orthopaedic procedures to monitor real time changes in the brain, spinal cord and peripheral nerve function during surgery. By monitoring these pathways intraoperatively this can minimise or prevent neurological complications during the operation and in the post-operative period. IONM is standard of care for many spinal and brain tumour surgeries.

A total of 81 surgical procedures were performed using IONM throughout 2024 with various IONM modalities used during spinal surgeries (tumour and orthopaedic), brain and brainstem tumour resection surgeries, epilepsy surgeries and venous malformation surgeries.

## The Department of Neurology

The Neurology Department has had a very successful year in 2024.

### Key Performance Indicators

- OPD Attendances show a decrease of 5% 2023 v 2024 (N = -691).
- 13% increase in NP OPD referrals 2023 v 2024 (N = 647).
- 13% increase in elective inpatient and daycare admissions 2023 v 2024 (N = 335).

## The Headache/Migraine Service

Migraine is a complicated neurological condition which presents clinically in many different ways. It is very commonly underdiagnosed, misdiagnosed and undertreated, primarily due to the lack of Headache and Migraine specialist services and a significant shortfall in specialist Headache/Migraine training for doctors, nurses and other Healthcare Professionals (HCP). For patients with more chronic and treatment refractory migraine, headache and associated neurological symptoms can be daily and this can be very disabling.

The service offers a variety of clinic formats to patients including consultant and nurse led clinics, monthly Botox clinics, Greater Occipital Nerve Blocks (GONB) clinics and specialist CGRP start-up clinics 6/7 times a year.

## The Neurology Day Unit Service

The neurology Day Unit (NDU) service provides daycare interventions for a variety of individuals with neurological needs including infusion therapy, lumbar punctures, Gilenya, genetics and greater occipital nerve blocks. Some neurosurgical interventions are also completed in the NDU. The NDU service provides an alternative pathway for this patient cohort which avoids inpatient admissions and facilitates more timely intervention.

## The Multiple Sclerosis Service

Multiple Sclerosis (MS) is a chronic neurological condition that affects the brain and spinal cord. Symptoms vary widely between individuals, some experience a relapsing-remitting pattern, while others have a progressive course. It is the most common cause of disability in young adults worldwide and is more prevalent in females than males, with a ratio of 2:1.

A variety of services are offered to patients through the service including consultant and nurse led clinics, a telephone advice line, advice and Support for Community Services and an email support service.

## Ophthalmology

The Ophthalmology Department provides an ophthalmic outpatient service, an inpatient consultation service and a Day Surgery service for ophthalmic procedures.

The outpatient service includes receiving referrals from GP's, Optometrists and allied healthcare specialties. There are also a number of specialist ophthalmic clinics held, which include neuro-ophthalmology, oculoplastics, orbital disease, glaucoma, orthoptic and ocular toxicity clinics. The department also facilitate a number of ongoing clinical trials in conjunction with other hospital departments. Inpatient consultations constitute a significant part of the service with the majority of referrals from neurosurgery, neurology, endocrinology, ENT and the Accident and Emergency Department.

The day surgery service includes providing a comprehensive range of eyelid procedures. There is also an established Botulinum Toxin Clinic which treats patients with facial dystonias.

Another aspect of our procedure list is a Laser clinic held to treat patients with diabetic retinopathy, retinal tears and post-cataract fibrosis with YAG and Argon Lasers. A range of diagnostic investigations are performed, including visual field testing, fundal photography and Optical Coherence Tomography (OCT).

2024 saw the re-establishment of the successful Orthoptic (WTE 0.2) and Ophthalmology (WTE 0.1) service led agreement from Beaumont in the NRH. This valuable service provides timely ophthalmic care to enhance rehabilitation for both in and outpatients by experienced professionals.

### Key Performance Indicators

- OPD Attendances shows a decrease of 11% on 2023 v 2024 (N = -503)
- 11% increase in NP OPD referrals 2023 v 2024 (N = 166)
- 11% decrease (N= -68) in elective inpatient and daycare admissions, 2023 v 2024.

# TRANSPLANT, UROLOGY & NEPHROLOGY (TUN) DIRECTORATE

## RENAL TRANSPLANT

Kidney Transplantation is the preferred treatment option for patients with end stage kidney disease (ESKD), offering improved survival and better quality of life.

### The year in numbers:

- 175 kidney transplants were performed in 2024 in Beaumont Hospital.
- 30 Living Donor Kidney Transplants were performed in Ireland, not including the UK kidney sharing scheme.
- 145 Deceased Donor Kidney Transplants were performed.
- The 6000th kidney transplant was performed in Ireland.
- The first patient with a functioning kidney transplant in Ireland lasting >50yrs was celebrated in 2024.
- 2730 people are living in Ireland currently, not on dialysis, with a functioning kidney transplant, at the end of 2024.
- Despite all of this, at the end of 2024, the Deceased Donor Waiting List increased by 4.5%, to a total of 559.
- 226 new patients were added to the pool, which is an increase of 14% from the previous year.

Significant changes have occurred in both donor and recipient characteristics over the years since 2011, when we achieved our highest number of kidney transplants at 192. In that year, only 4 of these transplants were from donors who donated after cardiac death, whereas in 2024 these donors represent almost 23% of our deceased donor activity. In 2024, 15% of all deceased donor activity was from donors aged 60 years and older. Many kidney donor offers are from older patients who may have multiple illnesses and are generally more complex, so called “extended criteria” donors. While our outcomes for patients receiving such kidneys remain excellent, it is associated with a more complicated postoperative course and increased length of stay. We are seeing increased medical co-morbidity and frailty in patients on the transplant pool list, as well as complex social issues, ultimately leading to longer hospital stays after transplant. Our length of stay increased by 16% compared to 2023.

In 2024, 32 (18%) of our recipients were aged 65 years or older, another ongoing trend. We are seeing greater use of the intensive care department, higher rates of delayed graft function and readmission. This in turn leads to greater demands on our vital support services, such as interventional radiology, dialysis, general and specialist

laboratories, including specialist renal pathology. As a result, we have resourced a new clinic for 2025 where a Transplant Physician will review patients on the transplant waiting list, to ensure they are optimised for their future transplant.

### The Transplant Service

Consists of 8 Consultant Transplant Surgeons, 5 Consultant Transplant Physicians, 2 Consultant Immunologists and 1 Liaison Psychiatrist with a special interest in transplantation. There are numerous other departments and colleagues that directly and indirectly contribute to the success of kidney transplantation at Beaumont Hospital and in Temple Street.

### Transplant Outcomes

Irish Kidney transplant outcome data continues to be excellent. The median survival of kidneys transplanted from deceased donors is 20.9 years. Based on the most recent data, 1yr Irish kidney transplant outcomes are excellent with a survival of 98%. We continue to benchmark our data against the European Collaborative Transplant Study (CTS) and our outcome data exceeds the CTS means for all groups.



Figure 1: renal transplant carried since 2014

We performed 30 living donor transplants in 2024. While outcomes for living donor transplants are comparable to that for deceased donor transplants in the first year (95% and 100% kidney and patient survival respectively), the benefits of living donor transplantation become apparent in subsequent years. At the 5 year time point, living donor recipients have 89% kidney survival and 97% patient survival. In addition, patients who received a living donor kidney spent considerably less time waiting for a transplant and spent less time on dialysis, with a significant number avoiding the need for dialysis entirely. These outcomes highlight the enormous advantages of living kidney donation and illustrate why living donation should be the first choice for the majority of Irish patients. It is for these reasons that our motto is ‘Living Donor First’.

## Highly sensitised recipient transplants

Potential recipients with high levels of pre-formed antibodies against potential recipients, known as "highly sensitised" patients, require intensified immunosuppression to prevent transplant rejection. Unfortunately, they struggle to find a matched kidney due to these antibodies which results in longer than average waiting times on the transplant waiting list. Through enormous work by our H&I service, our Highly Sensitised Clinic and other specialist clinical personnel, we transplanted 16 very highly sensitised recipients in 2024 which is fantastic news for them. Continued progress in transplanting this complex group of patients has resulted in the reductions in our waiting times.

## RCSI Kidney Retrieval Surgery Training

The fourth of our annual, first of its kind in the Republic of Ireland, deceased donor abdominal organ retrieval course was conducted in July 2024 at the state of the art surgical simulation centre at the RCSI. The course was jointly organised by the NKTS, ODTI and RCSI. There were 23 attendees and included NCHDs, ANPs, Transplant Coordinators and nursing staff from Damien's and ODTI. The course was hugely successful and we hope it will continue in the future and aim to expand it to both local and international candidates. We are also hoping to seek accreditation for the course from European Society of Organ Transplantation (ESOT).

## Advanced Nurse Practitioner (ANP) Role in Transplant:

The Urology and Kidney Retrieval ANP team has celebrated significant milestones and continued service development in 2024. The team comprises four Advanced Nurse Practitioners (ANPs): Together they bring a diverse range of expertise from theatre, ICU, anaesthetics and recovery. In addition, a Nephrology ANP and Nephrology CNS run the Post-Transplant Nephrology Remote Monitoring Service

1. Kidney Retrieval (Deceased Donors): In 2024, the ANPs participated in 79 retrievals across various hospitals in the Republic of Ireland, strengthening their technical proficiency and enhancing support for regional teams less familiar with such procedures. Additionally, they assist in urological surgeries including kidney transplants, open Urology procedures and laparoscopic nephrectomies.
2. Post-Transplant Stent Removal Clinic: In collaboration with our Nephrology ANP and CNS, they manage a JJ stent removal clinic for post-kidney transplant patients. In 2024, 125 patients successfully underwent stent removal through this service.
3. Remote Monitoring Service: This has been an extremely successful service that has received national recognition, for reducing the average number of patient attendances post-transplant to clinic from 12 to 2.2 visits, saving at least 170,000km of driving for

patients and at least 2300 patient hours spent on the road.

4. Education Sessions and Advanced Nursing Practice Talks occur throughout the year, with the ANPs delivering multiple educational sessions on urological procedures and ANP roles, both at the ward level and to postgraduate nursing students. These sessions include education on robotic assisted surgery, bladder cancer and kidney retrieval. Angela Niland submitted a poster to the 12th Annual Quality and Safety meeting, highlighting the role of the ANP in robotic surgery in Beaumont Hospital, also presented the ANP role in deceased donor kidney retrievals at the Annual Transplant Urology Nephrology Conference in November

## Nephrology

The Beaumont Nephrology Service has 8 Consultant Nephrologists, we have 6 SpR grade registrars and 2 non-SpR grade registrars providing a service for patients with a functioning kidney transplant, chronic kidney disease, in-centre and home haemodialysis, peritoneal dialysis, acute kidney injury, glomerular disease. We have the largest number of transplant patients under follow up in the country, in addition to the largest haemodialysis patient numbers and home haemodialysis patient numbers. We have two satellite haemodialysis centres under our governance, Beacon Drogheda and Northern Cross

## Out-patient Activity

We offer specialist clinics in vascular access formation, peritoneal dialysis(all), home haemodialysis, renal genetics, living kidney donor assessment, complex transplant recipient evaluation pre-transplant, a highly sensitised clinic, a transplant waiting list assessment clinic – to start in 2025, a transplant young adult transition clinic between Temple St and Beaumont and renal antenatal clinics - We saw 12,941 return patients in clinic and 1203 new patients in 2024.

## Renal Day Ward

We assessed >1800 patients on our renal day ward who required a post-transplant review, living kidney donor assessment, a kidney biopsy, vascular access repair or formation, PD catheter insertion, iron infusions, chemotherapy/immunosuppression infusion or review for another reason, thus preventing ED attendance and/or admission to the hospital. This is also where the JJ stents are removed post transplantation preventing the need to access an operating theatre.

## Haemodialysis

	2024	2023	2022
Beaumont Hospital	28538	27613	27613
Mater Hospital	13763	9485	6824
Cavan General Hospital	10049	10918	8964
Beacon Drogheda*	14372	14305	15760
Northern Cross*	15197	15192	14480

- Our Dialysis Therapies Centre performed 28,538 day case haemodialysis treatments in 2024 (an increase of 50% in 5yrs).
- Our St Peters Dialysis unit performed 3281 in-patient haemodialysis treatments.
- Our satellite dialysis centres performed a further 18481 day case haemodialysis treatments on Beaumont patients.
- That totals 50300 day case haemodialysis performed under the supervision of Beaumont Hospital nephrology Service.
- We started 85 patients on haemodialysis.
- We treated 20 patients from all over the country with Plasma Exchange.
- We have 17 patient who carry out their own haemodialysis at home.

## Urology

The Beaumont Urology Team, based predominantly in Beaumont Hospital, continue to provide a Regional Urology Service to patients for the RCSI Dublin North East Group. The department are continuing to progress with the development of a 'hub and spoke' model with Connolly Hospital, Blanchardstown and St Joseph's Hospital, Raheny. It also supports the Urology Services in Louth General Hospital, Cavan General Hospital and Monaghan Hospital. This regional support and increased capacity will allow for the provision of complex urology, uro-oncology and the urological care of patients with a high level of clinical complexity in Beaumont Hospital while developing Urological and Endourology Stone Removal Services within Connolly Hospital. The Beaumont Hospital Urology Service has 11 urology consultants.

## Key Performance Indicators

### Urology Activity

2024 was an extremely busy and challenging year for the Urology Service. Unscheduled care pressures from Emergency Admissions and a longer stay in hospital impacted negatively on Scheduled Care access.

Referrals to the urology service increased by 1098 (total received in 2024 was 7930) versus the previous year's total (6832 referrals).

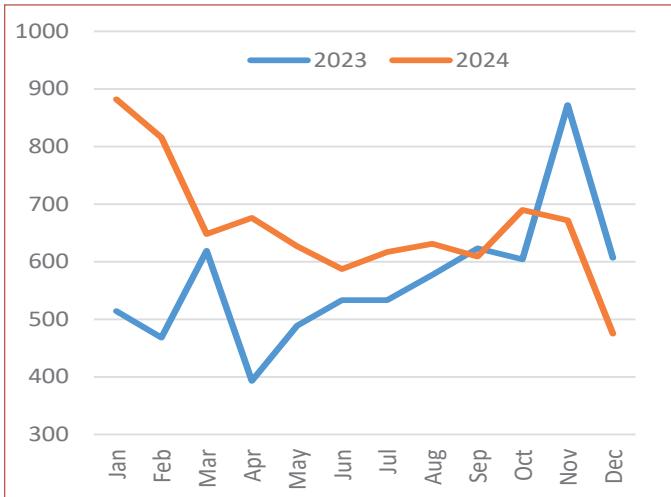


Figure 3: 2023 Vs 2024 Urology referrals received

Although theatre access was impacted by the need to safely manage the emergency department and the resultant pressures from unscheduled care, the Urology Department was highly organised and effective in identifying and performing surgery on all critical cancer and organ threatening patients throughout the most difficult phases of 2024.

Our Rapid Access Prostate Cancer Service continued to operate and treat patients throughout the full year. This was the 6<sup>th</sup> consecutive year that the service met the treatment KPI's which is a remarkable achievement in itself.

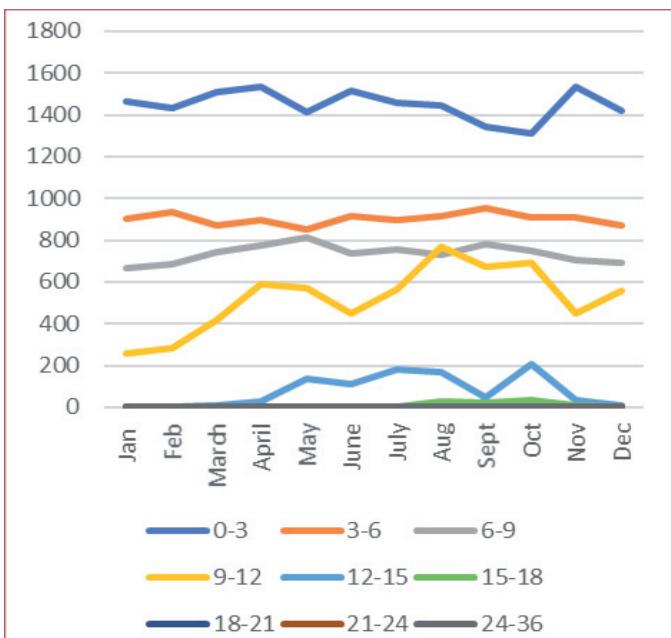


Figure 4: Urology Outpatients waiting list time bands

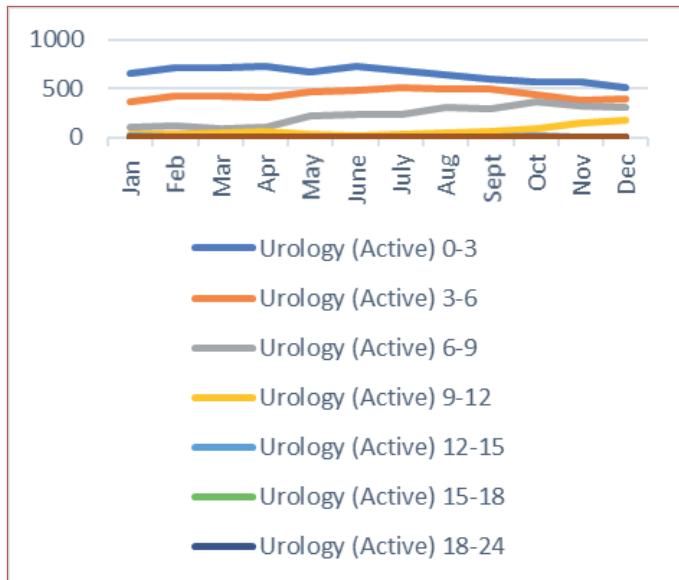


Figure 5: Urology Surgical waiting list time bands

Beaumont Hospital is one of eight designated diagnostic centers for the NCCP Rapid Access Clinics, for the assessment of men with suspected prostate cancer. In these clinics, the patients are assessed by a consultant urologist and have access to specialist prostate cancer nurses. Beaumont Hospital is one of 6 designated centers in Ireland where prostate cancer surgery (both robotic and open) can be carried out.

In addition, RAPC receives referrals for surgical management from OLOLH Drogheda, Louth county hospital, Dundalk, Cavan/Monaghan hospitals and Connolly Hospital Blanchardstown, as well as other institutions across the country in its role as a centre of excellence for prostate cancer surgery.

The delivery of the Rapid Access Prostate Cancer Service in 2024 was challenging but has continued to meet the service and patient needs.

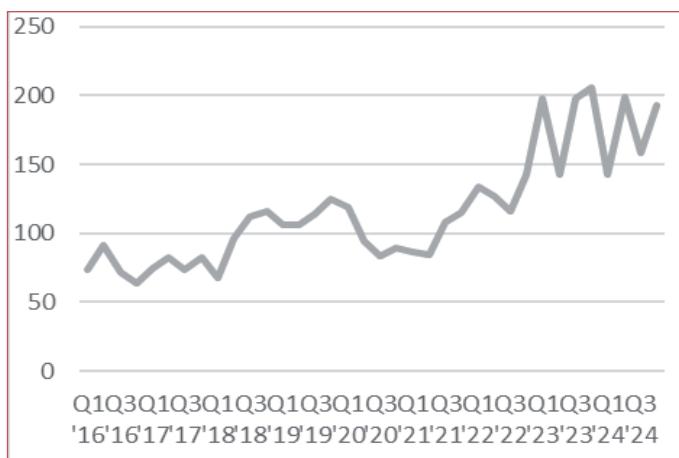


Figure 6: Rapid Access Prostate referrals received from 2016 onwards

We have fully converted to Trans perineal prostate biopsies since October 2022. Therefore, all patients scheduled for a prostate biopsy are performed under the new technique unless contra-indicated. The main advantage of the TP technique is the reduced risk of developing sepsis with less than 1% risk.

This new service has improved the quality of care for patients by improving prostate cancer diagnosis. Furthermore, reduce the number of repeat procedures potentially required in some men by providing better targeting of abnormal areas in the prostate.

TP Biopsy approach research indicates that Trans perineal and transrectal prostate biopsy have the same diagnosis accuracy, but the Trans perineal approach has a lower risk of sepsis and bleeding.

The ability to deliver the Trans perineal prostate biopsies service has been hugely improved by the purchase of a specific TP biopsy probe which allows the Radiologist to perform the procedure with far greater accuracy and the purchase of the probe was only possible because of the support of the **Stay in the Saddle for Prostate Cancer – Dublin Fire Brigade amazing campaign** that fundraised a second probe and have provided huge support for our service.

Staying in the Saddle for Prostate Cancer aims to raise awareness of the importance and benefits to early detection etc. of Prostate Cancer.

On behalf of the staff and patients who have benefited for this amazing fundraising effort over the past few year we extend our heartfelt thanks and gratitude to all involved in Dublin Fire Brigade and to all of the people who sponsored the team.

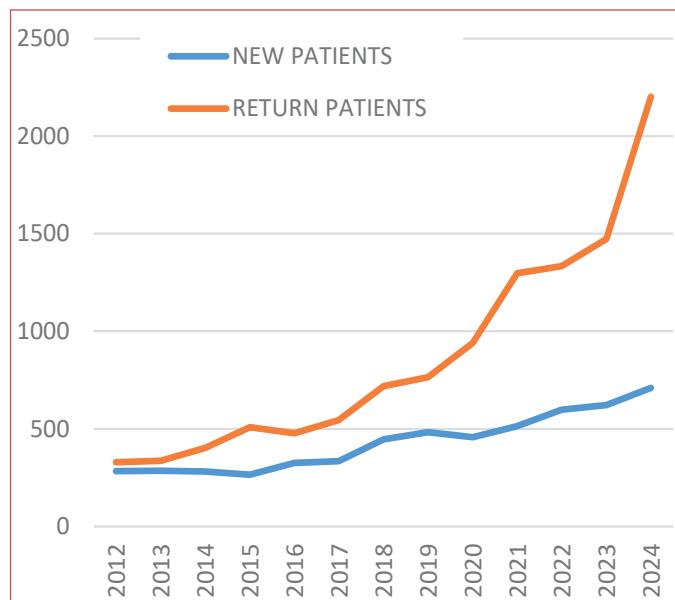


Figure 7: RAPC Attendances 2012 to present

There are a number of key performance indicators reported to NCCP. These are monitored and reported on by the Cancer Data Department. Before 2014 only KPI 1 was reported on.

Additional KPIs have been reported on since 2014.

Within 20 day timeframe	Target	2021	2022	2023	2024
	90%	100%	100%	99.52%	100%

Figure 8: KPI 1: Patients offered date of attendance within 20 working days.

## New ANP led 'Stratified Self-Managed Follow up (SSMFU) for patients after prostate cancer treatment'

The National Cancer Control Programme developed a structured approach called stratified self-managed follow-up (SSMFU) to change how patients are monitored after prostate surgery. By selecting patients and providing them with thorough education, this approach enables them to take control of their recovery. Patients receive information about potential symptoms, necessary monitoring tests, and who to contact if they have questions or concerns. A Patient Support Worker (PSW) and the ANP then review the required tests and questionnaires. Data from one of the national pilot sites, collected from its inception in March 2023 to March 2024, shows that 180 patients were enrolled, and remarkably, 98% continued with this self-management approach after a year.

Each year in Ireland, close to 4,000 men receive a prostate cancer diagnosis, leading to busy urology clinics with many patients requiring regular care. At Beaumont Hospital, since starting this pathway in July 2024, 70 patients have been recruited, with only one patient needing to return to traditional hospital follow-up due to a biochemical recurrence of the cancer.

### Urodynamics Service

#### Urodynamics Department Figures 2024

	2023	2024
Full Urodynamic Studies	99	130
Uroflow/PVR	1099	1110
Trial Without Catheter	444	377
Routine change of catheter (female, male or supra-pubic)	967	865
ISC education	48	22
Total	2657	2504

Figure 9: Urodynamics Department numbers for the year 2024 vs 2023

### Visible Haematuria Pathway:

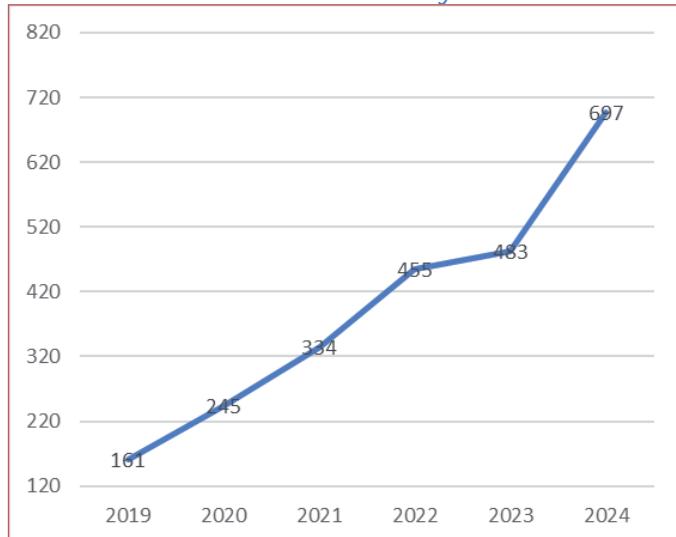


Figure 10: Visible Haematuria referrals

697 patients referred to the visible haematuria pathway of which, 387 meet the established clinical criteria to proceed through the pathway.

- 310 patient referrals redirected to the appropriate clinical pathways (44%)
- 130 patients discharged successfully to GP (34%)
- 55 patients diagnosed with a urological cancer (14%)
  - 42 bladder cancers (11%)
  - 10 renal cancers (2.5%)
  - 5 ureteric cancers (1.5%)
- 1 incidental rectal cancer
- 202 patients were diagnosed with benign urological conditions requiring further follow up and have been referred to the appropriate specialist urologists for further investigations and treatment (52%).

### Conclusion

- **Referrals Increasing:** From 161 in 2019 to 697 in 2024 >4x growth.
- **Redirection Efficiency Improved:** Significant increase in appropriate redirections from 8% in 2019 to 44–51% in 2023–2024.
- **Cancer Detection Rate:** Grew from 8% in 2019 to a high of 17% in 2021, stabilising around 12–16%
- **Discharges to GP:** Gradual decrease from 54% (2019) to 30–36% in recent years due to more complex presentations.
- **Specialist Follow-ups Increasing:** From 38% in 2019 to over 50% by 2023–2024.
- **Overall:** The VH pathway appears to be a valuable tool for streamlining urological care. It successfully identifies and directs patients who don't require specialist intervention, while ensuring timely diagnosis and treatment for those with urological cancers or complex benign conditions.

### Bladder Cancer

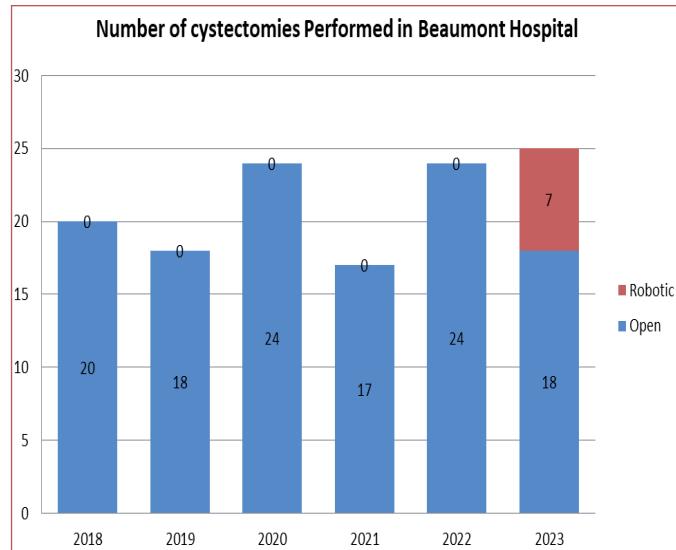


Figure number 11: Number of Cystectomies performed in Beaumont Hospital.

On the 2<sup>nd</sup> October 2023, the Urology Service performed the first robotic assisted radical cystectomy. A total

of 7 robotic surgeries were carried out from October 2023-December 2023. The surgeon console is equipped to provide the surgeon with a revolutionary, three-dimensional, multi-level magnification spectrum. More traditional scope-assisted surgery typically provides a much lower resolution image, and a far more limited field of vision. The precision offered improves clinical results, reduces scar tissue build up, and contributes to an overall shorter recovery period after robotic cystectomy surgery.

In 2024 an additional 12 robotic cystectomies were performed to bring the number performed in 2024 to 30.

	2021	2022	2023	2024
Open	17	24	18	18
Robotic	0	0	7	12
Total	17	24	25	30

Figure 12: The number of cystectomies performed in Beaumont Hospital

The Enhanced Recovery Programme (ERAS) trial commenced in line with the first robotic cystectomy surgery. ERAS is a detailed recovery programme aimed to give patients goals and targets to meet each day that will aid a quicker recovery. This includes early mobilization, optimizing light diet and pain management. This technique facilitates patients opting for surgery with shorter in hospital stay and improved out-comes post-operatively. The CNS has created a patient information leaflet which is given to the patient at their initial consultation. Together the CNS and Mr. Broe developed the ERAS pathway for the nurses/doctors to follow step-by-step. The urology team hope to continue to use, audit and *improve* this technique.

In 2024, approximately 170 robotic-assisted urological surgeries were performed in Beaumont Hospital. These include radical prostatectomy, partial and radical nephrectomy, ureteric re-implantation, pyeloplasty, nephroureterectomy, cystectomy and more recently radical peritoneal lymph node dissection, with the arrival of Consultant Usman Haroon. The ANPs perform surgical first-assist duties according to established robotic assistant guidelines, accessible on Q-pulse. Thus, enhancing patient quality care and also freeing up Urology Registrars to become trained robotic surgeons. In 2025 Beaumont Hospital will begin the first Single Port Urology surgeries in Ireland.

## Nephrology

### Procedures in 2024:

- 71 procedures carried out in total
- AVF creation 56
- AVG creation 1
- Ligation 15

There were also ~ 7 emergency admissions via VAC, some requiring emergency surgery within 2 hours post r/v

### The key services provided by the CNS service are:

- Co-ordinating Vascular Access Clinics
- Coordinating surgery dates for patients
- Assessing and preparing patients for surgery
- Vascular Access review of patients on HD within RCS Hospital Group
- Vascular Access review of patients post AVF formation
- Patient education on vascular access Education and support of HD nurses regarding vascular access
- Vascular access education at the CKD education day
- Assessing and triaging referrals
- Liaising closely with Cavan/Letterkenny Dialysis Units

## Haemodialysis Service

### Dialysis Therapies Centre - Out patient Haemodialysis unit

#### Key Performance Indicators

- Ensuring Quality care is delivered; through continuous auditing the care in the dialysis therapies centre has been maintained at a high standard.
- Paper-lite documentation; the haemodialysis unit has commenced a paper-lite system in 2020 with nursing documentation being transferred to digital documentation. The department aims to continue this process in 2025.
- Developing leadership capacity; since the implementation of the enhanced nurses' contract, staff nurses within the dialysis therapies centre have been taking on additional responsibilities. The department aims to continually develop these responsibilities and roles.

2021	2022	2023	2024
26117	27239	27612	28539

Figure 13: Total Haemodialysis treatments at Beaumont Hospital

## Satellite Dialysis Clinics

In addition to the patients attending for outpatient dialysis in Beaumont Hospital a large number of patients have their dialysis treatments in our contracted units at Northern Cross and Drogheda. At the end of the year there were 67 Beaumont patients attending the unit at Drogheda and there were 60 patients attending the unit at Northern Cross at the end of 2024.

As a result of the increasing number of patients requiring dialysis Beaumont Hospital Nephrologists are leading the way in seeking a 3<sup>rd</sup> satellite centre in our region to provide care for the increasing dialysis population.

# SURGICAL DIRECTORATE

## Introduction

The Surgical Directorate aims to provide a high quality of care to all patients in a timely manner. 2024 has proved a challenging year for those working in healthcare with increased emergency presentations as well as increased volume of referrals all of which impact acute capacity. However, despite these challenges the Directorate has succeeded in developing new models of care and has increased activity to meet this growing demand. A number of significant quality and performance improvements have been instituted over the course of this year.

## Surgical Directorate

The Surgical Directorate is comprised of Breast Surgery, Colorectal Surgery, Upper Gastrointestinal Surgery, Gynaecology, Orthopaedics, Plastic & Reconstructive Surgery and Vascular Surgery. The directorate oversees the 26 bedded surgical day ward services in St. Finbar's ward, the Day of Surgery Admission unit (DOSA) and nursing outpatient services management, inclusive of the OMNI satellite outpatient unit and the Beaumont Breast Centre (BBC). In addition, the directorate manages 105 in-patient beds. Nursing specialist care is provided by Clinical Nurse Specialists (CNS) in the following areas breast, stoma care, colorectal and coloproctology, upper gastrointestinal (GI), parenteral nutrition (TPN), vascular and skin cancer. Registered advanced nurse practitioners (RANP) for oncoplastics, upper GI, Colorectal and Gynaecology, and in addition one cANP in breast. Two CNM3s provide surgical nursing operational support to the directorate.

## Key Performance Indicators

We focus on a number of key areas which have a continued positive impact on the quality of patient care as well as overall improvements in compliance with national/local KPIs.

- Health Service Executive Test Your Care Metrics
- Quality and Safety Metrics
- Patient Satisfaction Surveys
- Staff Satisfaction Surveys
- National targets/KPI's for surgical specialities
- Surgery and procedure waiting lists
- Length of hospital stay

In 2024, 75,072 patients were reviewed through the Surgical Directorate's outpatient services (see figure 1.), and 22,127 inpatient and day case surgeries were performed (see figure 2.).

Surgical Outpatient Service (Jan - Dec)					
	New Referrals	New Apts	Return Apt	Total Apt Attended	DNA Rate
2022	25334	17,960	35,886	64,484	16%
2023	29981	20,284	38,788	70,183	16%
2024	31578	22,099	41,320	75,072	16%

Figure 1. Directorate OPD Activity YTD

- 2024. V. 2023 - 5% increase in new referrals received to the Directorate (n=1,597)
- 2024. V. 2023 - 7% increase in Surgical OPD activity (n= 4,889)

Surgical Inpatient Service (Jan - Dec)					
Total Day Case		Elective Inpt	Non-elective Inpt	Total Inpt Activity	Total Surgical Activity
2022	14,706	1,849	3,999	5,848	20,554
2023	15,983	1,531	4,006	5,541	21,520
2024	16,596	1,643	3,888	5,536	22,127

Figure 2. Directorate IPDC Activity YTD

- 2024. V. 2023 – 4% increase in overall Day Case activity (n=613)
- 2024. V. 2023 – 0.1% decrease in inpatient activity (n=5)
- Access to Beaumont beds has been a significant challenge in 2024

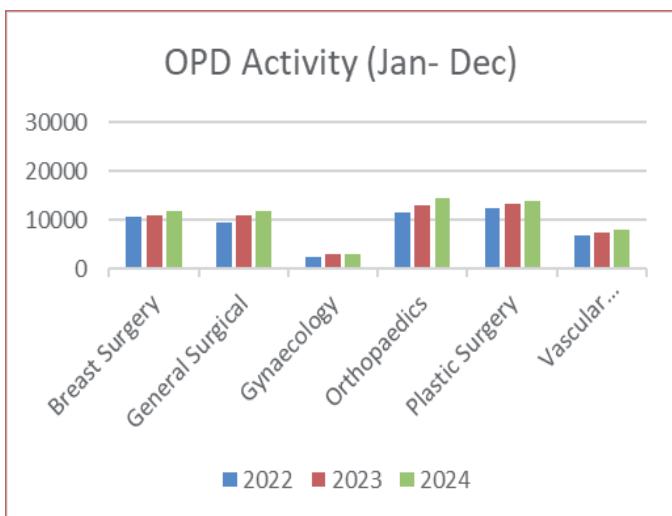


Figure 3. Directorate OPD Activity

- 2023 v. 2024 - increased activity across all specialties excluding Gynaecology
- 7% increase in Breast Surgery (n=790), 9% increase in General Surgery (n= 1,018), 2% decrease in Gynaecology (n=75), 10% increase in Orthopaedics (n=1,363), 5% increase in Plastic Surgery (n= 650) and 8% increase in Vascular (n=601).

## Day Case Activity Jan-Dec

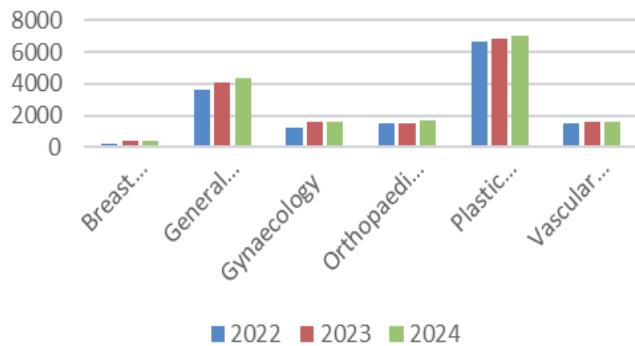


Figure 4. Directorate Day Case Activity

- 2024 v. 2023 increased day case activity across all specialties except Gynaecology and Vascular.
- 23% increase in Breast Surgery (n=79), 66% increase in General Surgery (n= 232), 3% decrease in Gynaecology (n=10), 30% increase in Orthopaedics (n=107), 61% increase in Plastic Surgery (n= 213) and 5% decrease in Vascular (n= -18).

## Inpatient Activity (Jan-Dec)

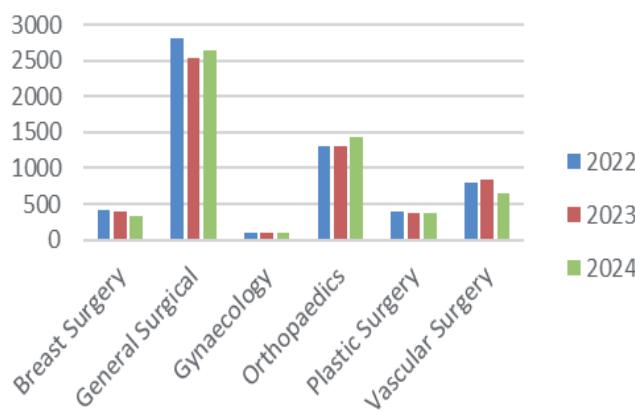


Figure 5. Directorate Inpatient Activity

- 2024 v. 2023– 0.1% overall reduction in inpatient activity (n=5)

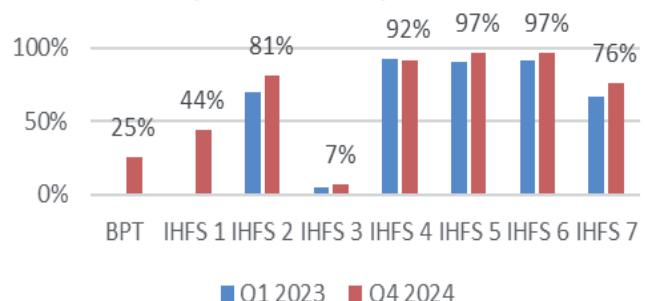
## Hip Fracture Liaison Service- Implementing the Irish Hip Fracture Standards (IHFS)

In 2024, a dedicated nursing post continued for hip fracture patients. This post aims to standardise the hip fracture pathway developed in 2023. Reviewing the data from the Irish Hip Fracture Database comparing Q1 2023 and Q4 2024, our compliance with all seven standards and achieving best practice tariff has increased. Our statistics showcase substantial progress with all seven IHFS, see figure 1. Each hip fracture that meets all seven standards receives 1000 euro for the service. This nursing

role was also pivotal in progressing the introduction of internationally accepted SipTilSend (STS) initiative for hip fractures in 2024, aimed at reducing perioperative fasting times, thus minimising possible complaints due to prolonged fasting. In addition Surgical Site Infection (SSI) prevention checklist was successfully implemented.

## Best Practice tariff & IHFS 1-7,

### Q1 2023 Vs Q4 2024



## EMERGENCY MEDICINE DIRECTORATE / EMERGENCY DEPARTMENT

### Key Performance Indicators

The patient experience time or PET is the total time a patient spends in the Emergency Department. It is a major predictor of crowding. The 'Six Hour Standard' from time of arrival to admission to a ward bed or discharge home continues to be the standard of care the Emergency Medicine team and Beaumont Hospital strive to achieve. Significant challenges remain to achieving this target as evidenced by figure 1.

### ED PET Performance

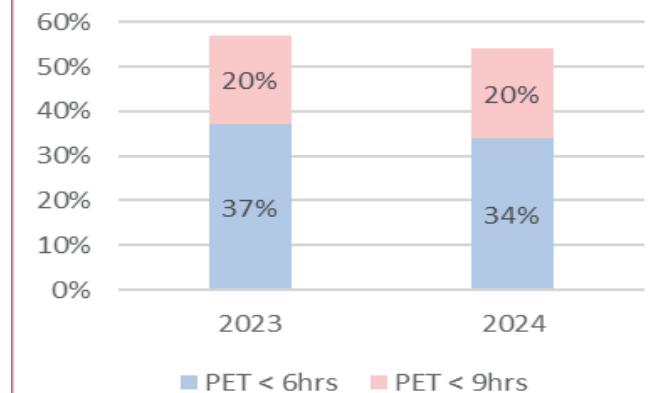


Figure Number: 1 Emergency Department patient experience time for 6 and 9 hour targets 2023-2024.

Achieving the standard for patients is particularly challenged when there is a need for referral to the on call teams or admission to hospital (figure 2).

Patient pathway	% PET <6 hours	% PET between 6 and 9 hours
ED Only	50%	26%
Referred - Discharged	12%	15%
Referred- Admitted	9%	9%

Figure Number: 2 Overview of Patient experience times for 6 and 9 hour targets for each patient pathway in the Emergency Department.

The increasing acuity in patient attendances was evidenced by increases in the very urgent and urgent categories for 2024 (figure 3).

	2023	2023
Cat. 1	0.4%	0.3%
Cat. 2	23.5%	24.4%
Cat. 3	59.4%	60.3%
Cat. 4	13.7%	11.3%
Cat. 5	0.4%	0.3%
Not triaged	2.6%	3.4%

Figure Number: 3 Triage category comparison

2024 saw an increase in the medical acuity of patients presenting to the emergency department in categories 2 and 3. This resulted in some patients experiencing longer times in the department while care was delivered to the most acute patients.

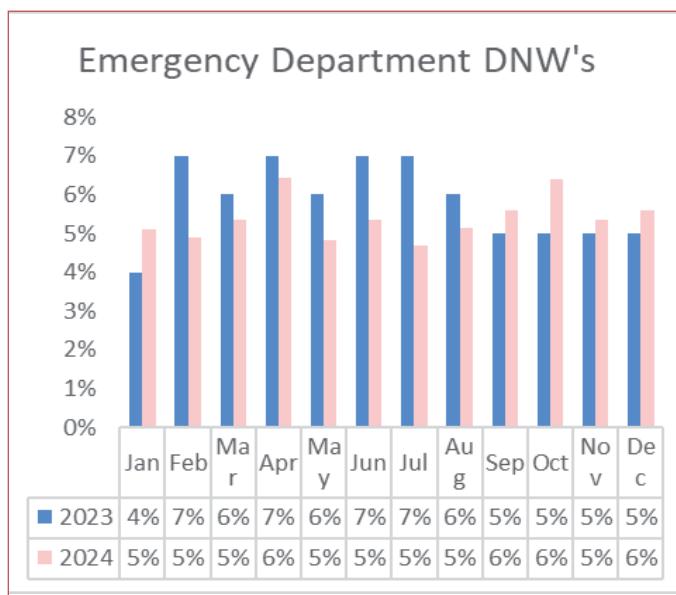


Figure Number: 4 Emergency Department Did-Not-Wait, monthly performance

2024 realised an overall 5% percent decrease in the annual did not wait figures for the department. The persistent number of patients leaving before seeing a clinician is indicative of the pressure the department and hospital is under to provide medical care to people who are in urgent need and those who cannot access medical care elsewhere.

In 2024, 44% of hip fracture patients were admitted to a ward within 4 hours of arrival in the emergency department in the last quarter of the year, the national average is 34%. This is also a significant improvement in a pathway that previously was achieving only 1% in 2023 within the hospital.

## CANCER DIRECTORATE

### 2024 Review

Following successful accreditation in 2022 quality improvement work commenced on areas requiring action. Ongoing development of the cancer services in the centre includes the establishment of the national Skull Base Tumour service, and commencement of the roll out of the Cancer Centre Dashboard. This establishes a standardised format for displaying systematically measured and validated data in a centralised, easily analysed format, thus providing a visual representation of quality provision of service. There is now an opportunity to review interventions as well as a consistent approach creating awareness of cancer data, supporting OECI and JCI accreditation. As part of this work, Paul Cully, Deputy Operations Lead, joined the team in Q1 2024.

### Cancer Data

Carrying on work from 2023, in 2024 the cancer directorate published a comprehensive cancer report covering cancer clinical and research activity across 11 tumour groups in the Beaumont RCSI Cancer Centre. The scope of the report included analysis of demographic data giving insight into our cancer population as well as demonstrating the depth and breadth of published research and clinical trials in hospital.

This report demonstrated the continued increase activity in the fight against cancer, benchmarked against 2023 and national cancer incidence. The development of Cancer Centre Dashboards provide a live, up to date overview of cancer patient pathway metrics, NCCP KPIs and Cancer Activity allowing ease of access to support identifying systematic inefficiencies.

Activity	Newly Diagnosed	% Increase	Newly Treated	% Increase
2022	3630		3682	
2023	3660	1.0%	3772	2.4%
2024	3916	7.0%	4173	10.6%

Figure 1: Cancer Activity 2022, 2023 & 2024

**Newly Diagnosed** is defined as: The number of patients who were newly diagnosed for cancer who had at least one aspect of their cancer diagnosis in the cancer centre.

**Newly Treated** is defined as: The number of patients who were newly treated for cancer. These patients have gone through cancer directed treatment in the cancer centre in, regardless of treatment type, date or place of the initial cancer diagnosis.

2024 has seen an increase in both newly diagnosed and newly treated cancers across all groups.

In 2024 the Myeloma MDM came on-line under the cancer directorate bringing the total MDMs managed to 12, including national services for Neuro-Oncology and Penile Cancer.

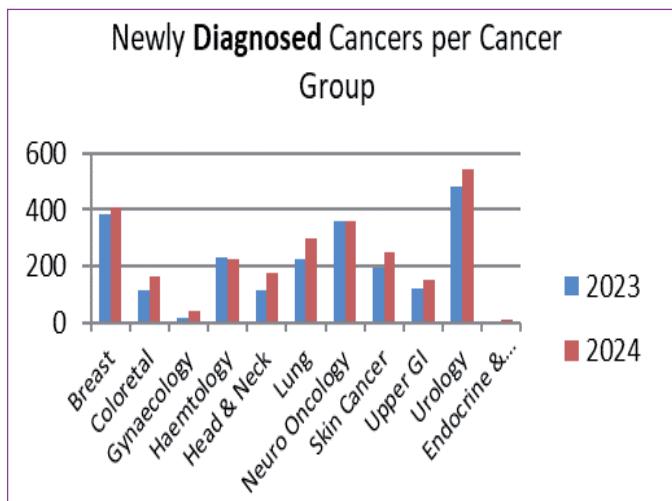


Figure 2: Increase in Newly Diagnosed Cancers 2023 v 2024 (excl. non-complex non melanoma skin cancer – NCNMSC)

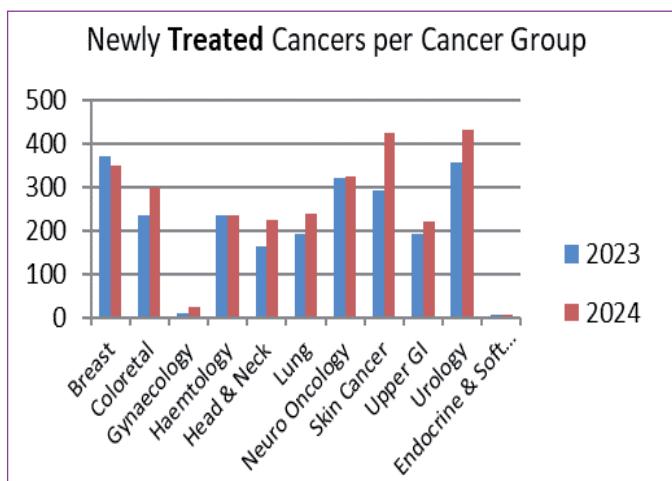


Figure 3: Increase in Newly Treated Cancers 2023 v 2024 (excl. NCNMSC)

## Performance Highlights

A retrospective measurement on the common reasons for prolonged pathway can be reviewed, and whilst no established targets have been applied, grouping of timeframes consistent across all cancer groups can help identify areas for improvement.

2024 also seen the Cancer Directorate lead out on a number of EU projects, including The CraNE Joint Action which is the answer to flagship number 5 of the Europe's Beating Cancer Plan; INTERACT Europe 100, providing cancer care professionals with implement Inter-specialty Cancer Training (ISCT) across over 100 cancer centres in Europe; and CCI4EU aimed at rethinking cancer culture and defining comprehensive cancer infrastructures at national, regional and local level through equitable transfer of knowledge.

The cancer directorate also hosted the hugely successful international cancer conference in May 2024 with a wide range of local and international speakers. Over 200 delegates attended the event hosted in the RCSI ERC facilities on the Beaumont Campus.

The cancer directorate had was part of an international group aimed and reviewing the next set of OECI standards due to be implemented in 2025



# CLINICAL SERVICES DIVISION

## Introduction

The Clinical Services Division (CSD) is comprised of the health and social care professionals working within eight departments, with executive and professional reporting to the Head of Clinical Services:

- Medical Social Work
- Medical Physics and Clinical Engineering
- Nutrition and Dietetics
- Occupational Therapy
- Pharmacy
- Physiotherapy
- Psychology
- Speech and Language Therapy

The staff in the Clinical Services Division bring their discipline expertise to the task of delivering excellence in patient care through integrated approaches. All staff strive to provide and enable care that is timely, safe and of a high quality.

The professional expertise within the Division is furthermore harnessed to promote the health and wellbeing of patients and their families, as well as the wider Hospital community. Management focus in the Division is directed towards creating, supporting and maintaining a high performance, high support work place that attracts and retains high calibre staff.

## Key Performance Indicators

The Division seeks to deliver impact in four key performance areas. Performance indicators have been developed under each priority area (see figure 1).

Key Performance Areas	Priority Areas
Access to care	<ul style="list-style-type: none"><li>• Responsiveness</li><li>• Productivity</li><li>• Volume reduction through advance practice roles</li></ul>
Quality and Safety	<ul style="list-style-type: none"><li>• Risk management</li><li>• Professional supervision, development, education and training</li><li>• Clinical outcome measures, audit and research.</li></ul>
Integration	<ul style="list-style-type: none"><li>• Design and delivery of integrated care pathways within the Hospital</li><li>• Interdisciplinary learning and education, service improvement, problem solving and support at clinical and management level</li></ul>
Shift of care to the right location	<ul style="list-style-type: none"><li>• Design and delivery of innovative alternative care pathways</li><li>• Support enhanced pathways of care out of the Hospital</li></ul>

Figure Number 1: Clinical Services Key Performance Areas

## Performance Highlights

### Access to care:

- 58,594 new referrals for in-patients assessment and diagnostic services were received in 2024
- 18,982 new out-patient referrals received across the disciplines in 2024

- 187,706 in- and out-patient visits took place across the Division, an increase of 7.1% compared to 2023
- At December 2024, 89% of new in-patients referred to all disciplines within the Division were seen within 24 hours of referral, and 82% of patients awaiting an out-patients appointment were within the 0-6 months' cohort.

#### **Quality and Patient safety:**

- 32 Clinical Audits were registered with the Quality and Patient Safety Directorate in 2024, and quality improvement plans developed to address recommendations made on audit reports
- 172 older persons received residential rehabilitation services in St Joseph's Rehabilitation Unit, an increase of 18.6% compared to 2023
- The average mandatory training compliance for the Division at end 2024 was 91%

#### **Integration:**

- Ongoing participation in multidisciplinary working groups across the Division
- In April 2024 the Division celebrated National HSCP Day. The theme for 2024 was 'Health and Social Care Professionals – Working in Partnership'
- Ongoing interdisciplinary education sessions for students across a number of disciplines in the Division
- The JAM card initiative "Just a Minute" – a resource for patients with communication barriers navigating Hospital system was launched in 2024

#### **Shift of care to the right location:**

- Hospital Attendance Avoidance model/ Pathfinder service: In 2024, 68% of patients directed to the Pathfinder service remained at home with treatment and onward referral as needed, and therefore did not require attendance at the ED for assessment
- Hospital Admission Avoidance model: 4,968 patients were seen by the ED Frailty Intervention Therapy Team, and 50.6% were recommended for discharge home from the ED
- Advanced Practice roles in Occupational Therapy, Physiotherapy and Speech and Language Therapy enabled the discharge of 3,634 patients from consultant waiting lists
- 88 patients were discharged from the Hospital via the Early Supported Discharge service for Stroke pathway to receive rehabilitation services at home. 1,205 therapy and support sessions were provided in patients' homes and by telehealth
- A new Orthopaedic Early Supported Discharge service was commenced in August 2024. Staffed by 1 WTE Physiotherapist and 1 WTE Occupational Therapist, this team facilitated the early discharge of 30 patients who went on to receive rehabilitation

services at home

- 1,880 new patients attended Health and Social Care Professionals in St Joseph's Day Hospital for a number of purposes including diagnostic work-up, future care planning and therapeutic intervention

## **Conclusion**

The Clinical Services Division strives to deliver operational excellence to the organisation through encouraging new ways of thinking, and finding new ways of working. In 2024 staff within the division displayed great energy and flexibility in delivering the best possible patient care in a constantly evolving and often-times challenging environment.

## **Medical Physics & Clinical Engineering**

### **Performance Highlights 2024**

- Co-ordination of replacement of medical devices under the HSE National Equipment Replacement Programme (€5.3 million total funding for 2024).
- Managed the deployment of a significant amount of new equipment across all directorates.
- Management of the Medical Equipment Library, with more than 6500 "transactions" in 2024.
- Provision of the following specialist technical and scientific roles:
  - Radiation Protection Adviser
  - Medical Physics Experts
  - Laser Safety Adviser
  - Medical Device Vigilance Officer
- MPCE hosted an International Atomic Energy Agency (IAEA) scientific visit on patient dose management systems. With a delegation from Croatia in attendance.
- Provision of technical support to over 8000+ medical devices in Beaumont and St. Joseph's Hospitals.
- Involvement in a variety of multi-disciplinary teams moving Beaumont forward to achieving JCI accreditation.

### **Quality improvement initiatives:**

- Verification and updating of electro medical equipment inventory.
- POQ form: Increasing patient safety in Beaumont Hospital is of paramount importance to MPCE. Clinical Engineering, has designed, developed and implemented a new robust, efficient and consistent policy and procedure that ensures regulatory compliance and provides quality information for the acquisition of devices.

### **Service developments:**

- MPCE are at the forefront of innovation. Clinical Engineering have introduced Ireland's most advanced Robotic Hub communication systems

- Introduction & Commissioning of Natus long-term monitoring equipment.
- MPCE played a pivotal role in the equipping and commissioning of the new Hybrid theatre
- Facilitated the introduction of the country's first virtual reality (VR) vestibular rehabilitation system.
- Introduced VR neurosurgical planning tools for theatre
- Ultrasound physics service supporting a hospital wide US Quality Assurance program
- MRI physics service supporting advanced MRI safety and applications such as neurosurgical planning
- Support for procurement and installation of neurosurgical equipment for theatre (ERP): Two new neuro-navigation systems and intraoperative monitoring system
- Design, planning, shielding advice, risk assessment and acceptance testing of:
  - New ED CT system
  - Hybrid theatre fluoroscopy system
  - New interventional radiology suite
  - Three Digital mobile x-ray system (NE Health Region)
  - Two Mobile fluoroscopy x-ray system (NE Health Region)
  - Interventional Fluoroscopy suite (NE Health Region)
  - Digital general x-ray room (NE Health Region)
- Successful participation in regulatory inspections by the EPA and HIQA and ensuring all findings and recommendations raised were closed out and learning were shared.
  - EPA Inspection
  - HIQA at St Joseph's Hospital, Raheny
  - HIQA at Connolly Hospital, Blanchardstown
  - HIQA at Cavan General Hospital
  - EPA at Louth County Hospital
  - HIQA at Our Lady of Lourdes, Drogheda
  - HIQA at Rotunda Hospital
- 100% completion of all quality assurance.
- MPCE to support the IT systems for national neurosurgical and the national stroke services
- Successful delivery of two radiation safety courses for Beaumont and across the entire RCSI Group.
- Principal Physicist was successful in attaining Radiation Protection Adviser status.
- Membership of the following national committees:
  - VHARMF radiation safety advisory group
  - HSE national radiation safety committee
  - IAPM national executive and SIG
- Attendances and presentations from MPCE at national and international conferences
  - Biomedical Engineering Association of Ireland Conference, presenters prize awarded
  - Irish association of Medical Physics ASM 2024 2x poster presentations
  - European Congress of Medical Physics, 2 poster presentations
- presentations
  - ESMRMB 2024 - invited talk on MRI physics
  - Attendance at specialist Ultrasound QA courses in the UK and Netherlands
  - Attendance at EFOMP Quantitative MRI course in Milan
- Supervision of:
  - Three MSc in Medical Physics students (UCD)
  - Two undergraduate placement students (DCU & TUD)
- Lectures to Radiology, Radiography and Medical Physics for various academic programs (RCSI, UCD).

## Pharmacy Department

### Introduction

The Pharmacy Department is responsible for the safe, effective, and economic purchasing, storage, dispensing, supply, distribution, and management of medication from wholesaler to the healthcare professional and patient, including clinical review, provision of evidence-based medicines information, and development of policies and procedures.

### Performance Highlights 2024

- Successful bid for funding for robotic automation in the Pharmacy Department.
- Management of 148 medication shortages at (i.e. 3 per week) was one of the biggest challenges to the successful continued supply of drugs to the hospital, in addition to reduced numbers of pharmacists and the transfer of products through the Windsor Framework as a result of Brexit agreements.
- Two pharmacists won two of four prizes at the consultant microbiologist conference (ISCM)



# GENERAL SERVICES DIVISION

## Introduction:

This Support Services Division of seventeen departments delivers services across the Hospital.

The General Services Division is responsible for the following services:

- Admissions/ Patient Registration (Day time)
- Catering Department
- Chaplaincy Department
- Cleaning Services
- Car Parking Management
- Health-care Records Library and Department
- Laundry Services
- Transport contracts including Courier, Taxi and Ambulance
- Main Office Support Services - Boardroom and Committee room services/ Registered Post, Water Cooler Contract, Television Contract
- Portering Services
- Postal Services
- Printing and Graphic Design
- Main Reception Services
- Relationship with all external users of our site/ RCSI/MSCP/IKA/ Crèche/National Transport Authority
- Security Services including CCTV and Access Control
- Telephony Department
- Waste Management

## Hygiene Services

### Audit Monitoring Programme / Activity / Results / Information Sessions

An audit programme is planned throughout the year with the aim to audit all in patient ward areas twice per year and high risk patient areas ie ICU's, ED & Operating Theatres four times per year. Audits are conducted on a twice weekly basis by a multidisciplinary team to include representatives from Nursing, IPC, General Services and the Executive Management Group. This audit programme

assists with measuring our performance in compliance with the standards and focus on areas for improvement and particular focus on areas identified by the Infection, Prevention and Control team and Microbiology. There is a dedicated audit tool used which is regularly reviewed and evaluated by the group. The audit tool was reviewed in March 2024 and implemented in April. A written narrative report is provided to the manager of the area after each audit and were required local actions devised and reviewed to close out issues.

In 2024 there were 89 audits completed compared to 88 in 2023. 74 of the audits scored above the target of 90%. A comparison of the hygiene element scores from 2024 and 2023 shows an increase on all elements in 2024.

## Waste Management

The contract for healthcare risk waste (HCRW) continues to be provided by SRCL (Stericycle) as part of a national contract with waste collected daily and special waste collected twice weekly. Volumes are monitored to ensure additional collections when required are managed appropriately based on activity. Waste Management along with Hygiene services and IPC continually review and monitor the amount of HCRW (Yellow) waste bins in Wards / Departments to ensure there is an appropriate amount of yellow clinical waste bins in place where infectious outbreaks occur, and the appropriate amount required where there is no infectious diseases present, and to ensure proper disposal and segregation of waste as per hospital policy.

The contract for healthcare non-risk waste (HCNRW) continues to be provided by Thornton Recycling. There has been a big increase in activity especially construction & demolition waste and a lot of this is down to the vast increase and rise in projects that have commenced all over the campus during the year. Communication commenced to Departments when placing items for disposal onto corridors or starting projects to contact the Waste Manager or clutter Porter in advance.

## Hygiene Activity /Summary Conclusion

In summary the General Services Department together with the contract service providers continue to provide support to all areas of the Hospital from a general hygiene perspective in 2024. Services have demonstrated flexibility based on service needs and activity. Costs increased significantly and are monitored closely and regularly reviewed.

## Healthcare Records Department

### Key Performance Indicators / Activity 2024

Activity in 2024 in the Healthcare Records Department increased compared to 2023, with both filing and tracking of healthcare records up by 5.37% and 6.33% respectively and records pulled for wards, surgery and out-patient appointments up by 3.4% Please see the following activity report graphs for 2023/2024:

## Chaplaincy Service

### Introduction

The chaplaincy department plays a very important role in the life of the hospital. It operates on an interdenominational basis and is staffed accordingly. All chaplaincy facilities are shared among the personnel of the accredited churches assigned to the hospital. Namely, Roman Catholic, Church of Ireland, Presbyterian and Methodist. The RCSI teaching services provide a Mosque for those of the Muslim faith. All denominations have a great working relationship and incorporation in a hospital that is multicultural and multi faith and cares for people of all different faiths and none. Patients and staff are encouraged to contact our chaplaincy department who can contact outside leaders of other faiths not mentioned above.

The chaplaincy department offers a full pastoral care service providing a ministry of presence accompanying patients and their families during their time in hospital. The chaplaincy department offers spiritual and emotional support not alone to patients but above all to staff on a twenty four hour basis.

### Ministers of the Eucharistic Volunteers

Ministers of the Eucharistic Volunteers re-commenced their ministry in December 2024 since COVID-19 and we acknowledge and thank them for their valued time to our patients.

## Security Department

The Security Department is responsible for all aspects of security on the 32 acre hospital site including the main hospital, associated annexes and portacabins, the IKA building, Beaumont Private Clinic, the crèche and all car parks. The security department are responsible for the following: Fire alarm response, response to incidents, patients, staff and property, monitoring of

CCTV and access control, response to panic alarms and lone working systems, lock up and opening procedures, patrol of the grounds, traffic and key management.

Security incidents via the security incident reports have increased on previous years as per the graph below. Security staff were involved in a significant number of serious incidents throughout the Hospital as Security Staff are the first point of contact when managing patients with challenging behaviour.

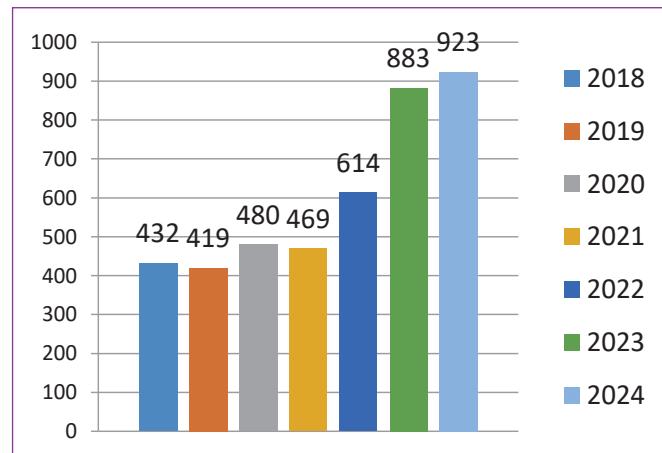


Table 1. Security Incidents 2018-2024

In relation to the number of violence, harassment and aggression incidents towards security staff there was a decrease in 2024 compared to 2023. There had been a substantial increase from 2023 compared to 2022, 2021 and 2020 as this period covers the COVID pandemic where activity was down across the Hospital. Outlined below are the number of serious incidents via the risk management occurrence incident forms from 2020 to 2024. 2024 saw a decrease of 114 incidents compared to 2023. There were 10 Health and Safety Authority (HAS) reportable incidents in 2024.

Year	No. of incidents
2020	45
2021	19
2022	67
2023	279
2024	165

HSA Reportable	
VHA	7
Falls	1
Fire	2
Total	10

## Hospital Watch Committee



The Hospital Watch Committee was reconvened in November 2024. Hospital Watch is a proactive crime prevention programme within a hospital setting. Similar to a neighbourhood watch scheme, it operates as a partnership between An Garda Síochána, Beaumont Hospital staff, all patient and visitors. Meetings have been scheduled for 2025 and a launch date to be confirmed.

## Security Staff Training

Beaumont Hospital has always endeavoured to educate staff in the safe management of aggression and violence incidents. An Irish based provider TMR Training solutions provides training for security staff, all their training and techniques follow the GSA model. TMR provide bespoke training for staff working in healthcare in the prevention and therapeutic management of aggression and violence. The course provides Security Guards with skills in de-escalation techniques, breakaway techniques, safe holding and team safe holding techniques. All Security Guards attended the refresher training provided in 2024. TMR also provided a one day course as a trial for other staff member across the hospital such as ED staff, Health Care Assistants, and Health and Safety to see if the de-escalations and breakaway techniques met the needs of other frontline staff dealing with incidents of violence and aggression.

## Portering Services Department

### Key Performance Indicators

Key Performance Indicators (KPIs) for the Portering Department at Beaumont Hospital, or any healthcare facility, are essential for measuring the efficiency and effectiveness of the services provided. Here are some relevant KPIs that could be applied to the Portering Department:

1. Response Time:
2. Task Completion Time:
3. Volume of Requests:
4. Patient Satisfaction:
5. Staff Productivity:
6. Equipment Management
7. Safety and Compliance:
8. Cost Efficiency
9. Training and Development:
10. Interdepartmental Collaboration:

By monitoring these KPIs, the Portering Department can identify areas for improvement, enhance service delivery, and contribute to the overall efficiency of Beaumont Hospital.

## Catering Department

### Key Performance Indicators / Activity 2024 / Performance Highlights

#### Operational Highlights

- The extended working day of 12-hour shifts for Catering Assistants paused for a period of time due to staffing levels and was subsequently re-introduced with positive feedback from staff and our Nursing and Dietetics Departments
- Trial of a dedicated Catering Officer / Supplies post which commenced in March 2024 saw significant benefits having a dedicated Officer responsible for all orders which streamlines all food/beverage orders reducing over-ordering and over-spending along with improved governance and accountability.
- Team leaders expanded their role in May 2024 and are now fully embedded in the management team and proactively driving operational improvements/ Standards
- Tender for a new contract on the Managed Supply of Food, Beverages and Catering Consumables published with significant work completed by the Catering and Procurement Departments

#### Equipment Replacement and Management and Refurbishment Works

- In March 2024, we invested in a new rational oven and in October a further oven was replaced
- Painting Programme in the staff canteen was completed in March 2024
- Main kitchen, pot wash and pastry floor refurbishments were completed, improving safety, workflow, and cleanliness and ensure compliance with health and safety standards.
- New walk-in freezer purchased and installed in June; benefits include improved storage capacity, enhanced product preservation
- An updated inventory of all equipment was undertaken
- Enhancement of the quarterly PAT testing on all equipment
- Following a tender process for a new Planned Preventative Maintenance Programme on catering equipment, Mulcahys was the successful contractor and a new contract commenced in September 2024
- In December 2024, we added four new deep fat fryers, which have greatly improved our capacity and the quality of fried foods served.

## Patient Services

We continued to prioritise patient food service Quality and Hygiene and worked closely with our colleagues in Nutrition and Dietetics along with Speech and Language and Health & Safety.

We continued to audit ward pantry areas to ensure that appropriate standards are met and maintained.



# TECHNICAL SERVICES DEPARTMENT

## Introduction

The Technical Services Department (TSD) provide technical, engineering and construction support services to the Hospital.

The TSD team are engaged in the delivery of minor projects and major capital project management from inception to design stage, liaising with stake holders, meeting contractors, to final project hand over.

TSD carry out routine work order requests, planned preventative maintenance and management of third party maintenance contracts. A helpdesk is in place to assist Hospital staff in obtaining services from the TSD team. The team provide an out of hours on call service to the Hospital.

TSD are responsible for monitoring and maintenance of essential utilities and services i.e. water, gas and electricity. A specific area of responsibility is the maintenance and testing of the 2.8 megawatt (MW) back up electrical power supply. TSD are engaged with maintaining and improving life safety systems such as medical gas supply and fire safety systems.

TSD staff engage with other stakeholders on hospital committees such as Risk Management, Facility Management, and Air & Water Safety.

## Key Performance Indicators

Figure Number 1: Maintenance work requests by discipline 2023 / 2024

	Mechanical	Electrical	Building	Grounds
2023	6665	3827	4358	84
2024	6491	3481	3290	144

Routine maintenance repairs must be logged through the TSD helpdesk.

## Current Major Projects

The Capital Strategy for Beaumont Hospital is an essential enabler to providing safe, secure, high-quality healthcare infrastructure, which can support the current and future service needs of our patients and staff.

Over the course of 2024, a number of critical minor and major capital projects were advanced in collaboration with HSE Capital and Estates and the Dublin and North East Region which support an ambitious campus development programme for Beaumont Hospital over the coming years.

Planning applications for a new Emergency Department and 95-bed in patient facility were lodged with Dublin City Council with both applications subsequently granted for advancement. Further enabling projects, relating to mobility management initiatives and a new Endoscopy Unit were advanced for planning in parallel.

In August, 2024, the hospital reached a significant milestone following the official commencement of the new Cystic Fibrosis In-Patient Unit. The development will deliver a new and contemporary dedicated three-storey, 20-bed in-patient facility which will form part of the National Clinical Care Programme for Cystic Fibrosis (NCPCF) and provide specialised care tailored to the needs of cystic fibrosis patients. The project is due for completion in November, 2024, representing 20 years of collaborative effort and partnership between Beaumont Hospital, Cystic Fibrosis Ireland, CF HopeSource, and the HSE.

Construction and commissioning of a transformative and cutting-edge Hybrid Theatre was concluded in late 2024, providing much needed additional operating capacity in addition to improved patient access and care. The Hybrid Theatre is a transformative facility which combines the

capabilities of a fully equipped operating room with advanced imaging technology. This new development places Beaumont Hospital at the forefront of medical innovation, enabling more precise, minimally invasive procedures and improving outcomes for patients. The first operation is scheduled to take place in early January preceded by an official opening by Jack Chambers, Minister for Public Expenditure, Infrastructure, Public Services, Reform and Digitisation.

The Hospital, in collaboration with the Dublin & North East Executive and HSE Capital & Estates, looks forward to continuing progress on critical physical infrastructural projects in 2025 with a view to delivering contemporary facilities which meet the evolving needs of its patients and staff.

# PUBLICATIONS/PRESENTATIONS

## SURGICAL DIRECTORATE

### Peer Reviewed Publications 2024

#### Upper GI

The effect of a pre-operative and post-operative exercise programme versus standard care on physical fitness of patients with oesophageal and gastric cancer undergoing neoadjuvant treatment prior to surgery (the PERIOP-OG trial): a randomized controlled trial Lisa Loughney, PhDa,b, Jarlath Bolger, PhDb,c, Roisin Tully, MB, BCh, BAOb,c, Jan Sorensen, MScb, Marie Bambrick, MB, BChb,d, Paul A. Carroll, MDe, Mayilone Arumugasamy, MChb,c, Thomas J. Murphy, MDf, Noel McCaffrey, MDa, William B. Robb, MDb,c,\*; on Behalf of the PERIOP-OG Working Group

#### Vascular Surgery

Perceptions of online surgical-focused learning amongst surgeons during the COVID pandemic: A scoping review 2020-22. S M McHugh et al. *Surgeon*. 2024 April

#### Colorectal Surgery

Integrated multiplex analysis of cell death regulators in stage II colorectal cancer suggests patients with 'persister' cell profiles fail to benefit from adjuvant chemotherapy. Cho S, McDonough E, Graf J, Shia J, Firat C, Urganci N, Surrette C, Lindner A, Salvucci M, Matveeva A, Kisakol B, O'Grady A, Azimi M, Burke JP, McNamara DA, McDade S, Longley DB, Prehn JH, Ginty F. *BMJ Oncol*. 2024 Aug;6(3):e000362.

SATB2 Expression Affects Chemotherapy Metabolism and Immune Checkpoint Gene Expression in Colorectal Cancer. Maguire B, Kisakol B, Prehn JHM, Burke JP. *Clin Colorectal Cancer*. 2024 Dec 18:S1533-0028(24)00119-1.

Preoperative anorectal manometry as a predictor of function after ileal pouch anal anastomosis: a systematic review and meta-analysis. Stephens IJB, Byrnes KG, McCawley N, Burke JP. *Tech Coloproctol*. 2024 Nov 22;29(1):1.

Mechanism of injury, resource utilisation and outcomes for patients admitted with head injuries under General Surgery. Flood C, Duggan WP, Leonard A, Burke JP, Reynolds IS. *Ir J Med Sci*. 2024 Dec;193(6):3039-3044.

Spatial transcriptomic analysis reveals local effects of intratumoral fusobacterial infection on DNA damage and immune signaling in rectal cancer. Duggan WP, Kisakol B, Woods I, Azimi M, Dussmann H, Fay J, O'Grady T, Maguire B, Reynolds IS, Salvucci M, Slade DJ, McNamara DA, Burke JP, Prehn JHM. *Gut Microbes*. 2024 Jan-Dec;16(1):2350149.

Transanal ileal pouch-anal anastomosis: A systematic review and meta-analysis of technical approaches and clinical outcomes. Stephens IJB, Byrnes KG, Burke JP. *Langenbecks Arch Surg*. 2024 May 6;409(1):153.

Meta-analysis of SATB2 immunohistochemical expression in colorectal cancer versus primary ovarian mucinous neoplasms. Maguire B, Duggan WP, Prehn JHM, Burke JP. *Ann Diagn Pathol*. 2024 Aug;71:152302.

The effect of implementing a transanal minimally invasive surgical programme for the local excision of early rectal neoplasia on outcomes in a tertiary referral rectal cancer centre. Duggan WP, Lenihan J, Clancy C, McNamara DA, Burke JP. *Eur J Gastroenterol Hepatol*. 2024 Jul 1;36(7):861-866.

Prolonged interval to surgery following neoadjuvant chemoradiotherapy in locally advanced rectal cancer: A meta-analysis of randomized controlled trials. Owens PW, Saeed M, McCawley N, Loughlin P, Kearney DE, Burke JP, McNamara DA, Sahebally SM. *Surgeon*. 2024 Jun;22(3):166-173.

Contemporary perioperative outcomes after total abdominal colectomy for ulcerative colitis in a tertiary referral centre. Stephens IJB, Murphy B, Burns L, McCawley N, McNamara DA, Burke JP. *Eur J Gastroenterol Hepatol*. 2024 May 1;36(5):578-583.

Transanal minimally invasive surgery (TAMIS) for local excision of benign and malignant rectal neoplasia: a 7-year experience. Duggan WP, Heagney N, Gray S, Hannan E, Burke JP. *Langenbecks Arch Surg*. 2024 Jan 9;409(1):32.

Presacral Neuroendocrine Neoplasms: A Multi-site Review of Surgical Outcomes. Violante T, Murphy B, Ferrari D, Graham RP, Navin P, Merchea A, Larson DW, Dozois EJ, Halldanarson TR, Perry WR. *Ann Surg Oncol*. 2024 Jul;31(7):4551-4557.

Robotic-assisted surgery for locally advanced rectal cancer beyond total mesorectal excision planes: the Mayo Clinic experience. Garfinkle R, Kyriakopoulos G, Murphy BC, Larson DW, Shawki SF, Merchea A, Mishra N, Mathis KL, Perry W, Behm KT. *Surg Endosc*. 2025 Apr;39(4):2498-2505.

Developing an educational blueprint for surgical handover curricula: a critical review of the evidence. Simiceva A, Ryan JM, Eppich W, Kavanagh DO, McNamara DA, Morris M. *Adv Health Sci Educ Theory Pract*. 2025 Feb 1.

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End-of-shift surgical handover: mixed-methods, multicentre evaluation and recommendations for improvement. Ryan JM, Simiceva A, Eppich W, Kavanagh DO, McNamara DA. *BJS Open*. 2024 Mar 1;8(2):zrae023.

Daily handover in surgery: systematic review and a novel taxonomy of interventions and outcomes. Ryan JM, McHugh F, Simiceva A, Eppich W, Kavanagh DO, McNamara DA. *BJS Open*. 2024 Mar 1;8(2):zrae011.

Burnout among surgeons before and during the SARS-CoV-2 pandemic: an international survey. Shalaby M, ElSheikh AM, Hamed H; SURG-SAT-19 Collaborative Group. *BMC Psychol*. 2024 Jan 25;12(1):48.

Enhancing the quality of surgical care through improved patient handover processes. Ryan JM, McNamara DA. *Patient Saf Surg*. 2025 Mar 14;19(1):7.

Prophylactic negative pressure wound therapy (NPWT) in laparotomy wounds (PROPEL-2): protocol for a randomized clinical trial. Davey MG, Donlon NE, Walsh SR, Donohoe CL; PROPEL-2 Trial Collaborators. *BJS Open*. 2024 Jul 2;8(4):zrae081.

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Silicone as a smart solution for simulating soft tissue—an iterative approach to developing a high-fidelity sustainable training model for laparoscopic appendectomy. Roche AF, Diebold G, McCawley N, Duggan WP, Doyle AJ, Lawler T, O'Conghaile C, Condron CM. *Front Surg*. 2024 Nov 21;11:1483629. doi: 10.3389/fsurg.2024.1483629. eCollection 2024. PMID: 39640200

Global disparities in surgeons' workloads, academic engagement and rest periods: the on-call shift fOR geNERal SurgeonS (LIONESS) study. Poddar M, Di Martino M, Pata F, Nigri G, Pisanu A, Di Saverio S, Pellino G, Ielpo B; Li-

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## Breast Surgery

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[Nodal positivity in patients with clinically and radiologically node-negative breast cancer treated with neoadjuvant chemotherapy: multicentre collaborative study.](#) Zaborowski AM, Doogan K, Clifford S, Dowling G, Kazi F, Delaney K, Yadav H, Brady A, Geraghty J, Evoy D, Rothwell J, McCartan D, Heeney A, Barry M, Walsh SM, Stokes M, Kell MR, Allen M, Power C, **Hill ADK**, Connolly E, Alazawi D, Boyle T, Corrigan M, O'Leary P, Prichard RS. *Br J Surg.* 2024 Jan 3;111(1):znad401. doi: 10.1093/bjs/znad401. PMID: 38055888

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# CRITICAL CARE AND ANAESTHESIA CLINICAL DIRECTORATE

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## Nursing ANP

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## Emergency Directorate

### Publications, Presentations and Research

Dr Curley & Prof Wakai: Co-investigators in an ongoing Cochrane review entitled "Topical non-steroidal anti-inflammatory drugs for analgesia in traumatic corneal abrasions." Lead author is John Lawrenson.

Dr Curley & Prof Wakai: Co-investigators in the development of the GRACE-5 Syncope guideline with SAME (Society of Academic emergency Medicine). Work is ongoing, but an abstract has been accepted to SAEM25 in Philadelphia May 13-16th. Lead author is Richard Sinart.

Dr Gilligan presented with an IMO delegation to the Joint Oireachtas Health Committee on 22nd May 2024 on the implications of the lack of capacity and workforce restrictions on health service provision.

Delayed decision making in the Emergency Department: A before and after study of seven years of prospectively recorded data on the impact of ambulatory care by on call teams in the Emergency Department. 1 Aishling Kinsella\*, 2 Peadar Gilligan. 1 University College Dublin, Ireland; 2 Beaumont Hospital, Ireland 10.1136/emermed-2024-IAEM.3 Top 10 Poster submission to the Royal College of Emergency Medicine Scientific Meeting Oct 2024

## Laboratory Medicine

### Lectures

#### Lectures and presentations:

Poster presentations at the Beaumont Hospital Patient safety and Quality Meeting (13.11.2024):

1. Think tryptase. An audit of referrals from Beaumont ED pre and post implementation of the new ED anaphylaxis pathway and MedLIS tryptase care set. B. Skehan, F. Cox.
2. From clinic to community. Urticaria Control Test puts urticaria management in patients' hands. C. Fogarty, N O'Connor, F. Little, F. Cox
3. Piloting PEN-FAST. A more direct results to Penicillin allergy testing. L. Dungan, F. Cox

Oral presentation at the Beaumont Hospital Patient

safety and Quality Meeting (13.11.2024):

Dr. Conor O'Brien Immunology registrar presented: Challenging decisions: Feasibility and safety of multiple low risk drug challenges in a single clinic visit for patients with perioperative anaphylaxis.

### Presentations:

January 2024: Ms Fiona Paolozzi ANP in Immunology presented "Myth busters in Allergy" at the Beaumont ANP Grand Round

February 2024: Ms Fiona Paolozzi ANP in Immunology participated in MDT presentation on common variable immunodeficiency for RCSI students in RCSI Dublin

March 2024: Ms Fiona Paolozzi ANP in Immunology participated in Anaphylaxis training for RCSI medical students in RCSI Dublin

March 2024: Ms Caroline O'Grady ANP in Immunology presented on "Newly diagnosed immune deficiency in pregnancy" at the Annual Meeting of Irish Association of Allergy and Immunology in Mullingar

June 2024: Ms Fiona Paolozzi ANP in Immunology presented "Flour mite allergy" at the Beaumont ANP Grand Round

September 2024: Dr. Khairin Khalib Consultant Immunologist was invited to speak at the Autumn Meeting of the Irish Society of Rheumatology on "Practical management of low immunoglobulins in the rheumatology clinic"

December 2024: Dr. Lara Dungan Immunology SpR presented "Unusual case of oral swelling – diagnostic dilemma" at the All Ireland Tertiary Immunology and Allergy monthly meeting.

## TUN

### TUN Leadership Study day: "Candidate CNM's: expanding the number of nurses ready to lead"

This new study day was held in July and was launched hospital wide. There were 35 attendees for the study day; 15 from TUN and 20 from the different directorates of the hospital. Of the 35 participants, 5 of them are now CNM grade while the rest are doing nurse-in-charge roles. We plan to have this as an annual study day.

### Transplant and Urology Study Day:

Was held in September and was limited to TUN staff only. This mostly benefited the newly joined staff nurses of Damien's ward and Mary's ward. Topics like Kidney stones, Bladder Irrigations, Mitomycin instillations, and urological cancers were discussed on this study day.

### Annual Transplant, Urology & Nephrology Conference

The 12<sup>th</sup> Annual TUN conference was the latest milestone

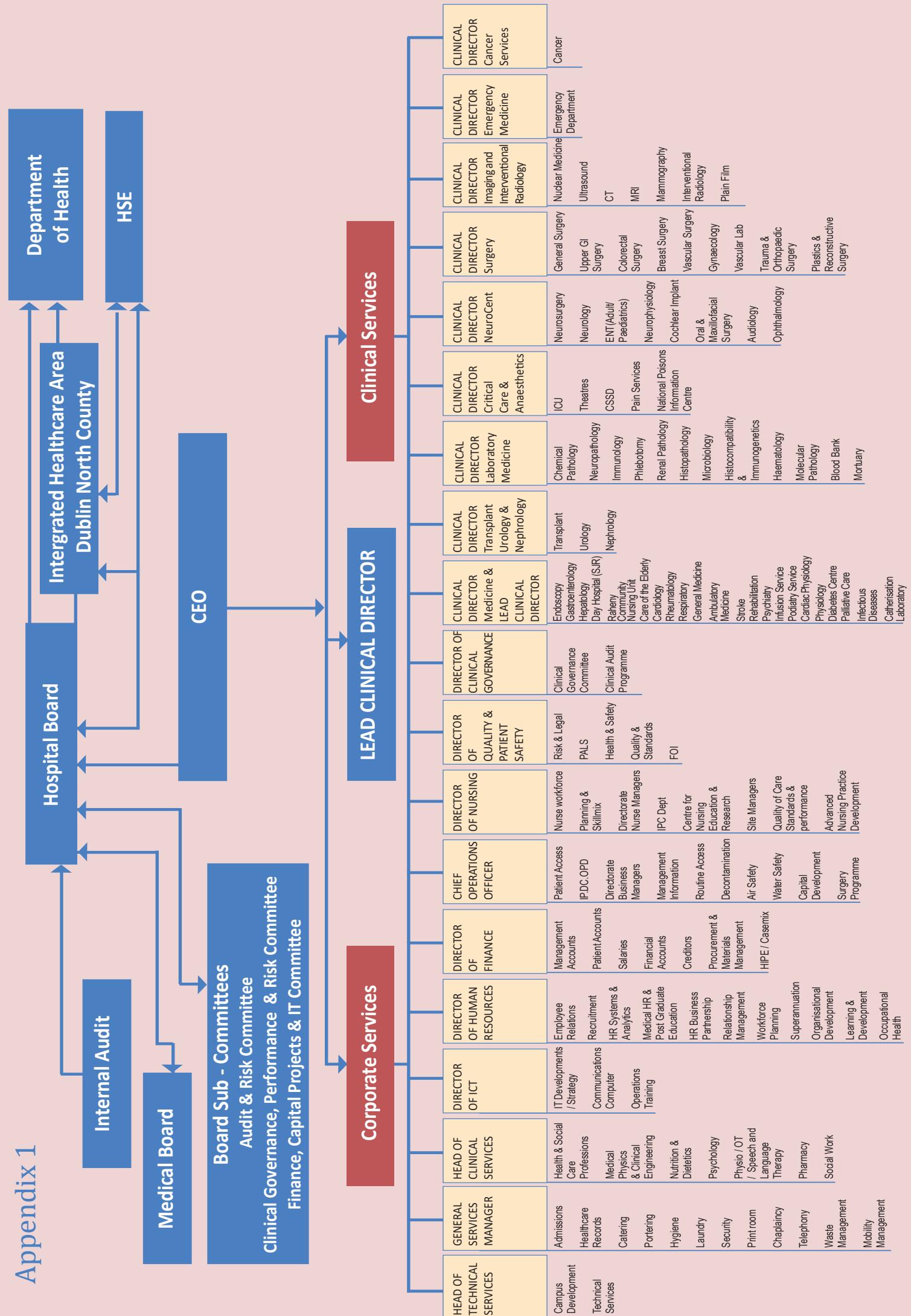
in a series of TUN conferences held since 2012. The latest one was proudly hosted by TUN directorate at The Hilton Airport Hotel, Northern Cross Dublin on 22<sup>nd</sup> of November 2024. Numerous topics discussed and presented including the launch of our new initiative FLARE- Families Learning about Renal Care; Extended Criteria Donors-Quantity Vs Quality; Sacral Neuromodulation and Guidelines for Diet Post Renal Transplant.

**125+ professionals attended the conference with representation from many hospitals from North and South of Ireland.**

There were representatives from:

- Beaumont Hospital,
- Mater Hospital,
- Temple Street Children's Hospital,
- Tallaght University Hospital,
- Sligo General Hospital,
- Galway University Hospital,
- Cavan General Hospital,
- B Braun Wellstone Wexford,
- Belfast Health & Social Care Trust, Mid Regional Hospital,
- Tullamore,
- HSE Saolta West,
- Beacon Renal Tallaght,
- University Hospital Limerick,
- Cork University Hospital,
- Letterkenny University Hospital
- St Vincents Hospital

Appendix 1



# CONSULTANT LIST

Maha	Abdul Azeez	Consultant Rheumatologist
Amar	Agha	Consultant Endocrinologist
Adriana	Ahmad Nizam	Consultant Anaesthetist
Nadeem	Ajmal	Consultant Plastic Surgeon
Michael J	Allen	Consultant/General Surgeon Breast
Helen	Barrett	Consultant Histopathologist
Helen	Barry	Consultant General Adult Psychiatrist
Alan	Beausang	Consultant Neuropathologist
Karen	Boland	Consultant Gastroenterologist
Ciaran	Bolger	Consultant Neurosurgeon
Ingrid	Borovickova	Consultant Chemical Pathologist
Margaret	Bourke	Consultant Anaesthetist
Karl	Boyle	Consultant Geriatrician
Peter	Branagan	Consultant General Physician
Oscar Seamus	Breathnach	Consultant Medical Oncologist
Paul	Brennan	Consultant Radiologist
Francesca	Brett	Consultant Neuropathologist
Linda	Brewer	Consultant Geriatrician
Elma	Buckley	Consultant Anaesthetist
John	Burke	Consultant General Surgeon
Neil	Burke	Consultant Orthopaedic Surgeon
Karen	Burns	Consultant Microbiologist
John	Caird	Consultant Neurosurgeon
Mary	Cannon	Consultant General Adult Psychiatrist
Ijaz	Cheema	Consultant Urologist
Danny	Cherian	Consultant Gastroenterologist
Maurice	Clancy	Consultant General Adult Psychiatrist
Peter	Coakley	Consultant Infectious Diseases
Denis	Collins	Consultant Orthopaedic Surgeon
Peter	Conlon	Consultant Nephrologist
Richard	Costello	Consultant Respiratory & General Physician
Elizabeth	Costelloe	Consultant Neurologist
David	Cotter	Consultant General Adult Psychiatrist
Matthew	Crockett	Consultant Neuro-Radiologist
Jane	Cryan	Consultant Neuropathologist
Ivor	Cullen	Consultant Urologist

Gerard	Curley	Consultant Anaesthetist
Carmel	Curran	Consultant Geriatrician
Breda	Cushen	Consultant Respiratory & General Physician
Niall	Davis	Consultant Urologist
Eoghan	De Barra	Consultant Infectious Diseases
Declan	De Freitas	Consultant Nephrologist
Norman	Delanty	Consultant Neurologist
Mark	Denton	Consultant Nephrologist
Binu	Dinesh	Consultant Microbiologist
Frances	Dockery	Consultant Geriatrician
Ciaran	Donegan	Consultant Geriatrician
Grace	Donnelly	Consultant Anaesthetist
Michael	Donnelly	Consultant Orthopaedic Surgeon
Anthony	Dorman	Consultant Histopathologist
Brendan	Doyle	Consultant Histopathologist
Neal	Dugal	Consultant Urologist
Edel	Duggan	Consultant Anaesthetist
Deirdre	Duke	Consultant Radiologist
Ruth	Dunne	Consultant Radiologist
Laura	Durcan	Consultant General Physician
Rory	Dwyer	Consultant Anaesthetist
Karen	Eustace	Consultant Dermatologist
Karl	Ewins	Consultant Haematologist
Eoin	Fahy	Consultant Cardiologist
Terence	Farrell	Consultant Neuro-Radiologist
Ati	Ferede	Consultant General Surgeon
John	Fitzgerald	Consultant Anaesthetist
Fidelma	Fitzpatrick	Professor/Consultant Microbiologist
Hannah	Forde	Consultant Endocrinologist
James	Forde	Consultant Urologist
James	Freeman	Consultant Anaesthetist
Alan	Gaffney	Consultant Anaesthetist
Robert	Gaffney	Consultant Otolaryngologist
Sinead	Galvin	Consultant Anaesthetist
Pierce	Geoghegan	Consultant Anaesthetist
Peadar	Gilligan	Consultant Accident & Emergency
Mark	Given	Consultant Radiologist
Siobhan	Glavey	Consultant Haematologist

Fergal	Glynn	Consultant Otolaryngologist
Deepak	Gopinathan	Consultant General Physician
Liam	Grogan	Consultant Medical Oncologist
Christian	Gulmann	Consultant Histopathologist
Thomas	Gumbrielle	Consultant Cardiologist
Cedric	Gunaratnam	Consultant Respiratory & General Physician
Michelle	Halpenny	Consultant Anaesthetist
Niamh	Hambly	Consultant Radiologist
Gavin	Harewood	Consultant Gastroenterologist
Conor	Harrity	Consultant Obstetrician & Gynaecologist
Blanaid	Hayes	Occupational Health Physician
Daniel	Healy	Consultant Neurologist
Anne	Hennessy	Consultant Anaesthetist
Arnold	Hill	Consultant General Surgeon
Kathleen	Houlihan	Consultant Accident & Emergency
Donough	Howard	Consultant Rheumatologist
Killian	Hurley	Consultant Respiratory & General Physician
Mohammed	Husien	Consultant Neurosurgeon
Ben		
Hafiz	Hussein	Consultant Cardiologist
Seyed	Javadpour	Consultant Neurosurgeon
Owen	Keane	Consultant Accident & Emergency
Joseph	Keaveney	Consultant Anaesthetist
Aoife	Keeling	Consultant Radiologist
Mark	Kennedy	Consultant Cardiologist
Marie	Keogan	Consultant Immunologist
Jennifer	Kerr	Consultant Radiologist
Khairin	Khalib	Consultant Immunologist
Elrasheid	Kheirelseid	Consultant General Surgeon Vascular
Ronan	Kilbride	Consultant Neurophysiologist
Clive	Kilgallen	Consultant Histopathologist
Brian	Kneafsey	Consultant Plastic Surgeon
Peter	Lacy	Consultant Otolaryngologist
Caroline	Larkin	Consultant Anaesthetist
Vivienne	Larney	Consultant Anaesthetist
Michael	Lee	Consultant Radiologist
Stela	Lefter	Consultant Neurologist
Irene	Leonard	Consultant Anaesthetist
Dilly	Little	Consultant Urologist

Mark	Logan	Consultant Radiologist
Patricia	Logan	Consultant Ophthalmic Surgeon
Seamus	Looby	Consultant Radiologist
Siobhan	Mac Hale	Consultant General Adult Psychiatrist
Stephen	Macnally	Consultant Neurosurgeon
Ciara	Magee	Consultant Nephrologist
Colm	Magee	Consultant Nephrologist
Sherif	Mamdouh	Consultant Otolaryngologist
Alan	Martin	Consultant Geriatrician
Fiachra	Martin	Consultant Plastic Surgeon
James	Martin-Smith	Consultant Plastic Surgeon
Brendan	Mc Adam	Consultant Cardiologist
Niamh	Mc Cawley	Consultant General Surgeon
Samuel	Mc Conkey	Consultant Infectious Diseases
Rory	Mc Conn Walsh	Consultant Otolaryngologist
Noel	Mc Elvaney	Consultant Respiratory & General Physician
Aoife	Mc Erlean	Consultant Radiologist
Liza	Mc Lornan	Consultant Urologist
Cora	Mc Nally	Consultant Infectious Diseases
Deborah	Mc Namara	Consultant General Surgeon
Regina	Mc Quillan	Consultant/Palliative Medicine
Clare	Mcaleer	Consultant/Palliative Medicine
Eoghan	Mccarthy	Consultant Rheumatologist
Sinead	Mccarthy	Consultant Anaesthetist
Andrew	Mcgrath	Consultant Radiologist
Seamus	Mchugh	Consultant General Surgeon Vascular
Shailendra	Mishra	Consultant Anaesthetist
Ponnusamy	Mohan	Consultant Urologist
Fiona	Molloy	Consultant Neurophysiologist
Daragh	Moneley	Consultant General Surgeon Vascular
Alan	Moore	Consultant Geriatrician
David	Moore	Consultant Anaesthetist
Michael	Moore	Consultant Anaesthetist
Catherine	Moran	Consultant Neurosurgeon
Ross	Morgan	Consultant Respiratory & General Physician
Martina M	Morrin	Consultant Radiologist
Patrick Glyn	Morris	Consultant Medical Oncologist
Aliaksandr	Mudrakouski	Consultant Anaesthetist

Douglas	Mulholland	Consultant Radiologist
Hannan	Mullett	Consultant Orthopaedic Surgeon
Gerard	Mullins	Consultant Neurophysiologist
Adrian	Murphy	Consultant Medical Oncologist
Kieran	Murphy	Consultant General Adult Psychiatrist
Philip	Murphy	Consultant Haematologist
Jarushka	Naidoo	Consultant Medical Oncologist
Anel	Naude	Consultant Otolaryngologist
Peter	Naughton	Consultant General Surgeon Vascular
Aoife	Ni Dhuthaigh	Occupational Health Physician
Neasa	Ni Mhuircheartaigh	Consultant Radiologist
Siona	Ni Raghallaigh	Consultant Dermatologist
Conall	O Seaghdha	Consultant Nephrologist
John Barry	O' Sullivan	Consultant Plastic Surgeon
David	O'Brien	Consultant Neurosurgeon
Donncha	O'Brien	Consultant Neurosurgeon
Michael	O'Brien	Consultant Respiratory & General Physician
Emmet	O'Brien	Consultant Geriatrician
Michelle	O'Brien	Consultant Histopathologist
Odharnaith	O'Brien	Consultant Microbiologist
Karina	O'Connell	Consultant Microbiologist
Paul	O'Connell	Consultant Rheumatologist
Ciara	O'Connor	Consultant Microbiologist
Sinead	O'Donnell	Consultant Microbiologist
Alan	O'Hare	Consultant Neuro-Radiologist
Marina	O'Kane	Consultant Dermatologist
Ruth	O'Leary	Consultant Anaesthetist
Aoibheann	O'Neill	Consultant Otolaryngologist
James Paul	O'Neill	Consultant Anaesthetist
Tanya	O'Neill	Consultant Endocrinologist
Michael	O'Reilly	Consultant Gastroenterologist
James	O'Rourke	Consultant Gastroenterologist
Anne-Marie	O'Shea	Consultant Histopathologist
Aoibhlinn	O'Toole	Consultant Anaesthetist
Mary	Patchett	Consultant Urologist
Stephen	Pollard	Consultant Neuro-Radiologist
Valerie	Power	Consultant Haematologist
Michael	Power	Consultant Neuro-Radiologist
Richard	Power	Consultant Haematologist
Sarah	Quinn	Consultant Otolaryngologist

Michael	Quirke	Consultant Accident & Emergency
Hassan	Rajab	Consultant Obstetrician & Gynaecologist
Daniel	Rawluk	Consultant Neurosurgeon
Maeve	Redmond	Consultant Histopathologist
William	Robb	Consultant General Surgeon
Ian	Robertson	Consultant General Surgeon Vascular
Muireann	Roche	Consultant Dermatologist
Martin	Ruttledge	Consultant Neurologist
Cliona	Ryan	Consultant Histopathologist
Dorothy	Ryan	Consultant General Physician
John	Ryan	Consultant Gastroenterologist
Mohammad	Sattar	Consultant Neurosurgeon
Richard	Sheahan	Consultant Cardiologist
Mark	Sherlock	Consultant Endocrinologist
Neville	Shine	Consultant Otolaryngologist
Diarmuid	Smith	Consultant Endocrinologist
Gordon	Smyth	Consultant Urologist
Saradha	Srinivasan	Consultant Chemical Pathologist
Marie	Staunton	Consultant Histopathologist
Imran	Sulaiman	Consultant Respiratory & General Physician
Paul	Sullivan	Consultant Plastic Surgeon
Kieron	Sweeney	Consultant Neurosurgeon
Christopher	Thompson	Consultant Endocrinologist
Michael	Thornton	Consultant Radiologist
Carol	Traynor	Consultant Nephrologist
Laura	Viani	Consultant Otolaryngologist
Abel	Wakai	Consultant Accident & Emergency
James	Walsh	Consultant Orthopaedic Surgeon
Criona	Walshe	Consultant Anaesthetist
Peter	Walshe	Consultant Otolaryngologist
Richard	Watchorn	Consultant Dermatologist
Anna	Whelehan	Consultant Neurophysiologist
Peter	Widdess Walsh	Consultant Neurologist
David	Williams	Consultant Geriatrician
Steven	Young	Consultant Neurosurgeon

