



Beaumont Hospital

Annual Report 2017





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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Figure 1

Beaumont Hospital Board members commencing Pre 2017 - Meeting attendance

| Name | Nominated by | Term of office | Board Meetings attended in 2017 | |
|----------------------|---------------------|--|---|-------------------------------|
| | | | Expected no. of meetings to attend 2017 | No. of meetings attended 2017 |
| Ms Laura Cuddihy | Chair | 03.02.14 - 02.02.17 | 1 | 1 |
| Dr Stuart Evans | Minister for Health | 26.02.14 - 24.02.17 | 2 | 2 |
| Mr Brian Healy | Chair | 12.02.14 - 11.02.17 | 1 | 1 |
| Mr Mel Greaney | Minister for Health | 09.04.14 - 08.04.17 (extended to June 2017) | 7 | 7 |
| Ms. Alison Gilliland | Minister for Health | 08.04.15 - 08.04.17 | 3 | 3 |
| Ms Geraldine Robbins | Minister for Health | 09.04.14 - 08.04.17 | 2 | 2 |

Figure 2

Beaumont Hospital Board members commencing 2017 - Meeting attendance

| Name | Nominated by | Term of office | Board Meetings attended in 2017 | |
|---------------------------|--|---------------------|---|-------------------------------|
| | | | Expected no. of meetings to attend 2017 | No. of meetings attended 2017 |
| Mr Enda Connolly, (Chair) | Minister for Health | 29.06.17 - 29.06.20 | 4 | 4 |
| Dr Tom Houlihan | Irish College of General Practitioners | 17.02.17 - 17.02.20 | 10 | 7 |
| Professor Kate Irving | Dublin City University | 17.02.17 - 17.02.20 | 10 | 9 |
| Professor Conor C Murphy | Royal College of Surgeons in Ireland | 30.09.16 - 16.12.19 | 11 | 9 |
| Mr Adrian Henchy | Minister for Health | 09.04.17 - 08.04.20 | 8 | 7 |
| Mr David Madigan | Minister for Health | 29.06.17 - 29.06.20 | 4 | 4 |
| Mr Gerry Murray | Minister for Health | 29.06.17 - 29.06.20 | 4 | 4 |
| Mr Henry McGarvey | Minister for Health | 29.06.17 - 29.06.20 | 4 | 3 |
| Ms Gillian Harford | Minister for Health | 29.06.17 - 29.06.20 | 4 | 4 |
| Ms Catriona Sharkey | Minister for Health | 29.06.17 - 29.06.20 | 4 | 3 |



Executive Management Group

Ian Carter, Chief Executive

Karen Greene, Director of Nursing

Anne McNeely, Deputy CEO

Mary Farrelly, Director of Finance

Patricia Owens, HR Director

Edmond Smyth, Chair of Clinical Governance

Peter Conlon, Senior Clinical Director / Medical Directorate (replaced by Chris Thompson 1st Dec. 2017)

Margaret Bourke, Clinical Director, Anaesthetics / Critical Care Directorate

Mohsen Javadpour, Clinical Director, Neurocent Directorate

Patricia Houlihan, Clinical Director, Emergency Medicine Directorate

Elaine Kay, Clinical Director, Laboratory Directorate

Dilly Little, Clinical Director, TUN Directorate

Seamus Looby, Clinical Director, Radiology Directorate

Deborah McNamara, Clinical Director, Surgical Directorate (replaced by Daradh Moneley May 1st),

Conall O'Seaghda, Clinical Director, TUN Directorate

Mark Graham, Director of ICT

Fiona Keogan, Head of Clinical Services / Business Planning

Leo Hughes, Chief Technical Services Officer



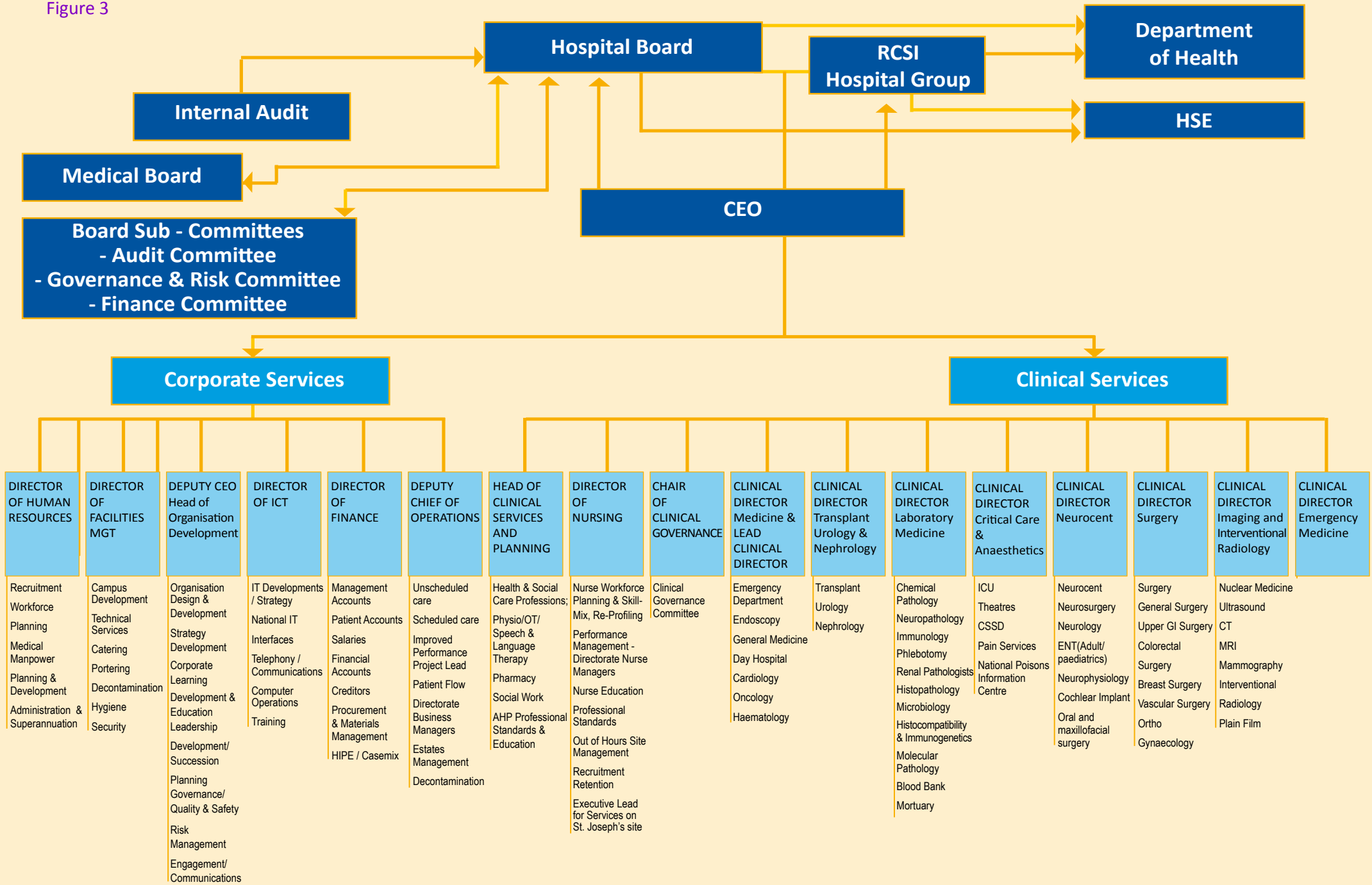
Bank

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

Legal Advisors

Byrne Wallace
88 Harcourt Street,
Dublin 2

Figure 3



Consultant Staff

Agha, Dr. Amar, Consultant Endocrinologist
Ahmad Nizam, Dr. Adriana, Consultant Anaesthetist
Ahmareen, Dr. Oneza, Consultant Paediatrician
Ajmal, Mr. Nadeem, Consultant Plastic Surgeon
Alexander, Dr. Michael, Consultant Neurophysiologist
Allen, Mr. Michael J, Consultant/General Surgeon Breast
Arumugasamy, Mr. Mayilone, Consultant General Surgeon
Awan, Dr. Atif, Consultant Nephrologist
Barrett, Dr. Helen, Consultant Histopathologist
Barry, Dr. Helen, Consultant General Adult Psychiatrist
Beausang, Dr. Alan, Consultant Neuropathologist
Beddy, Mr. David, Consultant General Surgeon
Blennerhassett, Dr. Richard, Consultant General Adult Psychiatrist
Bolger, Professor Ciaran, Consultant Neurosurgeon
Boyle, Dr Karl, Consultant Geriatrician
Bourke, Dr. Margaret, Consultant Anaesthetist
Branagan, Dr. Peter, Consultant General Physician
Breathnach, Dr. Oscar Seamus, Consultant Medical Oncologist
Brennan, Dr. Paul, Consultant Radiologist
Brett, Dr. Francesca, Consultant Neuropathologist
Brewer, Dr. Linda, Consultant Geriatrician
Buckley, Dr. Elma, Consultant Anaesthetist
Burke, Mr. John, Consultant General Surgeon
Burns, Dr. Karen, Consultant Microbiologist
Byrne, Mr. Paul, Consultant Obstetrician & Gynaecologist
Caird, Mr. John, Consultant Neurosurgeon
Cannon, Professor Mary, Consultant General Adult Psychiatrist
Cantrell, Dr. Robert, Consultant General Adult Psychiatrist
Cheasty, Dr. Marese, Consultant General Adult Psychiatrist
Cheema, Mr. Ijaz, Consultant Urologist
Cheriyar, Dr. Danny, Consultant Gastroenterologist
Collins, Mr. Denis, Consultant Orthopaedic Surgeon
Conlon, Professor Peter, Consultant Nephrologist
Connolly, Dr. Sean, Consultant Neurophysiologist
Conway, Dr. Frances, Consultant Anaesthetist
Cosgrove, Dr. Mary, Consultant General Adult Psychiatrist
Costello, Professor Richard, Consultant Respiratory & General Physician
Costelloe, Dr. Elizabeth, Consultant Neurologist
Cotter, Professor David, Consultant General Adult Psychiatrist
Creagh, Mr. Thomas, Consultant Urologist
Crimmins, Mr. Darach, Consultant Neurosurgeon
Cryan, Dr. Jane, Consultant Neuropathologist
Cunningham, Dr. Jane, Consultant Radiologist
Curley, Professor Gerard, Consultant Anaesthetist
Debarra, Dr. Eoghan, Snr Lecturer, Consultant in Infectious Diseases
De Freitas, Dr. Declan, Consultant Nephrologist
Deasy, Mr. Joseph, Consultant General Surgeon
Delanty, Professor Norman, Consultant Neurologist
Delargy, Dr. Mark, Consultant Rehabilitation Medicine
Denton, Dr. Mark, Consultant Nephrologist
Dinesh, Dr. Binu, Consultant Microbiologist

Doherty, Dr. Colin, Consultant Neurophysiologist
Dolan, Dr. Niamh, Consultant Nephrologist
Donegan, Prof. Ciaran, Consultant Geriatrician
Donnelly, Mr. Michael, Consultant Orthopaedic Surgeon
Dorman, Dr. Anthony, Consultant Histopathologist
Doyle, Dr. Brendan, Consultant Histopathologist
Duggan, Dr. Edel, Consultant Anaesthetist
Duke, Dr. Deirdre, Consultant Radiologist
Dunne, Dr. Ruth, Consultant Radiologist
Durcan, Dr. Laura, Consultant General Physician
Dwyer, Dr. Rory, Consultant Anaesthetist
El-Masry, Mr. Sherif, Consultant General Surgeon
El-Naggar, Dr. Hany, Consultant Neurologist
Faul, Dr. Clare, Consultant Medical Oncologist
Fitzpatrick, Dr. David, Consultant Radiation Oncologist
Fitzpatrick, Dr. Fidelma, Consultant Microbiologist
Foley, Prof. David, Consultant Cardiologist
Forde, Mr. James, Consultant Urologist
Fulcher, Mr. Timothy, Consultant Ophthalmic Surgeon
Gaffney, Dr. Alan, Consultant Anaesthetist
Gaffney, Mr. Robert, Consultant Otolaryngologist
Galvin, Dr. Sinead, Consultant Anaesthetist
Garland, Dr. Malcolm, Consultant General Adult Psychiatrist
Gilligan, Dr. Peadar, Consultant Accident & Emergency
Given, Dr. Mark, Consultant Radiologist
Gleeson, Mr. Aidan, Consultant Accident & Emergency
Glynn, Mr. Fergal, Consultant Otolaryngologist
Gopinathan, Dr. Deepak, Consultant General Physician
Grogan, Dr. Liam, Consultant Medical Oncologist
Gulmann, Dr. Christian, Consultant Histopathologist
Gumbrielle, Dr. Thomas, Consultant Cardiologist
Gunaratnam, Dr. Cedric, Consultant Respiratory & General Physician
Halpenny, Dr. Michelle, Consultant Anaesthetist
Hambly, Dr. Niamh, Consultant Radiologist
Hannan, Dr. Kieran, Consultant Nephrologist
Hardiman, Prof. Orla, Consultant Neurologist
Harewood, Dr. Gavin, Consultant Gastroenterologist
Hayes, Dr. Blanaid, Consultant Occupational Physician
Healy, Dr. Fiona, Consultant Paediatrician
Healy, Prof. Daniel, Consultant Neurologist
Heffernan, Dr. Attracta, Associate Specialist
Hegarty, Mr. Nicholas, Consultant Urologist
Hennessy, Dr. Anne, Consultant Anaesthetist
Hennessy, Dr. Bryan, Consultant Medical Oncologist
Hill, Prof. Arnold, Consultant General Surgeon
Houlihan, Ms. Kathleen, Consultant Accident & Emergency
Howard, Dr. Donough, Consultant Rheumatologist
Humphreys, Professor James, Consultant Microbiologist
Hurley, Dr. Killian, Consultant Respiratory Medicine
Hussein, Dr. Hafiz, Consultant Cardiologist
Javadpour, Mr. Seyed, Consultant Neurosurgeon
Kay, Prof. Elaine, Consultant Histopathologist
Keane, Dr. Fiona, Consultant Dermatologist

Kearns, Dr. Grainne, Consultant Rheumatologist
Kearns, Mr. Gerard, Consultant Oral Surgeon
Keeling, Dr. Aoife, Consultant Radiologist
Kelada, Dr. Sherif, Associate Specialist
Kelly, Dr. Peter, Consultant Neurologist
Kelly, Dr. Siobhan, Consultant Neurologist
Keogan, Dr. Marie, Consultant Immunologist
Kennedy, Dr. Mark, Consultant Cardiologist
Kerr, Dr. Jennifer, Consultant Radiologist
Khalib, Dr. Khairin, Consultant Immunologist
Kieran, Mr. Stephen, Consultant Otolaryngologist
Kiernan, Dr. Fiona, Consultant Anaesthetist
Kilbride, Dr. Ronan, Consultant Neurophysiologist
King, Dr. Mary, Consultant Neurologist
Kneafsey, Mr. Brian, Consultant Plastic Surgeon
Lacy, Mr. Peter, Consultant Otolaryngologist
Larney, Dr. Vivienne, Consultant Anaesthetist
Leader, Prof. Mary, Consultant Histopathologist
Lee, Prof. Michael, Consultant Radiologist
Leonard, Dr. Irene, Consultant Anaesthetist
Leonard, Dr. Jane, Consultant Paediatrician
Linnane, Dr. Seamus, Consultant Respiratory & General Physician
Little, Dr. Mark, Consultant Nephrologist
Little, Ms. Dilly, Consultant Urologist
Logan, Dr. Mark, Consultant Radiologist
Logan, Ms. Patrica, Consultant Ophthalmic Surgeon
Looby, Dr. Seamus, Consultant Radiologist
Lynch, Dr. Bryan, Consultant Neurologist
Lynch, Dr. Timothy, Consultant Neurologist
Mac Hale, Dr. Siobhan, Consultant General Adult Psychiatrist
Macnally, Mr. Stephen, Consultant Neurosurgeon
Magee, Dr. Colm, Consultant Nephrologist
Martin, Dr. Alan, Consultant Geriatrician
Mc Adam, Dr. Brendan, Consultant Cardiologist
Mc Conkey, Professor Samuel, Consultant Infectious Diseases
Mc Conn Walsh, Professor Rory, Consultant Otolaryngologist
Mc Coy, Dr. Blathnaid, Consultant Neurologist
Mc Dermott, Dr. Sinead, Consultant Microbiologist
Mc Donnell, Mr. Ciaran, Consultant General Surgeon
Mc Elvaney, Prof. Noel, Consultant Respiratory & General Physician
Mc Enroy Mullins, Dr. Deirdre, Consultant Physician
Mc Erlean, Dr. Aoife, Consultant Radiologist
Mc Grath, Dr. Frank, Consultant Radiologist
Mc Guigan, Dr. Christopher, Consultant Neurologist
Mc Hugh, Dr. John, Consultant Neurophysiologist
Mc Lean, Dr. Sarah, Consultant/Palliative Medicine
Mc Lornan, Ms. Liza, Consultant Urologist
Mc Nally, Dr. Cora, Consultant General Physician
Mc Namara, Ms. Deborah, Consultant General Surgeon
Mc Quillan, Dr. Regina, Consultant/Palliative Medicine
Mcardle, Dr. Orla, Consultant Radiation Oncologist
McCabe, Dr. Dominick, Consultant Neurophysiologist
Mcgrath, Dr. Andrew, Consultant Radiologist

Mchugh, Mr. Seamus, Consultant General Surgeon Vascular
Merwick, Dr. Aine, Consultant Neurologist
Mohan, Mr. Ponnusamy, Consultant Urologist
Molloy, Dr. Fiona, Consultant Neurophysiologist
Moneley, Mr. Daragh, Consultant General Surgeon Vascular
Moore, Dr. Alan, Consultant Geriatrician
Moore, Dr. David, Consultant Anaesthetist
Moore, Dr. Michael, Consultant Anaesthetist
Morgan, Dr. Jacinta, Consultant Rehabilitation Medicine
Morgan, Dr. Ross, Consultant Respiratory & General Physician
Moroney, Dr. Joan, Consultant Neurologist
Morrin, Dr. Martina M, Consultant Radiologist
Morris, Dr. Patrick Glyn, Consultant Medical Oncologist
Moynihan, Dr. Barry, Consultant Geriatrician
Mudrakouski, Dr. Aliaksandr, Consultant Anaesthetist
Mullett, Mr. Hannan, Consultant Orthopaedic Surgeon
Mullins, Dr. Gerard, Consultant Neurophysiologist
Murphy, Dr. Gillian, Consultant Dermatologists
Murphy, Dr. Philip, Consultant Haematologist
Murphy, Dr. Sinead, Consultant Neurologist
Murphy, Mr. Denis, Consultant Urologist
Murphy, Prof. Kieran, Consultant General Adult Psychiatrist
Murray, Prof. Francis, Consultant Gastroenterologist
Nakhjavani, Dr. Solmaz, Consultant Anaesthetist
Naughton, Mr. Peter, Consultant General Surgeon Vascular
Ni Mhuirheartaigh, Dr. Neasa, Consultant Radiologist
Ni Raghallaigh, Dr. Siona, Consultant Dermatologists
O Ceallaigh, Mr. Pdraig, Consultant Oral & Maxillo Facial Surgeon
O'Dowd, Dr Sean, Consultant Neurologist
O' Riordan, Dr. Sean, Consultant Neurologist
O Seaghdha, Dr. Conall, Consultant Nephrologist
O' Sullivan, Mr. John Barry, Consultant Plastic Surgeon
O'Brien, Dr. Margaret, Consultant Neurologist
O'Brien, Mr. David, Consultant Neurosurgeon
O'Brien, Mr. Donncha, Consultant Neurosurgeon
O'Connell, Dr. Karina, Consultant Microbiologist
O'Connell, Dr. Paul, Consultant Rheumatologist
O'Donohoe, Mr. Martin, Consultant General Surgeon Vascular
O'Dwyer, Mr. Tim, Consultant Otolaryngologist
O'Hare, Dr. Alan, Consultant Neuro-Radiologist
O'Kane, Dr. Marina, Consultant Dermatologists
O'Neill, Dr. Brian, Consultant Radiation Oncologist
O'Neill, Dr. Tanya, Consultant Anaesthetist
O'Neill, Professor James Paul, Consultant Otolaryngologist
O'Neill, Professor Shane, Consultant Respiratory & General Physician
O'Rourke, Dr. Declan, Consultant Nephrologist
O'Rourke, Dr. James, Consultant Anaesthetist
O'Shea, Dr. Anne-Marie, Consultant Histopathologist
O'Toole, Dr. Aoibhlinn Mary, Consultant Gastroenterologist
Patchett, Professor Stephen, Consultant Gastroenterologist
Pollard, Dr. Valerie, Consultant Anaesthetist
Power, Dr. Michael, Consultant Anaesthetist
Power, Dr. Sarah, Consultant Neuro-Radiologist

Power, Mr. Colm, Consultant General Surgeon
Power, Mr. Richard, Consultant Urologist
Quinn, Dr. John, Consultant Haematologist
Quirke, Dr. Michael, Consultant Accident & Emergency
Quraishi, Dr. Muhammad, Consultant Anaesthetist
Rajab, Mr. Hassan, Consultant Obstetrician & Gynaecologist
Rawluk, Mr. Daniel, Consultant Neurosurgeon
Rebillard, Dr. Nadia, Consultant Anaesthetist
Redmond, Dr. Janice, Consultant Neurologist
Redmond, Dr. Maeve, Consultant Histopathologist
Reid, Dr. Valerie, Consultant Neurophysiologist
Robb, Mr. William, Consultant General Surgeon
Roche, Dr. Muireann, Consultant Dermatologists
Rowley, Ms. Helena, Consultant Otolaryngologist
Ruttledge, Dr. Martin, Consultant Neurologist
Ryan, Dr. Cliona, Consultant Histopathologist
Ryan, Dr. Dorothy, Consultant General Physician
Ryan, Dr. Elizabeth, Consultant Radiologist
Ryan, Mr. Ronan, Con. Cardio-Thoracic Surgeon
Sargent, Dr. Jeremy, Consultant Haematologist
Sattar, Mr. Mohammad, Consultant Neurosurgeon
Shahwan, Dr. Amre, Consultant Neurophysiologist
Sheahan, Dr. Richard, Consultant Cardiologist
Sheehan, Dr. Gerard, Consultant Infectious Diseases
Sherlock, Prof Mark, Consultant Endocrinologist
Shudell, Dr. Emma, Consultant Dermatologist
Smith, Dr. Diarmuid, Consultant Endocrinologist
Smith, Dr. Eimear, Consultant Rehabilitation Medicine
Smyth, Prof. Edmond, Consultant Microbiologist
Smyth, Mr. Gordon, Consultant Urologist
Srinivasan, Dr. Saradha, Consultant Chemical Pathologist
Stack, Dr. Maria, Consultant Nephrologist
Staunton, Dr. Marie, Consultant Histopathologist
Sullivan, Mr. Paul, Consultant Plastic Surgeon
Synnott, Dr. Aidan, Consultant Anaesthetist
Thompson, Professor Christopher, Consultant Endocrinologist
Thorne, Dr. Jane, Consultant Histopathologist
Thornton, Dr. Michael, Consultant Radiologist
Thornton, Dr. Patrick, Consultant Haematologist
Tormey, Professor William, Consultant Chemical Pathologist
Tubridy, Dr. Niall, Consultant Neurologist
Uzbeck, Dr. Mateen, Consultant Respiratory & General Physician
Viani, Professor Laura, Consultant Otolaryngologist
Wakai, Dr. Abel, Consultant Accident & Emergency
Waldron, Dr. Mary, Consultant Nephrologist
Walsh, Dr. Richard, Consultant Neurologist
Walsh, Mr. James, Consultant Orthopaedic Surgeon
Walshe, Dr. Criona, Consultant Anaesthetist
Walshe, Mr. Peter, Consultant Otolaryngologist
Webb, Dr. David, Consultant Neurologist
Widdess Walsh, Dr. Peter, Consultant Neurologist
Williams, Professor David, Consultant Geriatrician
Young, Mr. Steven, Consultant Neurosurgeon



Corporate Reports





Chair Report



Enda Connolly
Chair

Beaumont Hospital is one Ireland's foremost medical care institutions, which, since its foundation, has had an outstanding reputation for the delivery of high quality, innovative and safe care both to the people of North Dublin and nationally. This has been achieved, first and foremost, through the vocational commitment, hard work and professionalism of all the hospital staff; doctors, nurses, allied professions, support services and administrators.

As a Board, we are committed to enhancing that reputation and delivering the best possible care to our patients by providing the institution with clear strategic direction, the highest standards of governance and fiducial stewardship and support for management and staff to execute their roles and responsibilities effectively.

Throughout 2017, the Beaumont team continued to deliver. This annual report outlines many service achievements, improvements and innovations which have been realised across all hospital directorates to assist in meeting not just the planned levels of service but increased demands and service efficiencies.

The Board is particularly pleased to highlight; the management and care of an increased level of emergency attendances; a greater number of in-patient admissions and the handling of more day care patients. Simultaneously, emergency department average daily count of patients awaiting admission and overall waiting times were reduced. Elective admissions waiting times also improved and national targets for referral to rapid access clinics were met. All of this was achieved while continuing to focus on improving the quality and safety of care for our patients. Exemplars of which include; The National Patient Experience Survey revealed that Beaumont Hospital had a 78% satisfaction rating; the hospital was selected as the national Pilot site for National Taskforce for Safe Nursing and Skill; and HIQA identified Beaumont Hospital's effective leadership,

governance and management arrangements in regard to the prevention and control of healthcare associated infection, as a good example for other service providers.

During the year, the hospital experienced some buoyancy in recruitment and as such secured new permanent staff across all departments and reduced reliance on agency staff. At the same time, control of pay expenditure was maintained effectively within budget.

Conversely, patient related non pay costs, which derived from our higher demand and care complexities, increased significantly and gave rise to a budgetary overrun. As a result, the Board, being cogniscent of the clear guidance from the HSE to maintain service levels, accepted an increase in the hospitals accumulated deficit for the year.

The challenges for Beaumont hospital in the coming years are substantial and include externally: a continuing increase in emergency attendances, the inconsistent provision of community care and support inhibiting timely discharges and increases in out patient demand. Internally, the hospital is constrained by insufficient bed and theatre capacity. In addition, the Hospital is financially confronted by the rising level of non pay costs, reducing income and the need for capital investment to upgrade a rapidly aging infrastructure and for new technology.

The Board will do all in its power to support the management of the Hospital to address these challenges through the optimisation of available capacity, securing the allocation of additional resources and advocating to relevant stakeholders for the investments required.

Beaumont Hospital is designated as a part of the RCSI Hospital Group and has an agreement in place with the HSE whereby the RCSI Hospital Group Chief Executive,

Ian Carter is also appointed as the Chief Executive of the Hospital. This is enabling, through cooperation and planning, the development and implementation of intergrated services across the group to achieve optimised, cohesive, high quality and safe service provision. In addition, it is further strengthening the already excellent relationship between Beaumont and the Royal College Of Surgeons in Ireland as one of Irelands outstanding teaching research hospitals. The Board welcomes this co-operation and views it as one of the key developments to address the challenges to be faced in the future.

During 2017, there were substantive changes in the composition of the Board, in that all previous Board members, with one exception, had completed their tenure. By mid year, a new chair and eight new members were appointed by the Minister of Health.

The new Board would like to extend their gratitude to the departing members for the time, commitment and support for the hospital, its management and staff throughout their period in office. It is also important to acknowledge and thank the work of a small number of Board members who in the first half of the year, while awaiting new appointments, carried the load and ensured the continuance of the proper governance of the hospital.

This Annual Report is a testament to the capacity for innovation, continuous development and the ambitions of a dynamic, academic teaching hospital. As such the Board wishes to express its wholehearted thanks to all the staff and management of Beaumont Hospital for the ongoing dedication to improving and developing high quality services for local, regional and national populations.

Enda Connolly
Chair,
Beaumont Hospital Board



CEO Report



Ian Carter
Chief Executive

Primary executive and operational focus for 2017 centered on achievement of planned levels of service within available finances and specified quality parameters, combined with general advancement of the hospital's capital development programme.

Performance outcomes for the year were generally satisfactory.

Clinical Treatments

Overall patient volumes across all macro treatment cohorts exceeded 2016 performance / 2017 target volumes

Figure 4

| Activity | 2016 | 2017 | 2016 / 2017 Value variance | 2016 / 2017 % Variance |
|-----------------------|---------|---------|----------------------------|------------------------|
| ED attendances (all) | 53,313 | 56,438 | 3,125 | 6% |
| Inpatient admissions | 25,334 | 25,550 | 176 | 1% |
| Day Care attendances | 64,699 | 66,589 | 1,890 | 3% |
| OPD attendances (all) | 154,274 | 160,773 | 6,499 | 4% |

Access

In terms of performance in relationship to access:

Emergency Department 2017

- 44% reduction in average number of patients in ED waiting for bed accommodation @ 08.00 (2017 / 2016 total patient count reduction 3050)
- reduction commenced in July 2016 was generally improved throughout 2017
- average daily count value <10 achieved for period March - December 2017

- average time patient spent in ED
 - 9.4% improvement, all patients (ave. 2016: **8hrs 11mins** / ave. 2017: **7 hrs 24 mins**)
 - 4% improvement, non-admitted patients (ave. 2016: **5 hrs 27 mins** / 2017 **17: 5 hrs 15 mins**)
 - 13.2% improvement $\pi\pi\pi$, admitted patients (ave. 2016: **15 hrs 29 mins** / 2017: **13 hrs 26 mins**)

Inpatient / Day Care (I.P.D.C.)

- 72.5% of patients requiring elective admission / attendance waiting <8 months (National Target 70%)
- **Neurosurgery**
 - 100% of patients triaged with traumatic brain injury admitted within 12 hours of acceptance (target 100%)
 - 100% of patients with sub-arachnoid haemorrhage admitted within 24 hours of acceptance (target 90%)
 - 92% of patients diagnosed with brain tumour admitted within 5 working days of acceptance (target 90%)

Endoscopy

- 100% compliance with patients requiring urgent colonoscopy undergoing procedure / offered appointment within 28 days of referral
- 88% compliance with patients requiring routine GI endoscopy undergoing procedure / offered appointment <13 weeks of referral - achieved by year-end (national performance 58% compliance)

Outpatient

- 75% compliance with <52 week wait time for all new appointments

Rapid Access Clinics

- **Symptomatic Breast Service**
 - 100% compliance with patients triaged as urgent attending service / offered appointment within 2 weeks of referral
- **Lung Clinic**
 - 95% compliance with patients attending service / offered appointment within 10 days of referral (achieved December 2017)

- **Prostate Clinic**
- 100% compliance with patients attending service / offered appointment within 20 working days of referral (achieved and maintained September 2017 onwards)

During 2017, the hospital has continued a series of both internal and external patient pathway initiatives designed to both decrease wait times for both emergency and elective patients and increase overall number of patient treatments undertaken across all treatment modalities. These have been successful.

Key Service Achievements in 2017

- **Imaging and Interventional Radiology Directorate**

- mechanical thrombectomy for large vessel ischaemic stroke service treated 247 patients
- service is now designated national provider in conjunction with Cork University Hospital and operates on a 24/7 basis
- expansion of ultrasound capacity enabling both increased activity volume and reduction of wait time to an average of 1.5 months

- **TUN Directorate**

- 192 kidney transplants performed internally - 141 deceased donor transplants and a record number of 51 living donor transplants
- in September the 5000th kidney transplant was performed since the Kidney Transplant Service commenced
- opening of the new Dialysis Therapies Centre in June 2017

- **Laboratory Medicine Directorate**

- processed over 1 million GP orders on 520,000 samples, on 150,000 episodes from 100,000 patients - in total the Directorate performed more than 5.5 million tests - representing 4.4% activity increase on 17 / 16

- **Critical Care and Anaesthetic Directorate**

- commencement of re-establishment of previously closed theatre capacity
- the 'Focused First Patient' project with emphasis on the theatre list being prepared in order to avoid delays on the morning of surgery - this initiative resulted in a reduction of start time delay from 20 minutes → 5 minutes

- **Medical Directorate**

- introduction of an effective Transit Care Unit
- continued development of initiatives designed to maximise all capacity availability in relation to endoscopy and achieve necessary wait times in relation to routine, surveillance and urgent endoscopy access

- development of an integrated consultant-led multidisciplinary care team Beaumont Hospital - CHO9
- expansion of Day Hospital (St. Joseph's) to a 5-day service
- introduction of a new BiPAP pathway resulting in a 50% reduction in LOS: 28 days → 14 days
- reduction of cardiology OPD wait time from >2 years → <15 months

- **NeuroCENT Directorate**

- ENT department of Otolaryngology recognised as largest single provider of otolaryngology surgical primary procedures in the country
- commencement of renovations and general expansion of National Cochlear Implant Programme
- Neurology endorsed as National Centre of Expertise by RCPI / HSE Rare Disease Programme
- MND / ALS
- Eurospine hosted it's bi-annual conference in Dublin co-ordinated by Professor Ciaran Bolger

- **Surgical Directorate**

- pioneered use of intra-operative radiotherapy in the management of early small breast cancers
- 14 cases undertaken to date
- introduction of a Rapid Evaluation Clinic for patients with oesophageal and gastric cancers
- patients are seen within one week of referral

- **Emergency Medicine Directorate**

- 44% reduction in average number of patients in ED waiting for bed accommodation 2017 / 2016

Key Quality Achievements in 2017

- National Patient Experience Survey - overall Beaumont Hospital satisfaction rating was 78%
- Hospital selected as the National Pilot Site for the National Taskforce for Safe Nurse Staffing and Skill mix
- expansion of advanced practice nursing teams to 24 practitioners across 11 service areas
- establishment of the role of Director of Clinical Audit
- establishment of Clinical Effectiveness Committee
- establishment and running of Schwartz Rounds
- Irish National Accreditation Board (INAB) secured
- ISO15189:2012 Accreditation maintained with Blood Transfusion Department
- HIQA identified with regard to Beaumont Hospital effective leadership, governance and management arrangements in regard to the prevention and control of healthcare associated infection - providing positive leadership and actions as a good example for other service providers

- Dublin City Neighbourhood Awards - Dublin North Central and Dublin Citywide Competition - the hospital came first in the Best Waste Initiative and Best Business Environment & Sustainability initiative. Best Waste Initiative was 1st place overall in the Dublin Citywide Competition.

Key Education and Research Development initiatives and achievements in 2017

- a total of 141 peer review publications during the year from staff of the hospital
- construction of expansion to the Education and Research Centre, The Smurfit Building, on the grounds of Beaumont Hospital, began in January 2017
- opening of the new and extended RCSI campus at 26 York Street
- completion of the first cohort of students in the Masters of Physician Associate Studies

Finances

Commendable performance was demonstrated in 2017 in regard to pay expenditure which remains within 0.4% of budget for the year. However, patient related costs particularly in pharmaceutical supplies, medical and surgical systems and infection control arising from increased demand and associated complexities increased by 11%. Income increased by €7.9m but predominately relating to charges offsetting increases in non-pay expenditure specifically PCRS drugs and community drugs.

Human Resources

Beaumont Hospital experienced recruitment buoyancy during 2017, as such, attracting and securing new permanent staff across all departments and, as well as, importantly reducing reliance on agency staff.

Capital Development

Important capital development, equipment replacement and additionality were possible in 2017, particularly:

- the formal opening of the new dialysis therapies centre a thoroughly modern dialysis unit affording treatment for our renal patients in specifically designed spacious patient areas along with the latest technology in bed head services.
- the main concourse atrium face lift brought a brighter sharper image with more focus on the main entrance and tied nicely into the new dialysis therapies centre.

- Radiology: CT 2 project planning TSD were involved from a very early stage of the phased CT scanner replacement project. This included relocation of the PHILIPS scanner to St Joseph's Raheny and associated builder's works. Building works and upgrade of the final phase of these works and installation of the new CT 2 scanner in 2018 will bring about the installation of a new electrical sub distribution board which will strengthen the electrical infrastructure providing safer reliability for the equipment served.
- Theatre operating lights: The start of an operating light replacement programme phase one provides for the supply, commissioning and servicing of 4 new state of the art surgeons lighting systems to provide optimum lighting at the work surface.
- numerous minor and small projects were successfully delivered this year:
 - Doctor's Residence
 - DOSA and TCU
 - ITU Relatives rooms

Key Challenge Factors

Whilst overall clinical volume and emergency access performance improvements were effected in 2017, there remains certain presenting external and internal factors that present challenges to overall clinical delivery system capacity and capability within the hospital

External

● ED attendances

- increasing presentation volume - 6% (n=3173), acuity / complexity and patients aged >75 years 26% (n=1,992)
- overall period 2015 - 2017 the hospital has experienced on 13% increase in overall ED attendances (n=6,518)

● Discharge

- inconsistent provision of timely community care and support placements

● OPD

- increase in OPD referrals - 7%

Internal

● Surgery / Elective treatment capacity

- ongoing insufficient bed capacity to admit patients requiring elective treatment
- ongoing insufficient available theatre capacity
- reduced general critical care capacity arising from staffing shortages
- absence of necessary High Dependency Unit facility particularly required postoperatively for patients undergoing complex surgery

Impact of these Factors

Impact of these external and internal factors are as follows:

- capability of ED to satisfactorily manage and appropriately accommodate patient presentations remains significantly challenged
- inability of medical specialties to operate and generally accommodate within bed designation patients requiring emergency admission, has particularly reduced surgical specialty bed capacity availability and increased wait times significantly for patients requiring surgery on both an inpatient and day-care basis
- ongoing less than full availability of all operating theatres has further limited available surgical treatment capability
- increasing emergency surgical admission acuity / tertiary transfer volume of patients requiring complex surgery has routinely exceeded existing critical care capacity, as such leading to treatment delay and less than optimal post-operative management, particularly for those patients requiring post-operative critical care accommodation with the ongoing absence of a Surgical High Dependency Unit
- existing OPD demand and practise exceeds existing capacity with resultant less than satisfactory wait times for new referrals

Change Requirements 2017

As such there is a clear and immediate requirement to:

Increase overall general service capacity

- necessary development and design for new designated Cystic Fibrosis ward facility agreed by HSE-AHD - for advancement in 2018.

Maximise and increase critical care bed capacity / develop High Dependency Unit Facility

- necessary location for High Dependency Unit has been identified and the Hospital will advance operationalisation in 2018.

Develop and Expand existing Emergency Department

- recognising that existing facility design, space and general layout of this construct are generally not fit for purpose, the hospital has developed necessary capital design that would ensure both appropriate and effective patient accommodation and will not require any significant service decanting or disruption. This priority design has been agreed with the HSE-AHD

Increase timely discharge to community bed facilities

- key requirement remains steady state access to these facilities and avoidance of previously experienced stop-start provision in relationship to community bed provision and support packages

Increased OPD capacity

- off-site campus identified and secured. Necessary design for operationalisation will commence in 2018.

Increased OPD capability

Whilst recognising capacity limitations, there remains an overall requirement to redesign patient access pathways, both in terms of new patient access and timely discharge, particularly for those patients with chronic disease

Co-joint Working within the RCSI Hospital Group construct

The Hospital has continuous joint usage particularly of theatre and endoscopy capacity of other hospitals within the RCSI Group, thereby maximising all available infrastructural capacity.

Overall Beaumont Hospital has successfully delivered on all agreements with the HSE in relationship to service delivery, development and financial terms for 2016

These achievements were only attainable through ongoing exceptional patient centred responsiveness, commitment and expertise of all staff within the hospital

As such I thank them for their ongoing support, loyalty, innovation and dedication in ensuring high standards of patient care and the general advancement of the status of Beaumont Hospital both nationally and internationally

IAN CARTER
CHIEF EXECUTIVE



Clinical Performance

Activity Macro **Figure 5**

| Macro Activity | | Activity Dec. 2017 | Activity Dec. 2016 | YTD Activity 2017 | YTD Activity 2016 | Month Value Variance | YTD Value Variance | Month % Variance | YTD % Variance |
|-----------------------------------|--------|--------------------|--------------------|-------------------|-------------------|----------------------|--------------------|------------------|----------------|
| ED attendances | New | 4,599 | 4,307 | 52,696 | 49,523 | 292 | 3,173 | 7% | 6% |
| | Return | 241 | 245 | 3,742 | 3,790 | -4 | -48 | -2% | -1% |
| | Total | 4,840 | 4,552 | 56,438 | 53,313 | 288 | 3,125 | 6% | 6% |
| Emergency admissions ¹ | | 1,731 | 1,649 | 19,418 | 19,382 | 82 | 36 | 5% | 0.2% |
| Elective admissions | | 406 | 383 | 6,092 | 5,952 | 23 | 140 | 6% | 2% |
| Total admissions | | 2,137 | 2,032 | 25,510 | 25,334 | 105 | 176 | 5% | 0.7% |
| Day Case ² | | 4,694 | 4,536 | 66,589 | 64,699 | 158 | 1,890 | 3% | 3% |
| OPD Attendances | New | 2,760 | 2,697 | 40,253 | 37,444 | 63 | 2,809 | 2% | 8% |
| | Return | 7,860 | 7,746 | 120,520 | 116,830 | 114 | 3,690 | 1% | 3% |
| | Total | 10,620 | 10,443 | 160,773 | 154,274 | 177 | 6,499 | 2% | 4% |

Note¹ - Emergency admissions includes all admissions with the exception of electives

Note² - Day care excludes haemodialysis activity

All activity projection targets exceeded

Activity Detail

Figure 6

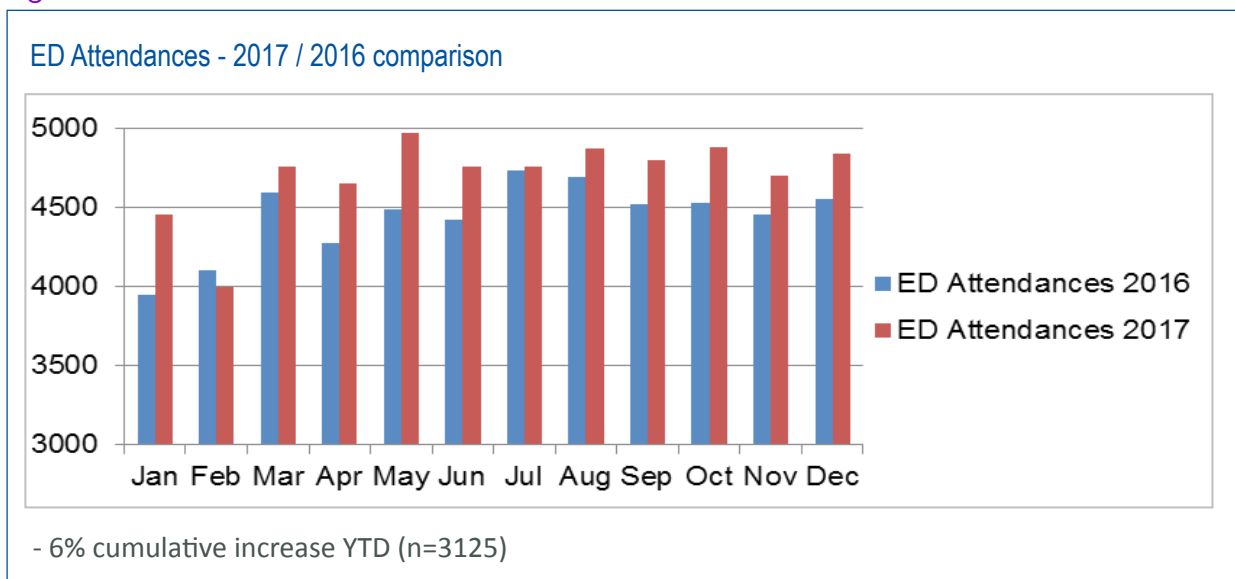


Figure 7

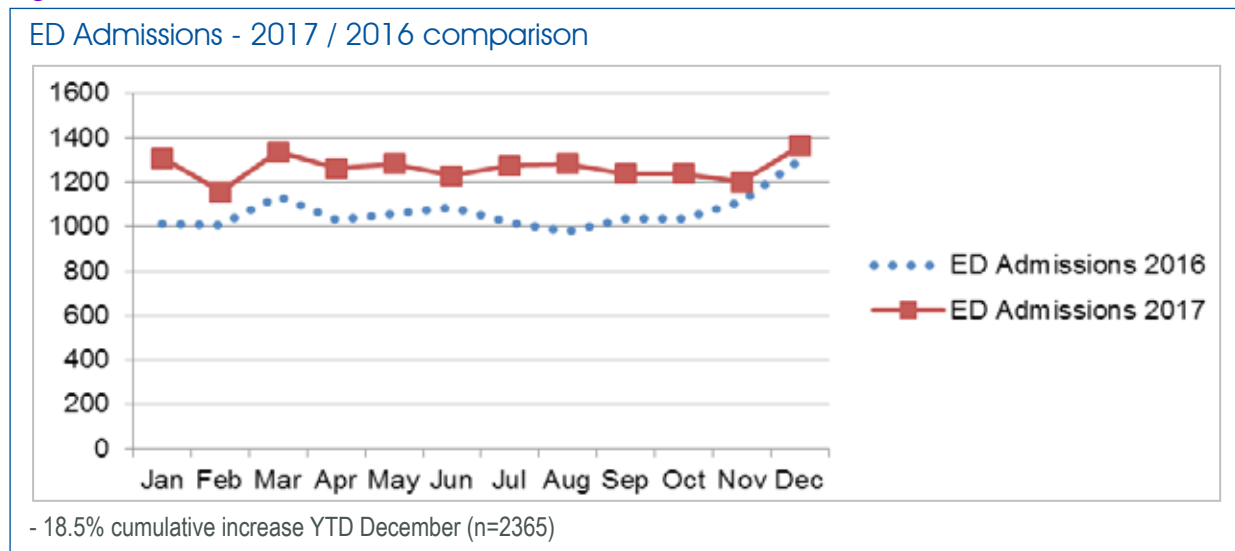


Figure 8

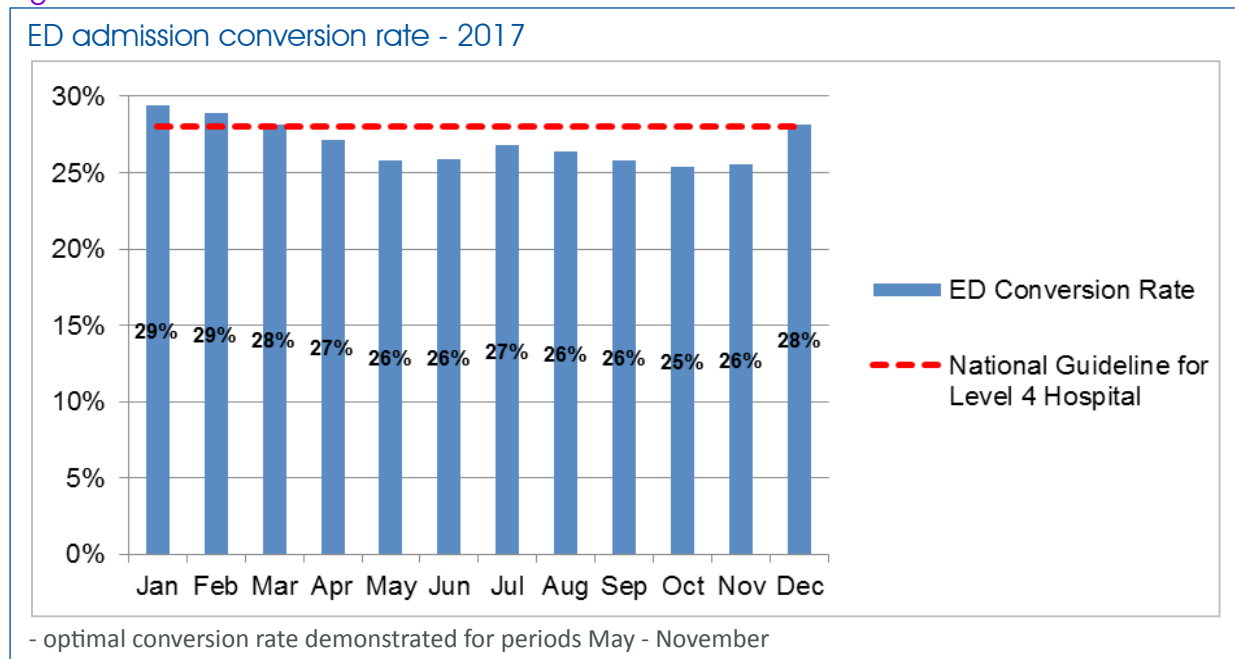


Figure 9

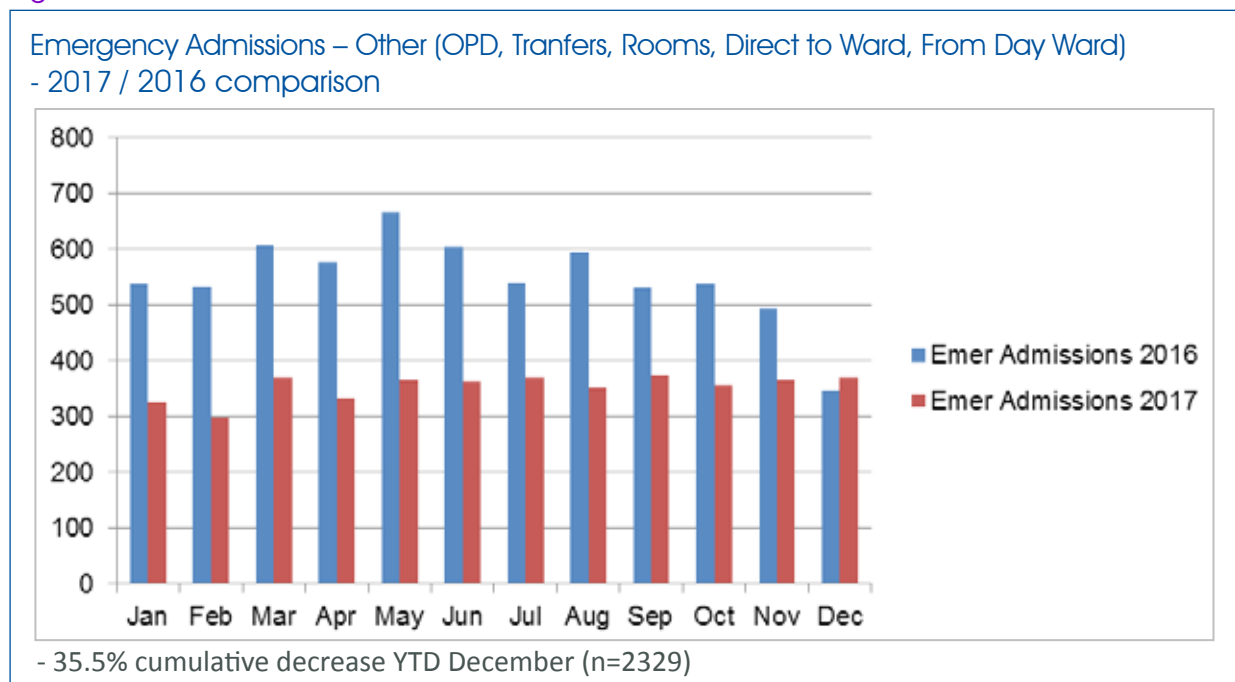


Figure 10

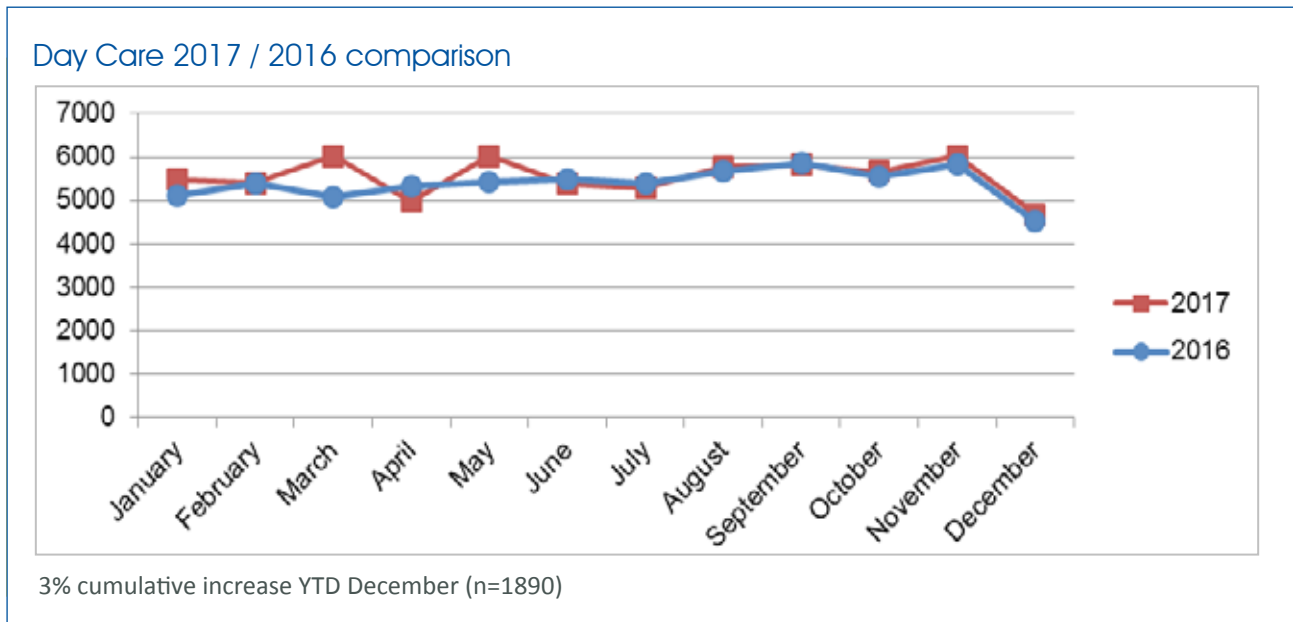


Figure 11

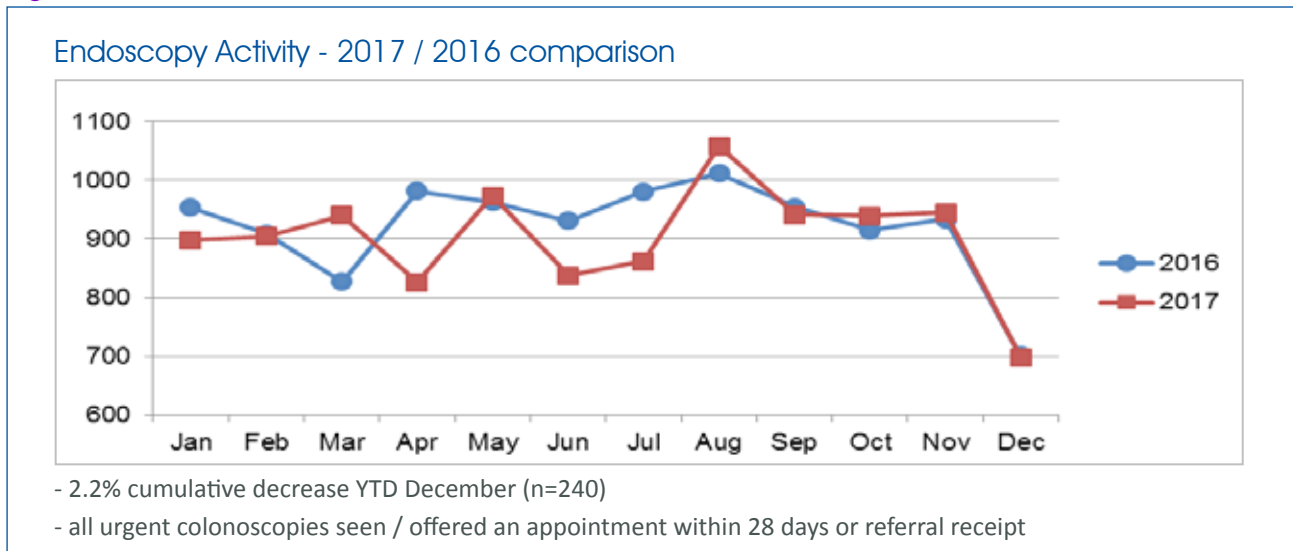


Figure 12

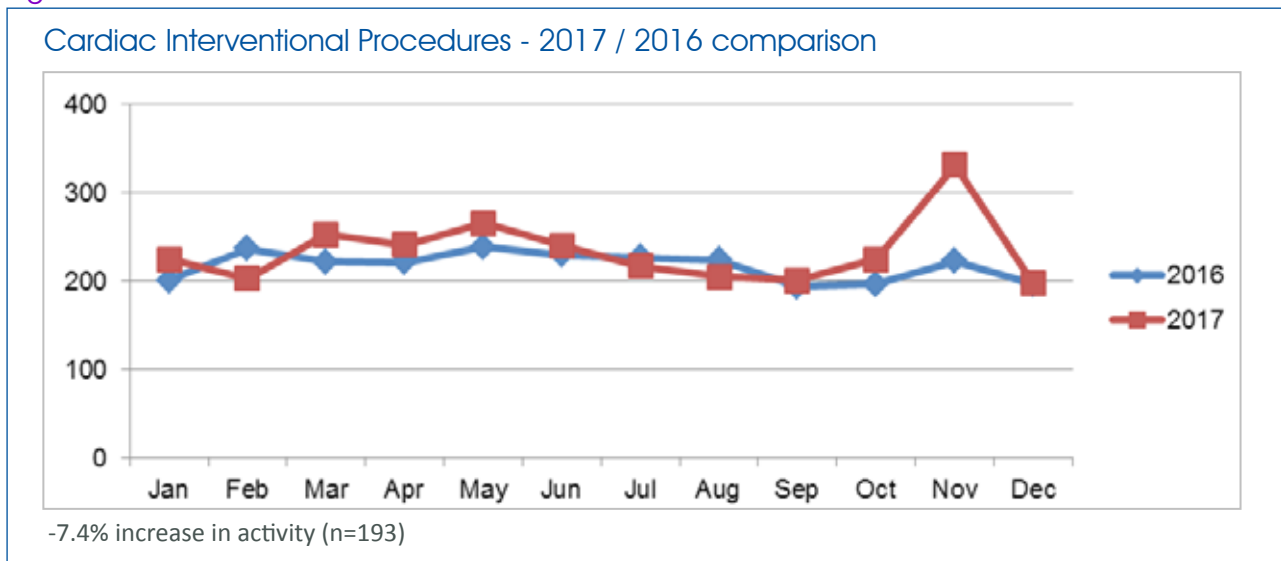


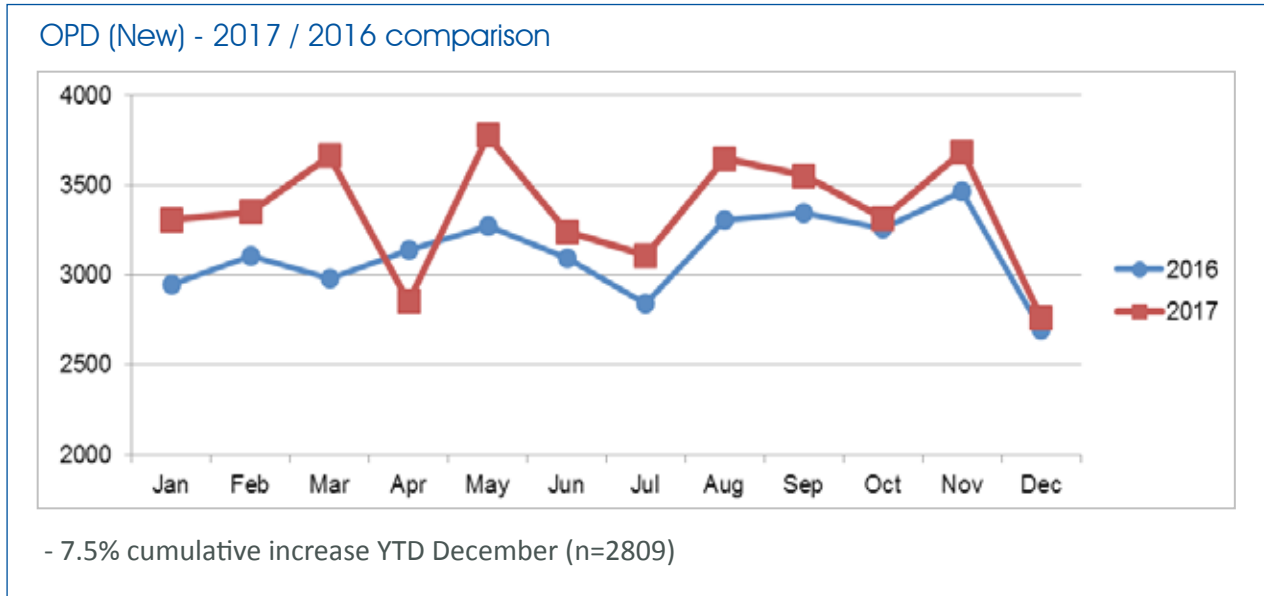
Figure 13

Private / Public (IP / DC) - 2017

| Patient Cohort | Private | Public |
|----------------|---------|--------|
| Inpatient | 14.2% | 85.8% |
| Day Case | 7.6% | 92.4% |

- macro compliance demonstrated

Figure 14



Access Detail

Figure 15

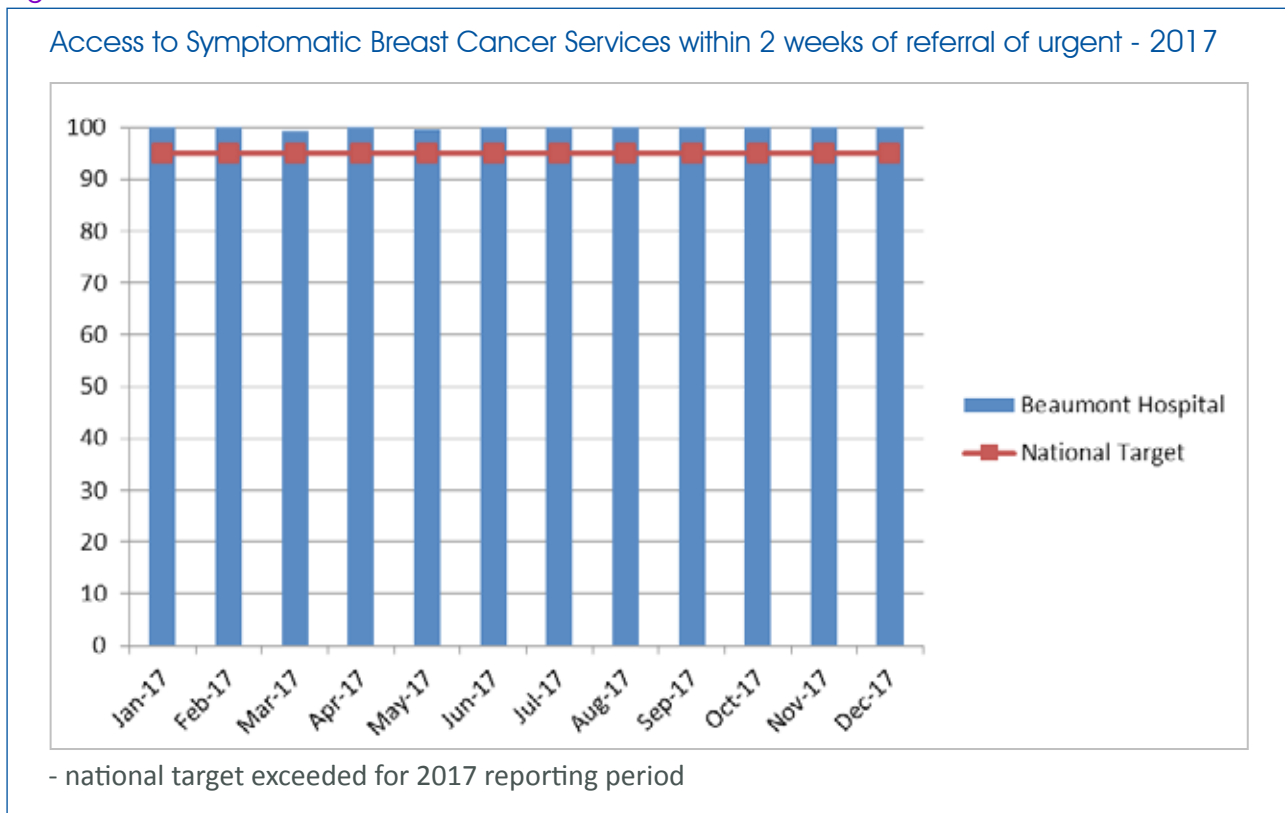
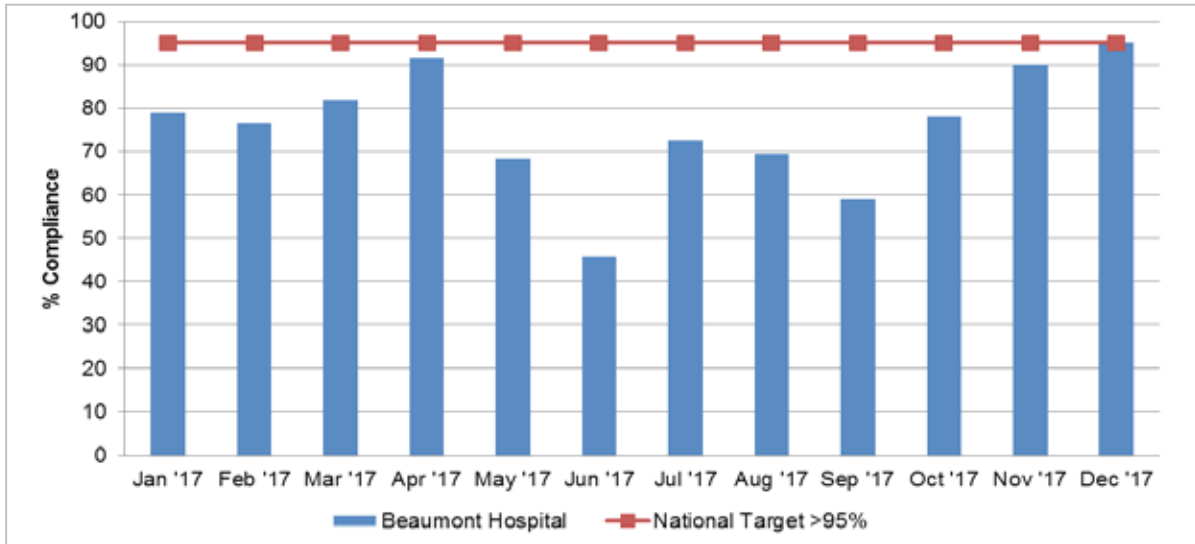


Figure 16

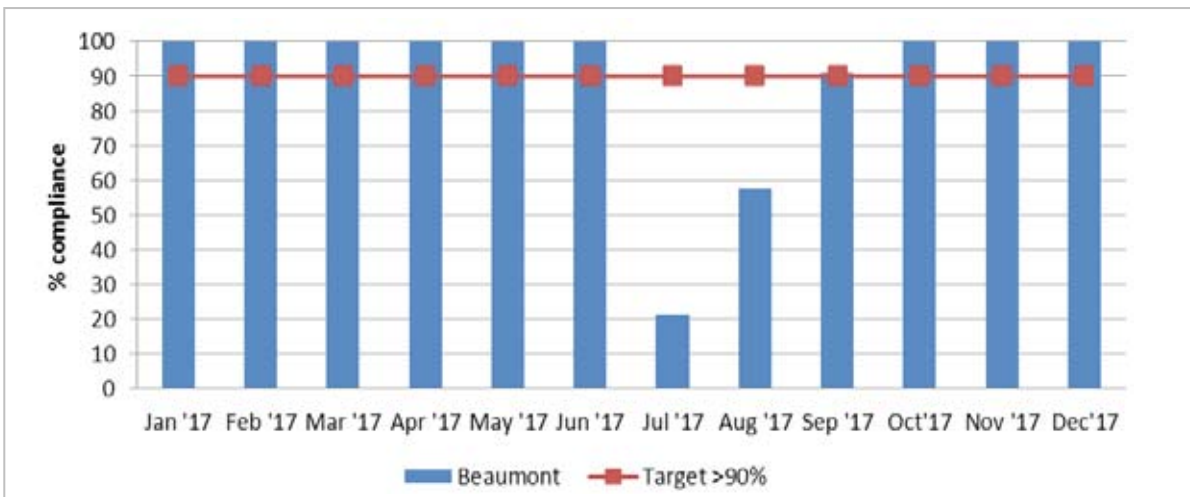
Access to Rapid Access Lung Clinic within 10 days of referral - 2017



- national target met for this period December 2017 (additional clinic commenced September 2017)

Figure 17

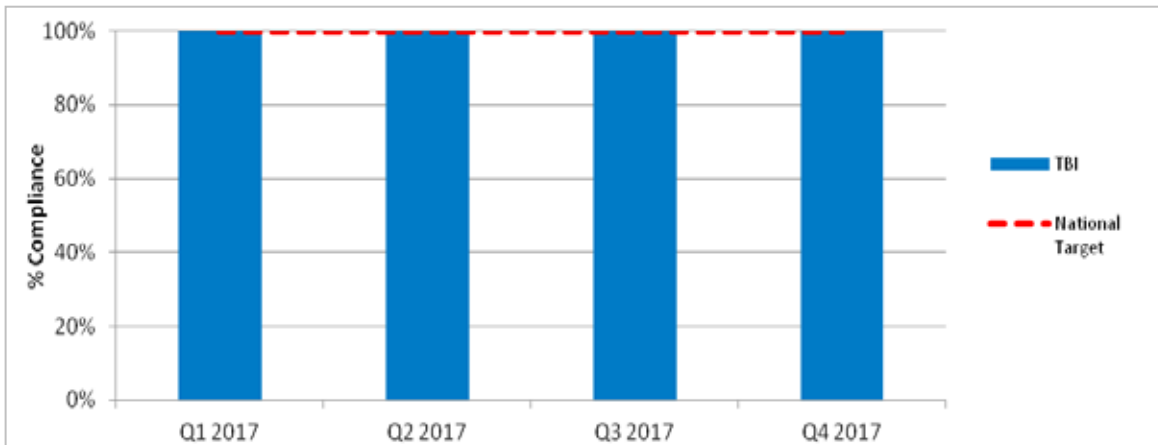
Access to Rapid Access Prostate Clinic within 20 working days of referral - 2017



- national target met for January - June, deterioration July - August, performance restoration September and subsequently maintained

Figure 18

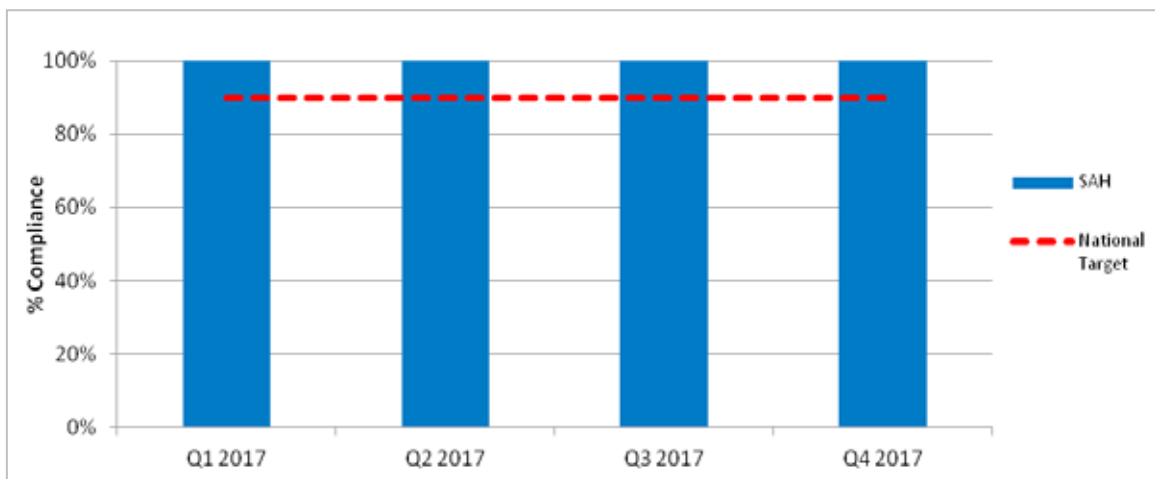
% of Patients with Traumatic Brain Injury admitted to Unit within 12hrs



- 100% compliance with target achieved

Figure 19

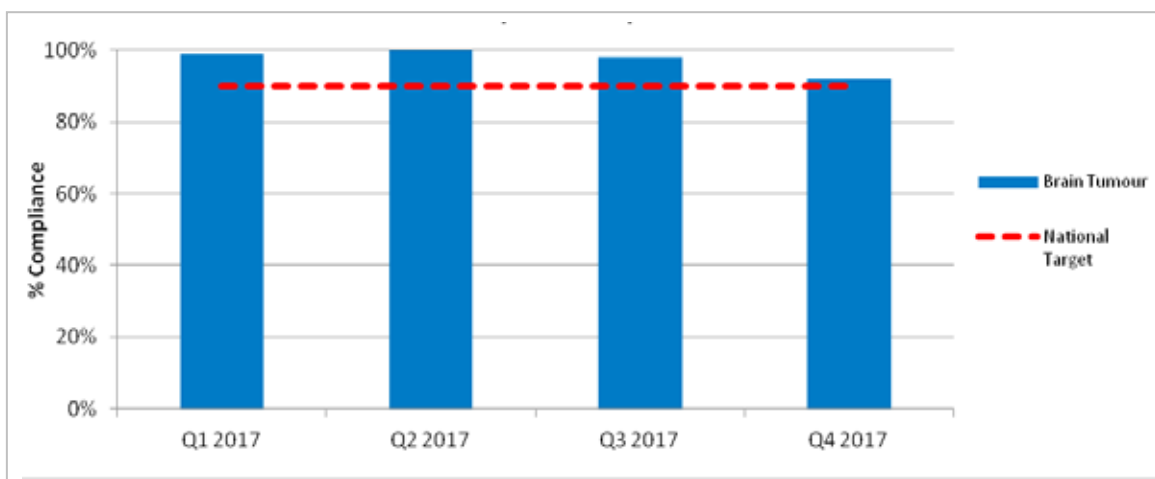
% of Patients with Sub-arachnoid Haemorrhage admitted to Unit within 24hrs of acceptance



- 100% compliance with target achieved

Figure 20

% of Patients with Brain Tumour admitted to Unit within 5 working days of acceptance



- 92% compliance with target achieved (National target of 90%)

Figure 21

Laboratory and Radiology - 2017

| Laboratory & Radiology Activity | YTD '17 | YTD '16 | YTD Variance | % Change YTD | December '17 | December '16 | Variance | % Change |
|---------------------------------|-----------|-----------|--------------|--------------|--------------|--------------|----------|----------|
| Laboratory Requests | 2,763,463 | 2,666,987 | 96,476 | 3.6% | 196,076 | 197,214 | -1,138 | -0.6% |
| Laboratory Requests - GP only | 1,054,100 | 1,018,630 | 35,470 | 3.5% | 62,405 | 66,039 | -3,634 | -5.5% |
| Laboratory Requests - BPC only | 24,033 | 23,608 | 425 | 1.8% | 1,531 | 1,671 | -140 | -8.4% |
| Radiology Requests | 187,339 | 176,253 | 11,086 | 6.3% | 13,905 | 13,675 | 230 | 1.7% |
| Radiology Requests - GP only | 24,143 | 22,461 | 1,682 | 7.5% | 1,710 | 1,517 | 193 | 12.7% |

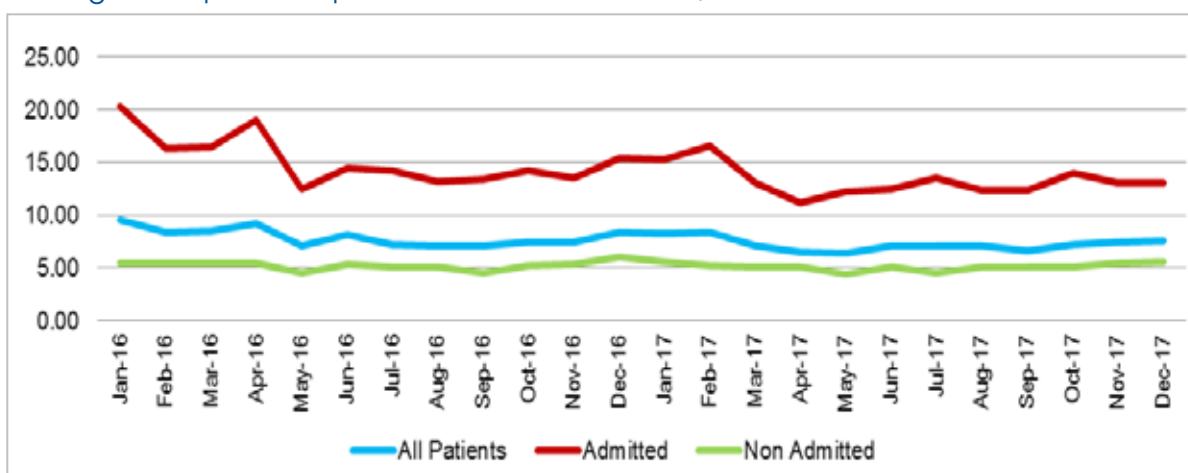
- 3.6% cumulative increase laboratory requests YTD (n= 96,476)

- 6.3% cumulative increase radiology requests YTD (n= 11,086)

Access Detail

Figure 22

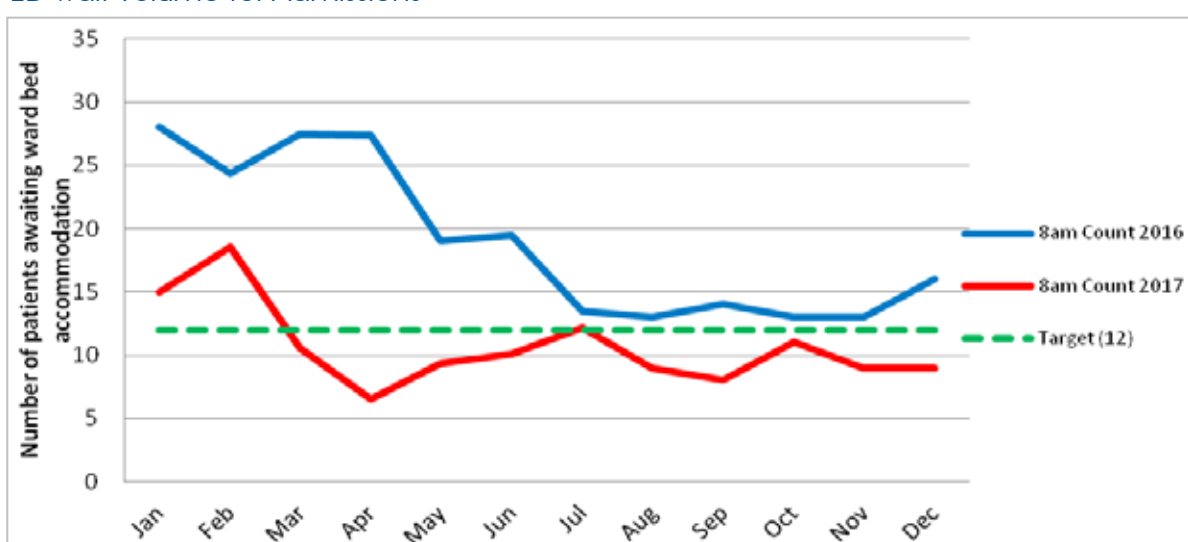
Average time patients spend in ED - non-admitted/admitted



- 9.4% improvement YTD, all patients (Av YTD December 16: 8hrs 11mins, Av YTD December 17: 7hrs 24mins)
- 3.7% improvement YTD, non admitted patients (Av YTD December 16: 5hrs 27mins, Av YTD December 17: 5hrs 15 mins)
- 13.2% improvement YTD, admitted patients (Av YTD December 16: 15hrs 29mins, Av YTD December 17: 13hrs 26mins)

Figure 23

ED wait volume for Admissions



- 44% reduction in average number of patients waiting in ED 2017 / 2016 (total n=3067)
- performance improvement commenced in July 2016 generally maintained during 2017 reporting period

Figure 24

Elective Access - In patient: Adult / Paediatric / Combined / Day Care: Adult / Paediatric / Combined and Combined IPDC waiting lists - 2017

| Hospital | | 0-3 | 3-6 | 6-9 | 9-12 | 12-15 | 15-18 | 18+ | Total |
|-------------------|----------|---------|--------|--------|--------|--------|---------|---------|-------|
| | | months | months | months | months | months | months | months | |
| Beaumont Hospital | 30.12.16 | 2,333 | 1,334 | 756 | 490 | 278 | 169 | 198 | 5,558 |
| | 30.12.17 | 2,069 | 1,615 | 1,086 | 730 | 265 | 109 | 170 | 6,044 |
| | Val Var. | (264) | 281 | 330 | 240 | (13) | (60) | (28) | 486 |
| | % Var | (11.3%) | 21.1% | 43.7% | 49.0% | (4.7%) | (35.5%) | (14.1%) | 8.7% |

- Beaumont Hospital demonstrated 15.7% reduction in relation to patients > 12 months
- ¹does not include GI Endoscopy

Figure 25

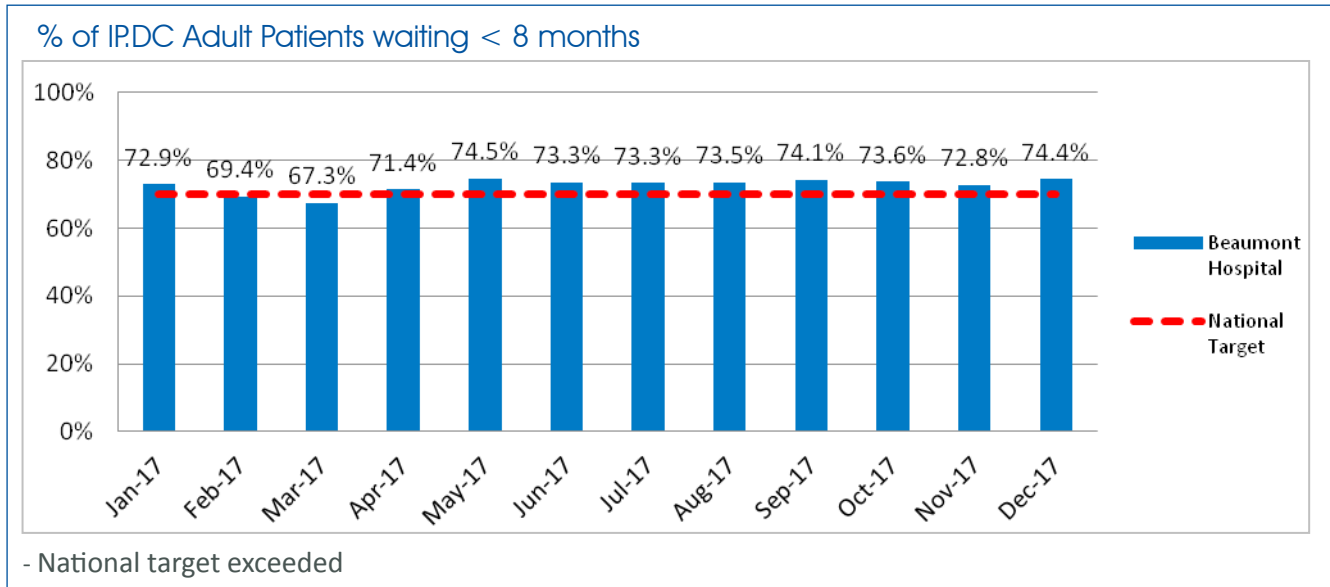


Figure 26

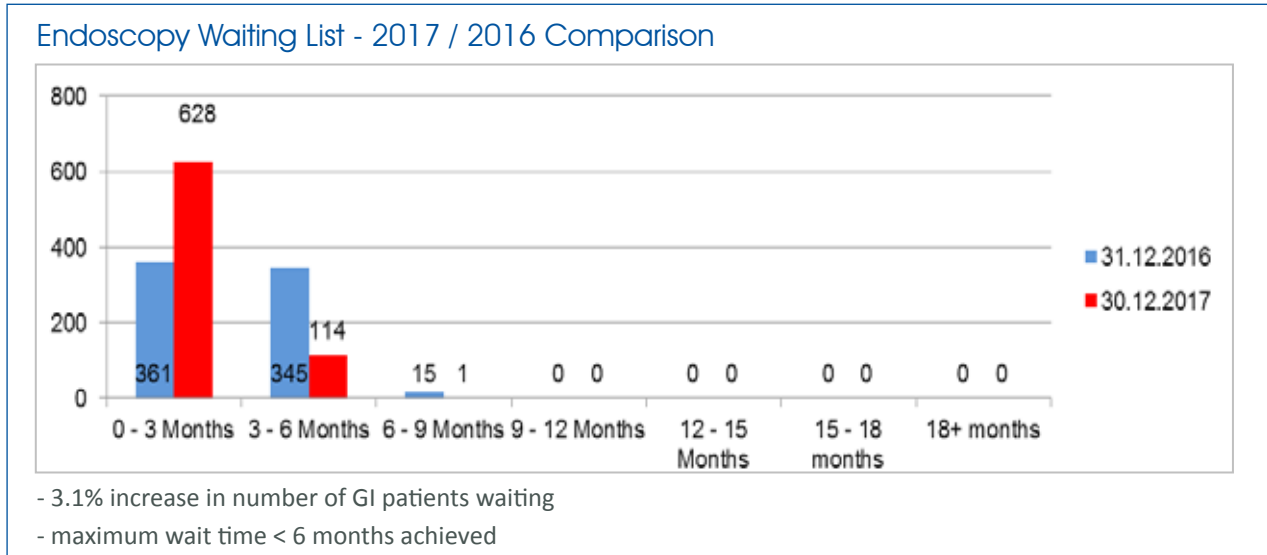


Figure 27

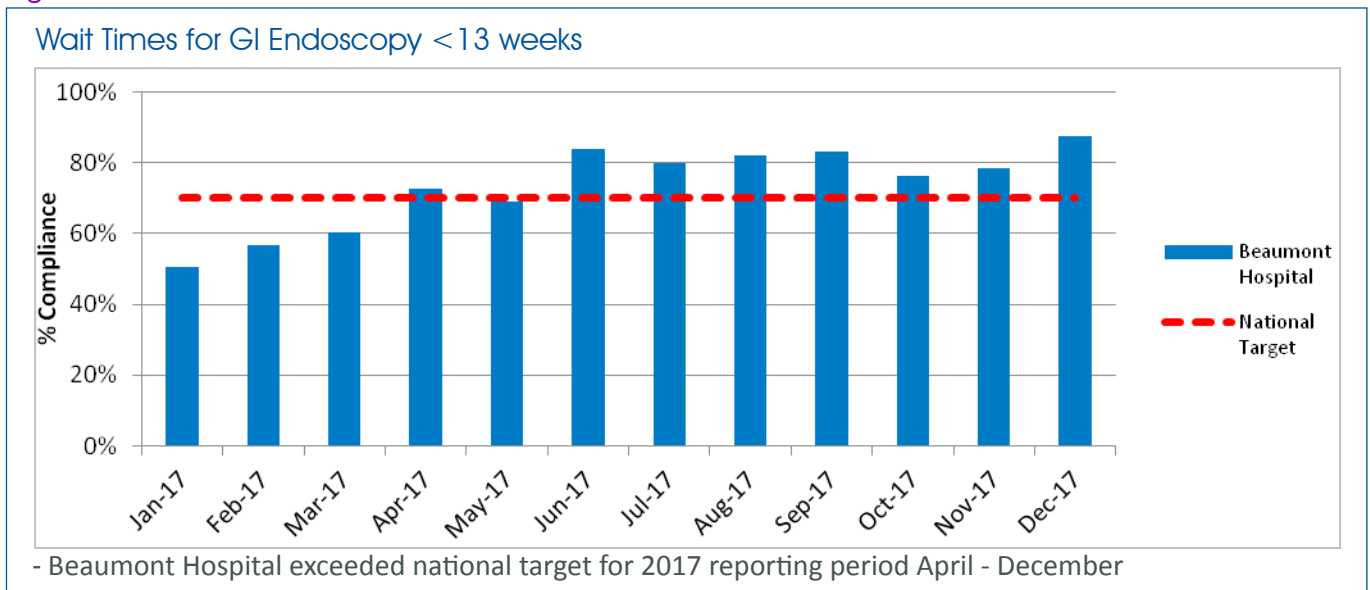


Figure 28

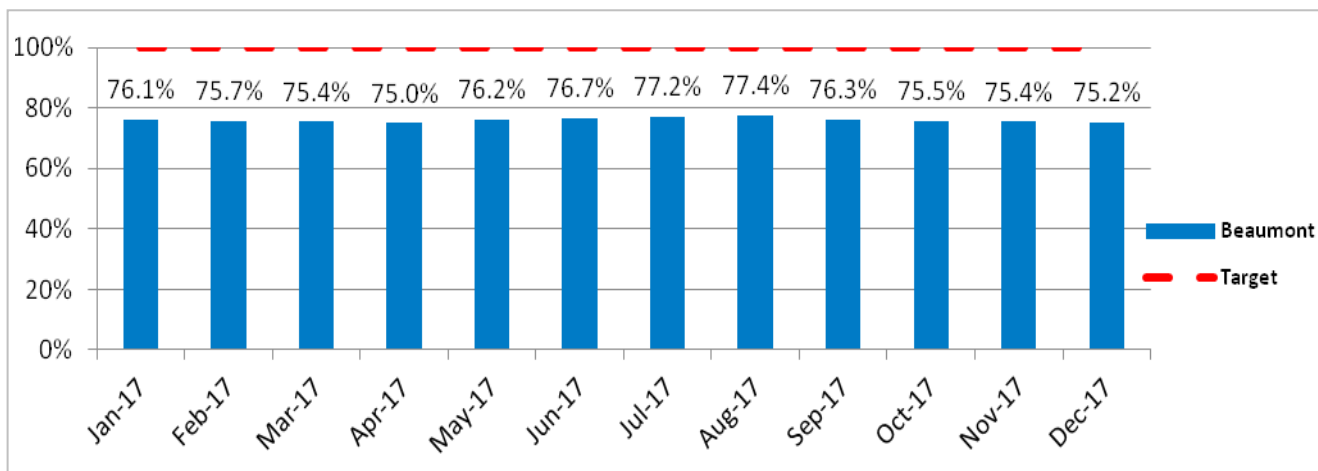
Out-Patient Waiting Lists - Adult / Paediatric Combined Specialty Waiting Lists

| Hospital | | 0-3 months | 3-6 months | 6-9 months | 9-12 months | 12-15 months | 15-18 months | 18+ months | Total |
|-------------------|----------|------------|------------|------------|-------------|--------------|--------------|------------|--------|
| Beaumont Hospital | 30.12.16 | 8,291 | 4,991 | 3,022 | 2,321 | 1,717 | 1,458 | 2,610 | 24,410 |
| | 30.12.17 | 8,145 | 5,003 | 3,642 | 2,861 | 1,703 | 1,528 | 3,229 | 26,111 |
| | Val Var. | (146) | 12 | 620 | 540 | (14) | 70 | 619 | 1,701 |
| | % Var | (1.8%) | 0.2% | 20.5% | 23.3% | (0.8%) | 4.8% | 23.7% | 7.0% |

- Beaumont Hospital demonstrated 11.7% increase in relation to patients > 12 months

Figure 29

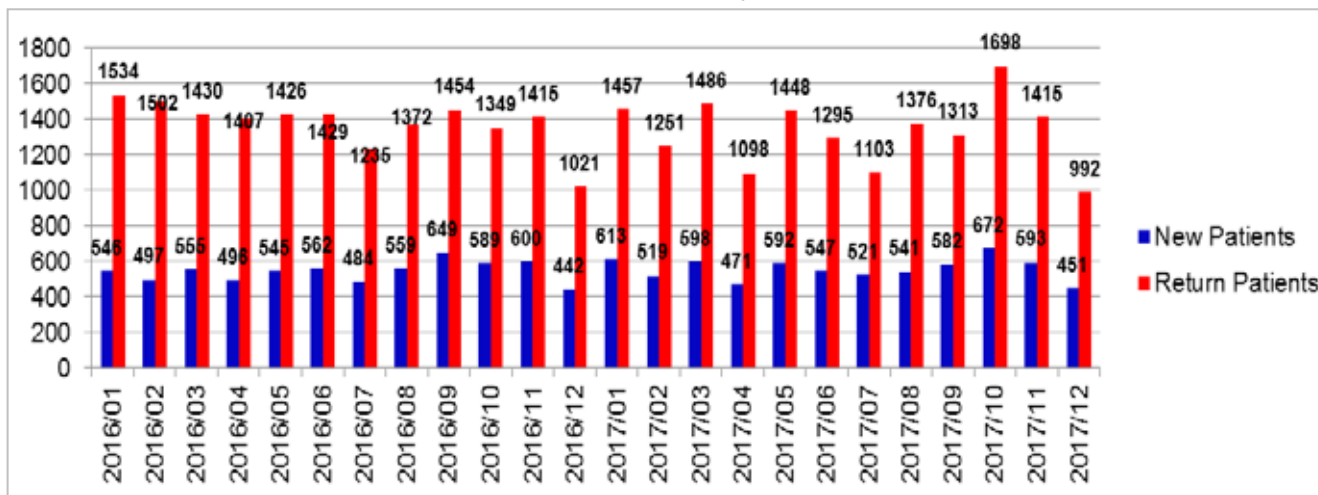
OPD Wait List - 2017 - % of Patients < 52 weeks



- % of patients waiting <52 weeks on OPD wait list has decreased from 76.1% to 75.2%

Figure 30

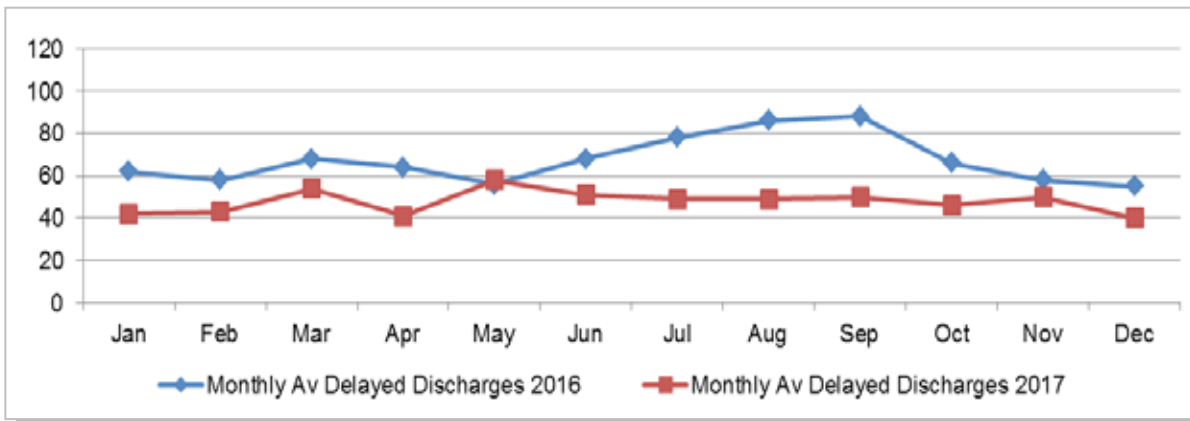
Out-Patient DNA's - Consultant Led - 2017 / 2016 comparison



- overall new DNA – 14% (n=451); overall Follow-up DNA – 11.2% (n=992)

Figure 31

Monthly Average Delayed Discharges 2016 v 2017



- average delayed discharge 17/16: 29% reduction (n= 234) - target (42) not achieved



Quality and Safety



Director of Clinical Governance:
Professor Edmond Smyth

Head of Organisational Development:
Anne McNeely

Head of IQS:
Pauline Fordyce

Introduction

The Integrated Quality and Safety (IQS) Department as part of the hospital corporate services, continues to provide support and lead on the quality and safety management programme of the hospital. The ethos of the department is defined by Lord Darzi, by which quality is defined by the three dimensions:

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

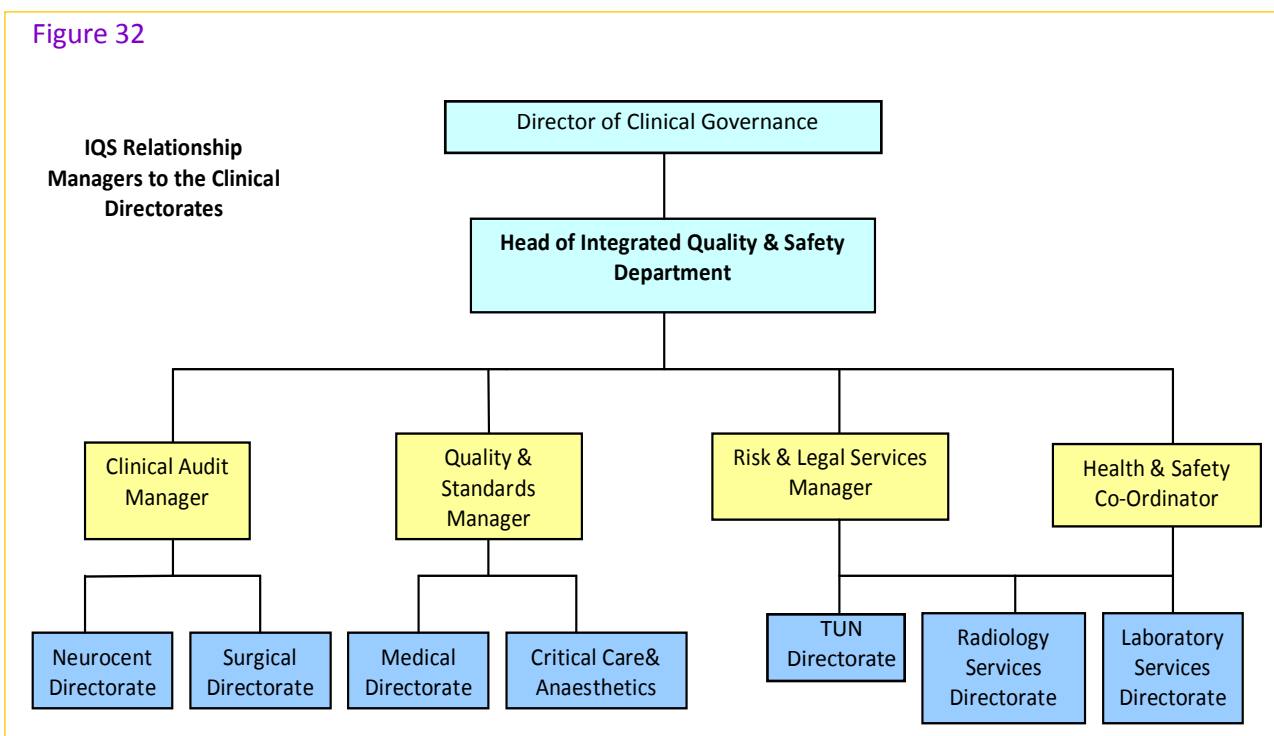
All of these dimensions count, but one among them *safety* emerges repeatedly as the most expected by our patients and our staff.

By way of providing assurance of the care provided to our patients, the IQS department has established a suite of metrics i.e. Quality and Patient Safety Metrics which is presented to the Executive Management

Team and the Governance and Risk Committee of the Hospital Board. It provides measurable quality indicators on patient safety which are indicative that the hospital has appropriate arrangements in place to monitor and manage quality and safety.

Supporting our metrics data has been underpinned by continuous quality improvement initiatives enabled by the IQS Team. In that role the team provides advice to the Clinical Directorates and Departments by their nominated IQS relationship manager. Due to the interdisciplinary nature of the IQS Team specialised clinical support services and advice is provided on risk and legal services, quality initiatives and quality management systems, patient safety concerns, systems and root cause analysis, legislative overviews, wellness programmes and human factors analysis.

Figure 32



The Integrated Quality and Safety Committee and Working Agenda

The ongoing agenda tabled at the IQS Committee still require full attention for the team and the members of the committee.

A wider range of committees continue to provide reports with developments and ongoing quality improvements and statutory compliance requirements to the IQS committee; Blood Transfusion, Clinical Governance and Audit, Emergency Planning, Health and Safety, Occupational Health, Point of Care Testing, Quality and Standards, Radiation Safety, Renal Transplant Statutory Compliance, Risk/Insurance and State Claims Agency Legal Matters, and the Vigilance Committee.

Seven Committee meetings were held in 2017. All statutory compliance reports were tabled and acted upon at these meetings:

Irish National Accreditation Board (INAB);

Inspection under the European Communities (Quality and Safety of Human Blood and Blood Components) Regulations 2005; ISO15189 Accreditation; Inspection of the Blood Transfusion Departments Quality Management System.

- This inspection was carried out in Q2 2017 and a report was provided to the Hospital. All updates were tabled at the IQS Committee as implemented by the Blood Transfusion Department.

Health Products Regulatory Authority (HPRA);

Implementation of the National Kidney Transplant Service Quality Management System in compliance with EU Directive 2010/53, SI 325/2012 and the Framework for Quality and Safety of Human Organs intended for Transplantation.

- A three day inspection took place in Q3 2016 with a follow up HPRA inspection carried out in January 2017. The validation and implementation of processes for the vessel banking service were completed.

Health Information Quality Authority (HIQA);

Unannounced inspection undertaken against the National Standards for the prevention and control of healthcare associated infections in acute healthcare settings.

- HIQA carried out an unannounced inspection on August 24th 2017. A satisfactory final report was published in November 2017.

National Patient Experience Survey (NPES):

The NPES is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health took place in May 2017. It included all inpatients > 18 years.

- Overall Beaumont Hospital's satisfaction rating was 78%, comparable with other hospitals of a similar size, and slightly below the National Average of 83%. Quality Improvement Plans are being developed to help address the areas of concerns

State Claims Agency (SCA):

The State Claims Agency conducted a Risk Management System Audit in Beaumont Hospital during November 2017 to determine whether the RMS complies with regulatory requirements and standards including ISO 31000, OHSAS 18001.

- The SCA will publish a report outlining the details of this audit in early 2018. The hospital will develop quality improvement plans for any findings and recommendations which may be identified.

At the seven meetings held, all quality related data was discussed as well as audit, incident reviews and reports, staff feedback and patient satisfaction surveys.

The committee continuously strives to improve the quality program of the hospital as well as monitoring compliance relevant to the statutory bodies pertinent to safety and risk.

The Sub-Committees provide quarterly reports to the IQS Committee. The Committee provided reports to the Executive Management Group and to Governance and Risk Sub-Committee of the Board.

Clinical Governance and Audit/Quality and Standards

Clinical Governance

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

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

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

A number of groups / committees reported to the Clinical Governance Committee providing quality assurance and updates on quality improvement activity:

- Directorates
- Consent Working Group
- End of Life Steering Group
- Hip Fracture Database
- Infection Prevention and Control Committee
- Major Trauma Audit
- Medication Safety
- National Audit for Hospital Mortality
- Nutrition Steering Group
- Quality & Safety Walk Arounds
- Quality Care Metrics
- Sepsis Steering Group

The Director of Clinical Governance and the IQS Managers continue to engage with, support and facilitate the Directorate Management Teams in setting up structures and ensure systems are in place to promote a culture of quality and continuous improvement. The Clinical Governance Committee provides monthly reports to the EMG.

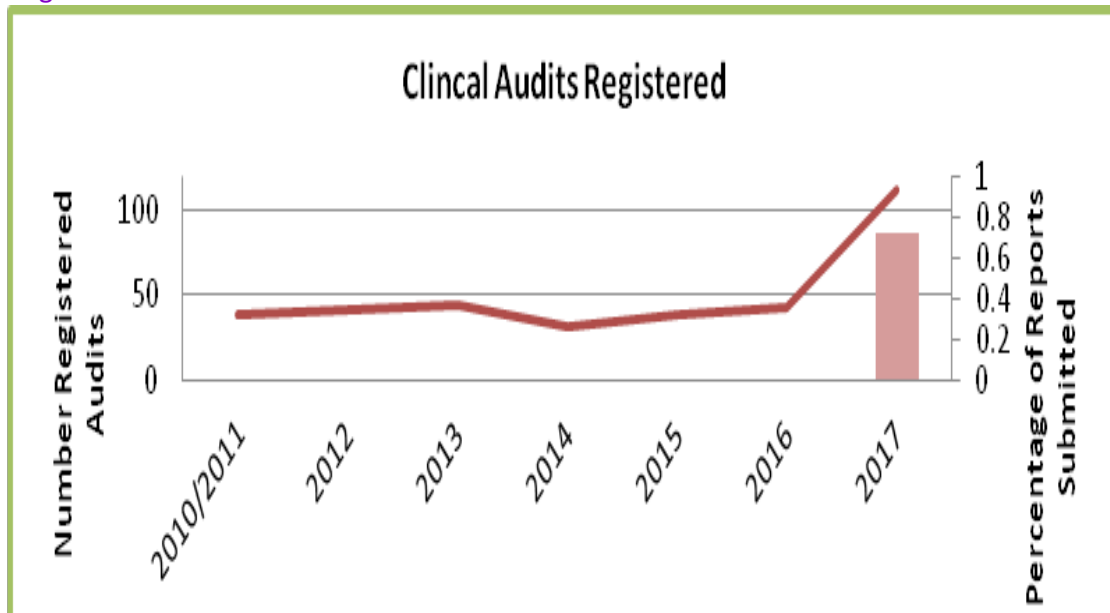
Clinical Audit

Clinical audit is a tool which can be used to discover how well clinical care is being provided and to learn if there are opportunities for improvement. 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.

In 2017 there was a focus placed on the requirement to register audits in advance of these being commenced. Communication was set-up with Directorate Management Teams in respect to the volume and progress of audits registered to their Directorate. Support was offered to individuals and groups to aid audit structure and support staff during the process.

Excluding audits being carried out in the Laboratory there were 112 audits registered in 2017, 167% increase from previous year.

Figure 33



In addition to audit registration a focus was also placed on the completed audit and subsequent quality improvement. All persons who had an audit registered was contacted to submit their report on completion, whilst a new initiative and extensions for audit completion date was issued on request, there was a 73% compliance with this change (Figure 33).

In addition to local audits Beaumont Hospital participated in a number of national audits including Major Trauma, Intensive Care Audit, Hip Fractures and Mortality Audit.

It is proposed for 2018, with the support of the newly appointed Clinical Director for Audit, to develop the relationships with the Directorates and further promote the awareness of audit registration, reporting and quality improvement in the audit cycle.

Open Disclosure

The HSE have already launched the Open Disclosure Policy (2013) along with documented guidelines on this process.

Beaumont Hospital along with every other hospital nationally is expected to adopt the policy and be open

to external assessment on compliance. In Quarter 4 2017, a working group, consisting of trained trainers in Open Disclosure was established to roll out both briefing sessions and workshops.

537 staff have attended briefing sessions on Open Disclosure, 97% of these sessions took place in Q4 2017. There are monthly briefing sessions and quarterly workshops scheduled for 2018, with future plans to incorporate the Open Disclosure briefing session on the newly launched BORIS™.

Freedom of Information (FOI), Data Protection Access Requests and Death Notifications Department

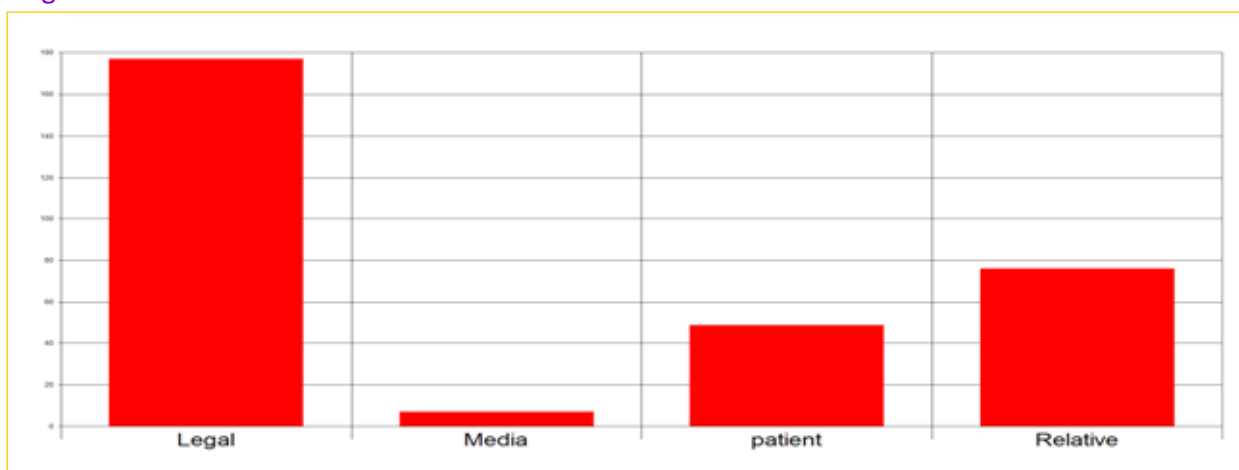
Freedom of Information

The **Freedom of Information (FOI) Act** allows for members of the public to make applications for their own personal records, the records of others and the corporate documents of the organisation.

In 2017 the Freedom of Information Department received 301 requests for personal information and 39 requests for non personal information. Just over 70% of these requests were granted.

The sources of the requests varied (Figure 34 Top four sources)

Figure 34



Data Protection

The Data Protection Acts, provides people with right to find out, free of charge, if Beaumont Hospital holds information about them. People also have a right to be given a description of this information and to be told the purpose(s) for holding this information.

Under **Section 4** of the Data Protection Acts, 1988 and 2003 people have a **right to obtain a copy** of any information relating to them kept on computer or in a structured manual filing system or intended for such a system by Beaumont Hospital. In Beaumont Hospital we refer to these and other routine requests for medical records as Routine Access Requests.

The Routine Access department continued to witness a large increase in requests, reaching a phenomenal 1, 848 requests in 2017.

The source of the requests varied with requests from legal professionals requesting information on the patient’s behalf being the highest. The top ten sources of requests are highlighted in Figure 35.

Death Notifications

The aim of this office is to ensure that death notification forms are completed as quickly as possible for deceased’s relative. Total of Death Notification Forms administered in 2017 was 654.

Health & Safety Department

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

In 2017 core services provided by the H&S Department were as follows:

Risk Registers & Departmental Risk Assessments

The Department continued its work on the delivery of training, provision of guidance and facilitation of workshops in the development of Risk Registers at departmental level. The work plan involved the assessment of risks, at departmental level, for the Decontamination Service, Catering Department, Security Department and St Joseph’s Hospital Campus.

In 2017 the department facilitated completion of additional risk assessments across hospital services including manual handling, ergonomics and chemical risk assessments.

Auditing

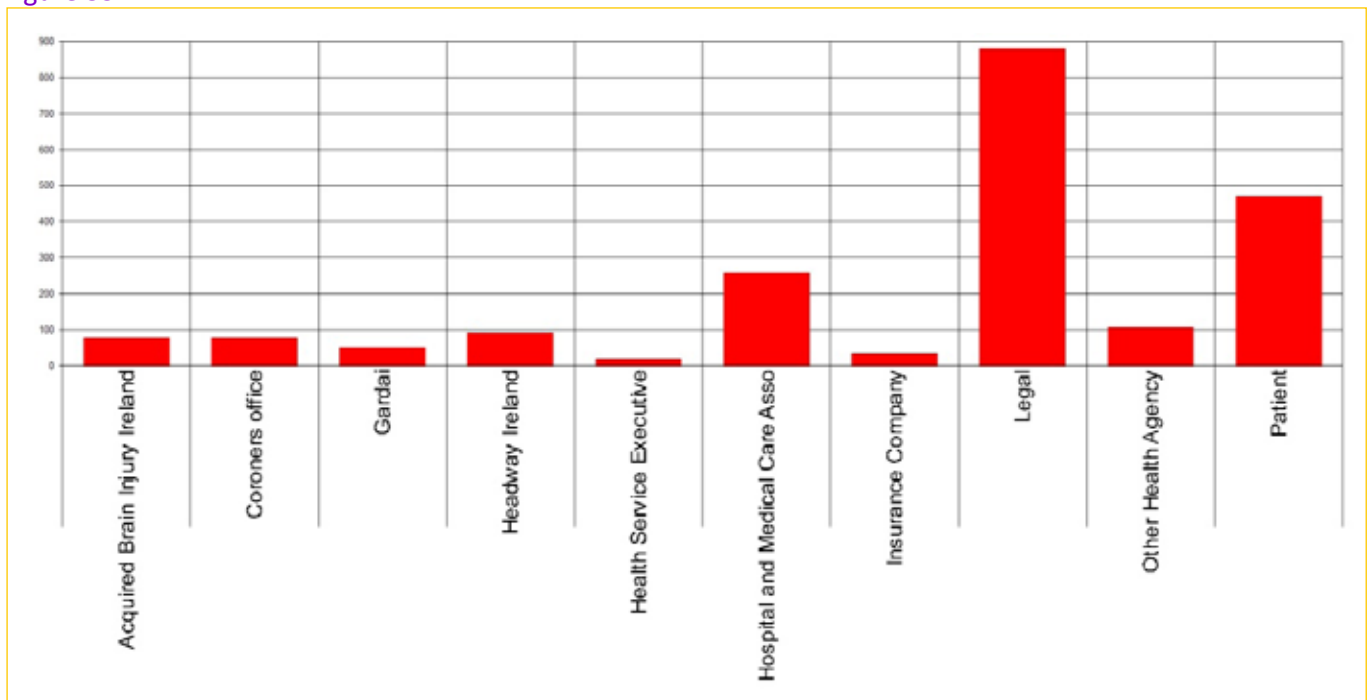
Fire Safety Auditing:

Fire safety auditing, measures the hospitals performance against set standards and legislation including the *Fire Services Act 1981*, *Safety Health & Welfare at Work Act 2005* and the *Safety Health & Welfare at Work (General Application) Regulations 2007*.

In accordance with the 2017 Fire Safety Audit plan directorates were audited on a quarterly schedule.

On foot of the 2017 audits ten fire alarm repeater panels were replaced at ward level, key box units were purchased and additional fire points installed. Fire safety signage including external assembly points and fire action notices were updated and displayed.

Figure 35



DGSA Audit:

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

In November 2017 three DGSA audits were conducted in a cross section of wards and departments in Beaumont Hospital and St Josephs Hospital & Raheny Community Nursing Unit. A DGSA audit also took place in Beaumont Hospital's Laboratory Directorate. The hospital has received two of the reports and has developed an action plan to address non conformances and observations identified.

Health & Safety Training and Awareness

The Health and Safety Department provided a programme for the delivery of mandatory health and safety training which included fire safety training and inanimate manual handling training. Each quarter department heads and directorate management teams are in receipt of reports indicating their department's compliance of attendance at mandatory health and safety training.

Additional health and Safety training programmes:

The department continued to provide further health and safety training including:

- Induction programme - Corporate, Nursing, NCHD, Intern and Health Care Assistants.
- Sharps Safety to non clinical departments.
- Chemical Safety to Decontamination satellite units.

- Segregation of Healthcare Risk Waste - linked with the hospitals DGSA programme.
- First Aid - in conjunction with the Voluntary Hospital H&S Advisory Group.
- Use of patient Evacuation Lifts

Further training developments:

The department worked closely with the Learning and Development Department to ensure that the mandatory Health and Safety Training Programmes formed part of the hospitals new Learning Management System, BORIS.

System Analysis Investigation

The principle of carrying out such investigations is to establish the root cause of the incident and to identify recommendations and learnings so as to reduce reoccurrence of such incidents. The Health and Safety Department carry out System Analysis Investigations for Health & Safety Authority Reportable incidents, serious near misses, Dangerous Occurrences (as prescribed by the HSA), Fires and non-clinical needlestick injuries. A HSA reportable incident is an incident where a staff member is out of work for greater than 3 days as a result of an incident at work, in turn this must be reported to the HSA. The top three types of incidents in 2017 were patient moving & handling, inanimate manual handling and slip/trips/falls.

In 2017 the Health and Safety Department reported 34 incidents to the HSA. (Figure 36)

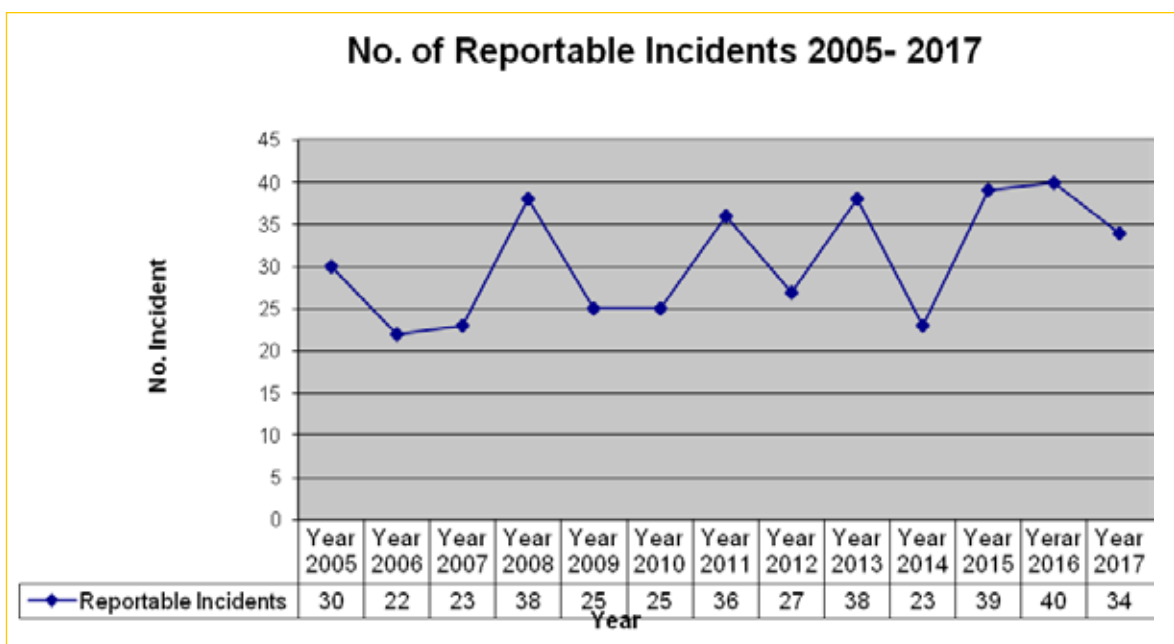


Figure 36 – Total No of Reportable Incidents 2005 - 2017

Staff Safety Committee

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

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

Voluntary Hospital Group - Health & Safety Advisory Group

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

European Health and Safety Week

European Health and Safety Week (24th-28th October 2016) focused on the theme of a healthy workplaces. The Department co-ordinated a week long awareness campaign reflecting the European theme called 'Healthy Workplaces for all staff'. The aim of the campaign was to improve staffs health at work, whether they are just starting their career or coming to the end of their working life. Health screening was made available to all staff which included blood pressure testing, blood sugar testing and BMI checks. Mindfulness meditation was provided in line with the staff counselling service and complimentary message was also available. Information and awareness stands provided information on the services provided by health and safety, health promotion, occupational health and human resources.

Health Promotion Department

The Health Promotion Department provide and promote Wellbeing and Illness Prevention Services to improve health outcomes for patients and staff. They also make links with the local community in this regard.

Wellbeing and Stress Management

The Wellbeing and Stress Management Programme for Outpatients is now in its eighth year. 25 patients in total completed the 2 day programme, many more have attended Day 1 day of the programme, and will

complete Day 2 in 2018. Patient feedback remains very positive with requests to increase the duration of the programme.

Ongoing evaluation shows notable improvement of self awareness and knowledge of what stress is and how to manage it. The programme introduces the concept of making healthier lifestyle choices which in turn improves overall wellbeing. This meets with the Healthy Ireland National Implementation Plan key indicators.

The Mindfulness and Relaxation Centre (MARC) hospital website continues to be of great ongoing support to patients. Patients, staff and the public have access to download from this site and the content reinforces some of the techniques taught on the programme. The website was updated in 2017.

Self Care and Wellbeing Programmes for Staff are available on request from managers throughout the year. Wellbeing sessions are additionally arranged for staff via the post-graduate education course co-ordinators.

Better Health Better Living

The Health Promotion Manager has been trained in facilitating this programme and patients are referred from the Wellbeing programme. This is a well recognised Stanford University six week Chronic Disease Symptom Management Programme for outpatients with chronic disease.

The programme meets many of the indicators within the Healthy Ireland National Plan 2015-2017 for the management of Chronic Disease.

Ongoing Wellbeing Initiatives for Staff

Massage Therapy; Yoga; Pilates and Circuit Training continued for staff throughout 2017.

European Health & Safety Week 2017

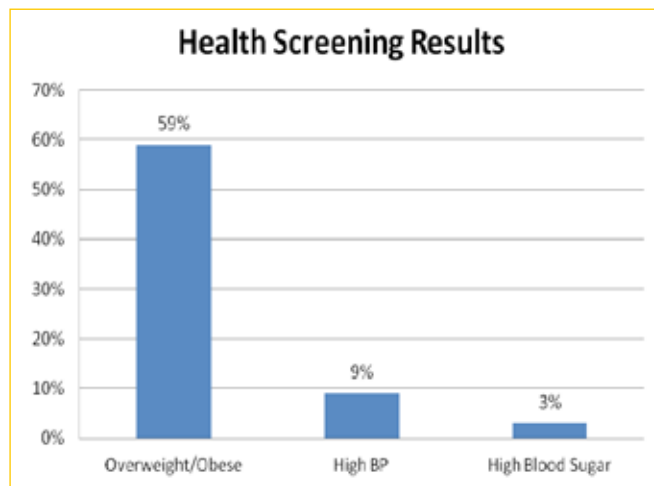
The theme for 2017 was "*Healthy Workplaces for all Ages.*" As part of a multidisciplinary team Health Promotion Department staff assisted in co-ordinating health information stands e.g. Healthy Eating, Managing Stress, High Blood Pressure, Physical Activity etc. Between 200 and 250 people attended the information stands.

A staff Health screening Day took place in October. This involved an initial assessment of family medical history followed by Blood Pressure, Body Mass Index and Blood Sugar level testing. The staff member

was given individualised advice for each test. The objective of this initiative was to empower hospital staff to make healthier lifestyle choices to improve their own health and wellbeing.

272 members of staff attended the health screening stations. 151 staff who attended full screening consented to a follow up evaluation.

Figure 37



Health Screening Results from 151 staff.
 (High BP = (>140/90), high BMI = (>25)
 High Blood Sugar = > 8mmol)

Patient Information Centre

The Information Centre continues to be a very positive addition to the hospital.

The hospital team of Volunteers continue to service the centre throughout the week. Their assistance has highlighted how important this service is to our service users. Other groups e.g. Citizens Advice Service, Irish kidney Association also utilise this space to assist the Beaumont community.

Extensive Health Promotion Information Awareness Days were held in the Centre in 2017. The Clinical Nurse Specialists, Daffodil Centre staff and Health promotion staff facilitate these days.

Information Topics: Acquired Brain Injury, Lung Cancer, Oesophageal Cancer, Men’s Health, World No Tobacco Day, Haemochromatosis Awareness, World Asthma Day, Sunsmart, Bowel Cancer and Mental health.

Healthy Ireland and Initiatives

Healthy Ireland Initiatives successfully launched in the hospital:

Calorie Counting for Breakfast - currently being reviewed and updated.

Better Health Choices in Food Vending Machines (recommended by the vending company and HI) are now in all vending machines throughout the hospital.

Teams of staff participating in the Operation Transformation challenge February 2017: A team of 59 staff completed a 5 week operation transformation challenge. Total weight loss over the 5 weeks: 8st. 2lbs or 52 kg and distances covered 5,564,054/2.633miles.

Teams of staff participating in a 5 week Pedometer challenge March 2017: 3, 323 miles were covered by a team of 49 staff members.

Love Life Love Walking Day Tuesday 14th Feb 2017 - 46 staff members stepped it out on the day. 23 of them registered for the lunchtime walk around the hospital grounds and the others walked in their own time later on the day.

Sli Na Slainte for Beaumont Hospital - Path for Health: These mapped and measured and displayed walking routes around the grounds and surrounds of Beaumont Hospital have been successfully installed since December 2017. This very positive health promotion initiative was co-ordinated by the Healthy Ireland Physical Activity Committee in partnership with the Irish Heart Foundation and will be officially launched late January 2018.





Smoking Cessation Service

The Health Promotion Department continues to provide a part-time Smoking Cessation Service (SCS) for staff and patients.

In 2017 204 clients received Intensive Tobacco Cessation Support and 57% of those who availed of the smoking cessation programme had quit smoking at one month (target is 45%).

Smoking Cessation Information Sessions for patients and family members continued throughout 2017 as well as a staff 6 week stop smoking challenge.

Brief Intervention training in Smoking Cessation (BISC)

The Health Promotion Department staff facilitated training throughout 2017. 33 staff were trained (HSE target 23). In addition 113 undergraduate general and paediatric student nurses were trained in DCU in 2017 which was facilitated by Beaumont Health Promotion staff and the HSE.

Tobacco Free Policy

Beaumont Hospital continues to strive to achieve Tobacco Free grounds for the better health of our patients, staff and visitors.

Occupational Health Department

The department provides services to Beaumont Hospital staff (incorporating St Joseph's Unit and Raheny Community Nursing Unit) as well as contractors providing a range of services to the hospital. It is part of the Integrated Quality & Safety Department and has close links with the Staff Counselling Service and the Health Promotion Department.

Staff

The team is comprised of:

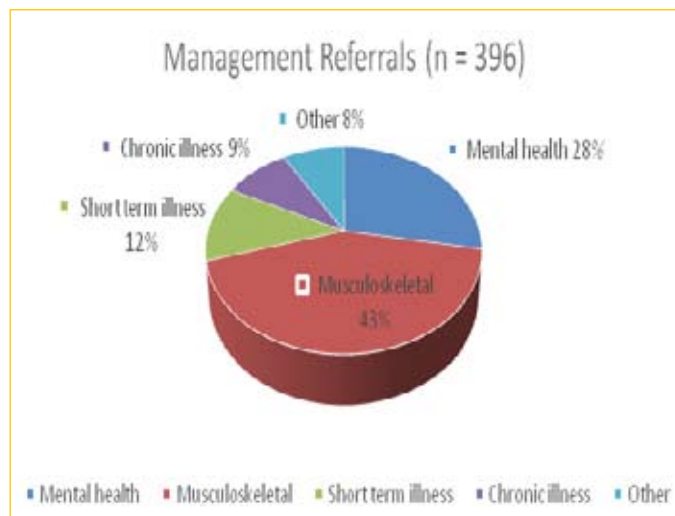
- Consultant Occupational Physician (0.8 WTE) Specialist Registrar training in Occupational Medicine (on an annual rotational basis)
- CNM3 (0.8 WTE)
- CNM2 X 2 (2 x 0.8 WTE)
- Grade IV Clerical Officers

General Activities

- Departmental activity is currently tracked using the OPAS occupational health management software. Overall activity, in terms of total attendances in OHD, increased 19% between 2016 and 2017.
- Pre-employment health assessment (PEHA): is undertaken for all new recruits. These include DCU student nurses. Historically, this has also included NCHDs who rotate through Beaumont from elsewhere. However, the HSE's NDTP has been working towards managing this more effectively with a centralised NERS database (National Employment Record System) potentially eliminating the requirement for doctors to check in with each new hospital OHD. There has been a surge in general recruitment in the past year which is reflected in a 25% increase in PEHAs performed in 2017 (n=565). A further 405 assessments were processed for NCHDs.
- Employee immunisation programme: employees immunisation needs are reviewed upon recruitment and appropriate follow-up is provided until the process is complete. Vaccination administration (excluding influenza) increased by 55% (n=1331), contributed to by the recruitment surge.
- Management referrals: for fitness for work assessment. The referral rate is unchanged from 2016. Using our OPAS functionality, we have been exploring this data more qualitatively and we report for the first time this year on the breakdown of these referrals. The majority are accounted for by musculoskeletal disorders (43%) and nearly a third are due to mental health issues including

stress (28%). Short /medium term illness (including surgery) and chronic illness account for 12% and 9% respectively.

Figure 38 : Breakdown of management referrals



- Self-referrals:**
 with work related health issues including stress. Self-referrals are a good indicator of staff confidence in OHD's service and though numerically much less than management referrals, they have not declined since 2016.
- Management of occupational injuries:**
 The number of needlestick injuries reported has fallen again by 18%, suggesting that last year's high may have been a statistical 'blip'. However, for the first time since we began monitoring these exposures (1993) we have diagnosed the hospital's first case of occupationally acquired blood borne viral infection (July 2017). Other work injuries (including musculoskeletal injuries) also decreased in 2017 by 22% and this is corroborated by the Health and Safety Department's observation that HSA reportable injuries have also reduced in number. Most musculoskeletal injuries are managed in consultation with the in-house physiotherapist.
- Health surveillance / screening:**
 Certain employees who are potentially exposed to workplace risks on an ongoing basis require periodic health surveillance (e.g. audiometry, infectious disease surveillance [TB, blood borne virus and MRSA], night worker health checks, VDU screening and pregnancy risk assessments). These activities accounted for 184 assessments in 2017. Undertaking surveillance of employees exposed in the workplace to infectious disease e.g. TB or those

exposed outside of work who may pose a risk to patients. A national measles outbreak and an extensive contact tracing review of staff exposed to a case of TB resulted in a dramatic increase in this activity during 2017 (n = 160).

- HR procedures:** During 2017, 13 members of staff were deemed to have met the medical criteria for enhanced sick pay under the Critical Illness Protocol (CIP) and 5 employees were retired on the grounds of ill health.

Risk Management and Quality Improvement Projects

- Musculoskeletal disorders:** musculoskeletal disorders are a major component of occupational ill health and sickness absence. Our strong rehabilitation ethos is supported by a weekly physiotherapy clinic. We co-direct rehabilitation programmes for acute injuries as well as non-acute musculoskeletal disorders incorporating phased return to work programmes. There were 93 physiotherapy assessments in OHD in 2017.
- Annual influenza vaccination programme:** achieved an influenza vaccination uptake of 53% across the hospital for the 2017/18 season with the help of our peer vaccinators. Though vaccination will continue in the early weeks of 2018, there is unlikely to be a substantial increase on this figure. This represents an increase of 2% on 2016 figures.
- Compliance with HSE HR Circular 012/2009:** this requires all those who undertake exposure prone procedures to provide evidence they are not infected with hepatitis B and C viruses. We continue to be challenged to keep abreast of the verification requirements, as the aforementioned NDTP NERS project beds down.
- Automated vaccination compliance report for managers:** The Safety, Health & Welfare at Work (Biological Agents) Regulations 2013 require employers to ensure that effective vaccines are provided for employees where risk of exposure exists. Responsibility to ensure compliance rests with managers, while occupational health administers the vaccines. As part of OHD's drive to be 'paper free', we set up the DIVER automated vaccination compliance report for porters in 2017. The automated report sends quarterly reports to the Portering Service managers which prompts them to ensure that those whose immunisation

is incomplete will be referred to the OHD vaccination clinic. Since achieving hepatitis B immunity requires 7 months to complete, it will take at least 7 months from the set up of the DIVER compliance report to achieve full compliance across the division. At the outset, 64% of porters were fully compliant. This has increased to 71%.

25 cases of occupational illness to THOR-ROI were reported in 2017. Over half were mental health conditions including acute anxiety, post-traumatic stress disorder, depression and stress. Some of these related to workplace relationship difficulties and protracted investigations where the physician determined that the workplace issues were the predominant reason for the illness. The musculoskeletal disorders reported do not include acute musculoskeletal injuries, but rather, longer lasting illnesses which do not result from a discrete event. These included back pain, epicondylitis, work related upper limb disorder and tension neck syndrome. The infectious diseases reported do not include common infectious disease which may or may not have been acquired occupationally (e.g. influenza, norovirus, MRSA) but rather, diseases associated with significant morbidity and requiring specialist treatment (e.g. tuberculosis, blood borne viral infection).

Patient Moving and Handling Training

Moving and handling training was provided by the Manual Handling Coordinator supported on an 'ad hoc' basis by an external agency up until June. Since then, training is provided entirely by an external contractor. A total of 465 employees were trained in patient handling over 44 days of training. DNAs are an ongoing challenge, with 24% not showing up on the day, despite being sent an SMS reminder.

Departmental Affiliations

- Faculty of Occupational Medicine (RCPI): Dr B Hayes is currently Dean of the Faculty and is a member of FOM Board, Examinations Committee and Specialist Training Committees.
- Royal College of Physicians of Ireland (RCPI): Dr B Hayes is a member of the RCPI's Steering Group on Physician Health
- Joint first prize for poster entitled 'Personal and workplace factors associated with burnout in Irish hospital doctors – specialty comparison' awarded to B Hayes et al. at EAPH Conference, Paris, April 2017
- Robert Mayne Medal 2017 awarded to Dr B Hayes (October 2017)

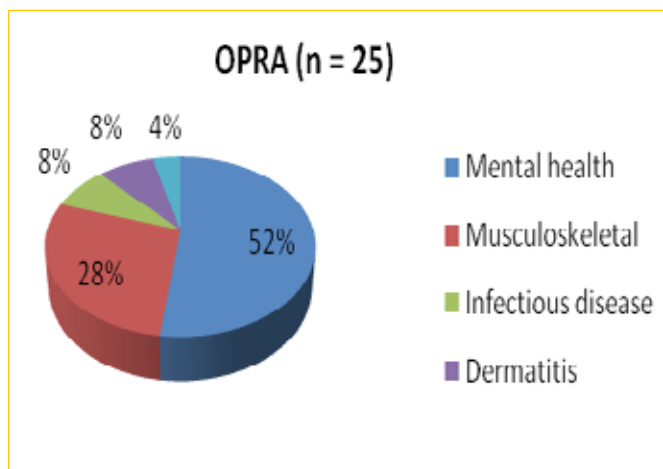
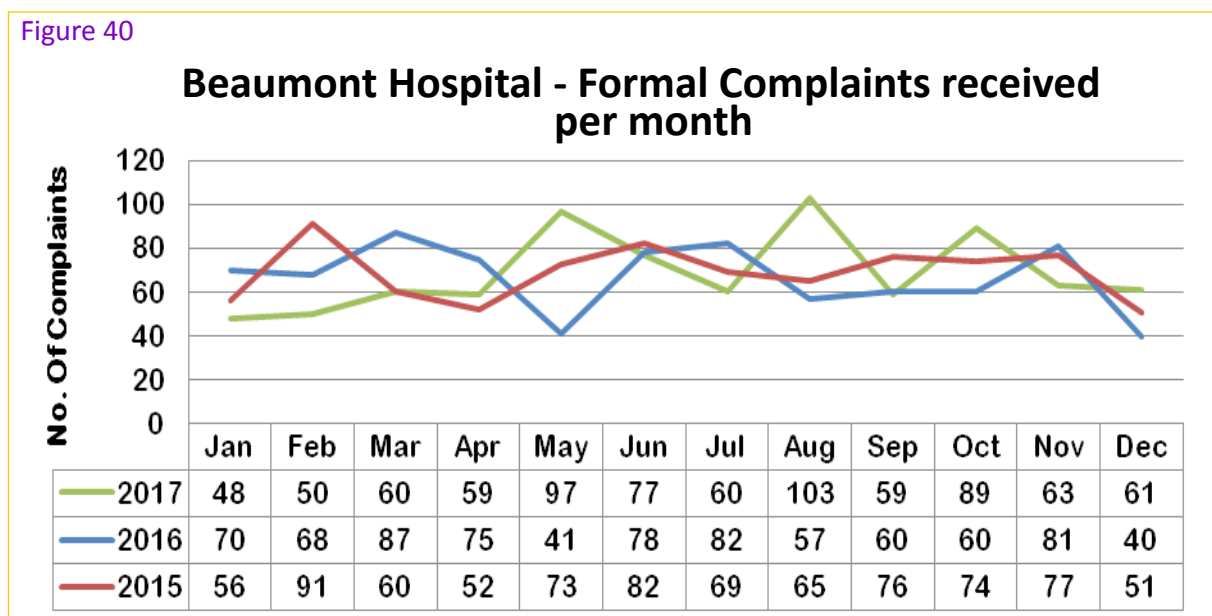


Figure 39 : Breakdown of OPRA reported occupational illness in Beaumont Hospital

Figure 40



Patient Advisory Liaison Service (PALS)

Formal complaints:

(Reactive Role of the Department). Figure 40 illustrates the number of Formal Complaints received between January to December 2015, 2016 and 2017

Total number 2015: **826** (average 68)
 2016: **799** (average 66)
 2017: **826** (average 68)

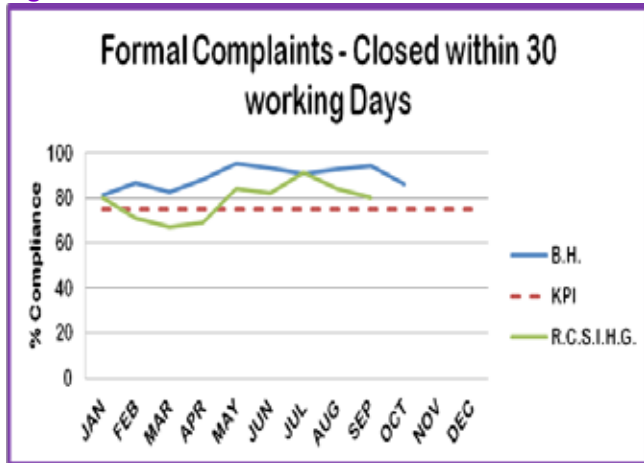
Complaint types are categorised into “8 Pillars of Care” and Figure 41 outlines the categories of formal complaints during 2017 under each of these headings, as a percentage of the overall formal complaint activity received through the PALS department.

Figure 41 : Complaint categories 2017.

| Complaint category: | 2017 |
|--|------|
| Access to care which includes: delays in admission; appointment delays; lack of resources. | 388 |
| Dignity and Respect includes: dignity not respected; alleged inappropriate behaviour; discrimination; End of Life care. | 44 |
| Safe and Effective Care includes: staff competency; delay or misdiagnosis; tests; continuity of internal / external care; discharge process; health and safety; hygiene; infection prevention & control; medication concerns; treatment & care. | 227 |
| Communication and Information includes: communication skills; delay and failure to communicate; information. | 102 |
| Participation includes: shared decision making; consent | 1 |
| Privacy includes: confidentiality; hospital facilities (privacy) | 7 |
| Improving Health includes: empowerment; holistic care; catering; smoking policy. | 2 |
| Accountability includes: lack of information on complaints or feedback process not available; quality of response to complaints made; bill disputes; invoice errors; insurance cover. | 44 |

Figure 42 outlines the PALS KPI with regard to complaints closed within 30 working days (based on RCSI Hospital Group policy). This information is included in the RCSI Group Performance Metrics (monthly) under the Dimension of Patient and Family Experience (RCSI Hospital Group target performance is 75%)

Figure:42



PALS has commenced quarterly audits of formal complaints as registered with Clinical Audit Department. The first audit was completed in November 2017 and key findings are outlined in Figure 43

Figure 43

| | |
|---|------------------|
| Evidence of apology is included in final complaint response as appropriate | 100% yes |
| Evidence of learning is included in final complaint response as appropriate | 100% yes |
| The complaint response has been answered without the use of medical jargon or abbreviations | 96% yes |
| The complaint response answers all questions identified by the complainant | 87.5% yes |

PALS Advocacy Role with Patients and Families: (Proactive Role) This reflects the role of PALS staff directly engaging with patients and families to listen and offer support and advice with regards to concerns and their requests for information. As such PALS will advocate on behalf of patients to the relevant teams and departments within the hospital. A key objective of this role is to resolve concerns, before they progress further and to liaise directly with the relevant hospital staff to assist with this.

Quality and Standards

Annual Quality & Patient Safety Meeting

The 6th Annual Quality & Patient Safety meeting took place on May 19th. Organised by Quality & Standards/Clinical Governance, the meeting provided an opportunity for staff to engage, discuss and learn how the hospital is committed to improving the quality of care delivered to our patients.

The theme of this year's meeting was "Translating Vision into Action".

The keynote speakers were - Ms. Barbara Wren, Consultant Psychologist at the Royal Free London NHS Foundation Trust, who gave a thought provoking talk on the use of narrative approaches in QI: linking staff and patient experience to manage risk and quality in Healthcare. The second keynote speaker Dr. Gavin Lavery, Consultant in Critical Care Medicine at Belfast HSC Trust, delivered an engaging presentation about the importance of measurement for improvement.

The meeting then proceeded with oral sessions from multiple disciplines representing many areas and demonstrating the wide range of quality improvement activities taking place across departments and directorates in the Hospital. Approximately 80 posters were presented throughout the morning with 255 delegates registered on the day with visitors from Tallaght Hospital, St. James Hospital and other hospitals within the RCSI Group.

Prizes were awarded for each oral session:

Oral Sessions:

'Implementation of standardised PACU handover tool to improve patient safety' - Ms Rachel Sheridan, RGN, CC&A Directorate

'Save the Brain Campaign' - Dr Carmel Curran, Consultant Geriatrician



Prof Edmond Smyth, Director of Clinical Governance, Ms Helen Ryan, Quality & Standards Manager, Ms Linda McEvoy, Clinical Audit Manager and Dr Gavin Lavery, Consultant in Critical Care Medicine at Belfast HSE Trust



Prof Peter Conlon, Lead Clinical Director and Ms Liz Gilligan, Clinical Nurse Specialist attending the Quality & Patient Safety Meeting.

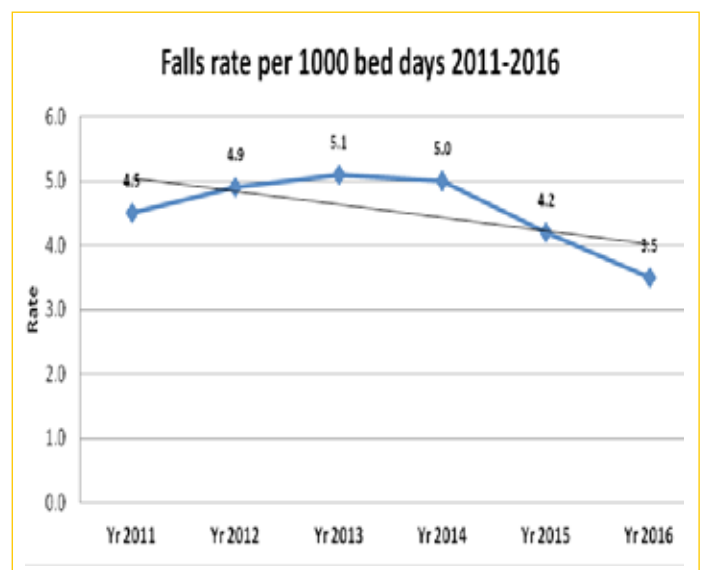
Quality & Standards

The Quality & Standards department as part of the Integrated Quality and Safety division continue to support a systematic, sustained approach to quality improvement in delivering safe and effective care in the hospital.

Falls Steering Group: The Falls Group is chaired by the Quality & Standards Manager and the membership of the group includes representatives from Nursing, Health & Safety, Nurse Education, St Joseph's Hospital Raheny, Risk Management, Occupational Therapy and Physiotherapy. Falls remain one of the highest reported incidents in the hospital and these statistics are mirrored nationally.

The Inpatient Falls Prevention Policy outlines a programme of falls prevention interventions and post fall management and includes the following – Risk assessment process, a risk of falling care plan, patient information leaflet, post fall management algorithm and SOP for the use of bedrails.

Figure 44



Fall rates per 1000 bed days 2011-2016(Data source: Risk Management and Management Information)

In Beaumont, the average falls rate for the last five years 2011-2016 is 4.5 falls per 1000 bed days. Reviews of observational studies in acute care hospitals show that falls rates range from 1.3 to 8.9 falls per 1000 bed days and that a higher rate can occur in units that focus on eldercare, neurology and rehabilitation (*AHRQ 2012*) - Figure 44.

HIQA carried out an unannounced inspection on August 24th 2017.

The report which was published was largely positive, noting that the hospital demonstrated effective leadership, governance and management arrangements around the prevention and control of healthcare-associated infection and provides a good example for other service providers.

Medication Safety: HIQA's medication safety monitoring programme commenced in 2016 with the aim of examining and positively influencing the adoption and implementation of evidence-based practice in public acute hospitals around medication safety.

During 2017, work continued in identifying and progressing improvements in relation to medication safety in anticipation of an announced inspection led by the Medication Safety Co-ordinator. These improvements included:

- Revision and update of Medication Management Policy.
- Ongoing education - ward based, grand rounds, nursing and medical education sessions.
- Development and introduction of a medication incident dashboard which is available to all directorates via web diver link.

Consent Working Group

The Consent Working Group chaired by Dr Diarmuid Smith, Consultant Endocrinologist, held quarterly meetings in 2017. The Group reports annually to the Clinical Governance Committee.

- In 2017 all actions and improvements following the 2016 audit of the completion of the consent form were closed out and plan in place to re-audit in 2018.
- The terms of reference for the group were reviewed and updated and approved by the members of the group and noted at the Clinical Governance Committee meeting.

- The *Refusal to Blood Transfusion Policy* was finalised, approved by the Group members, noted at Executive Management Group and uploaded onto Q-Pulse.

Risk and Legal Services

The Risk & Legal Services Department have 4 distinct roles:

- The assessment and follow up of clinical and non clinical incidents;
- The preparation and management for Coroners cases;
- The co-ordination of clinical and non clinical legal claims;
- The overall co-ordination of the hospital insurance programme.

Risk Management

There are approximately 4,000 incidents reported annually. All of these incident report forms are reviewed by the Risk & Legal Services Manager and are rated according to the severity of the incident.

These individual incidents are then inputted by the staff in the department onto the Clinical Indemnity Scheme's National Incident Management reporting system

High rated incidents are discussed by the team and a preliminary investigation is conducted by the Risk & Legal Services Manager with relevant team members. High risk incidents are then reported to the Chief Executive and team. Some incidents are then escalated to a serious incident review process and further investigation. Learning's and recommendations from these reviews are shared and implemented with the support of the department.

Coroners Court Activity

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

In summary:

- 169 deaths were reported.
- 68 reports have been sent to the Coroner
- 10 inquests were attended by clinician staff.

Clinical Negligence / Employee Liability & Public Liability Claims

The number of active claims being managed at year end has significantly increased due to the number of new claims received in the last three years.

Figure 45

| Year | Total Number of Claims at year end |
|------|------------------------------------|
| 2011 | 139 |
| 2012 | 136 |
| 2013 | 161 |
| 2014 | 172 |
| 2015 | 193 |
| 2016 | 193 |
| 2017 | 200 |

Insurance Portfolio

The department also negotiates and is responsible for the insurance portfolio for the hospital. This also involves co-ordinating claims against the insurance policies.

Staff Counselling Service

In 2017, prompted by the need to maintain well established standards of best practice, to manage expectations and continue our efforts to increase Evidence Based Practice, the Staff Counselling Service completed a full review of service provision. This resulted in a revised promotional pamphlet for the “*Staff Counselling and Psychological Support Service*” which aligns the service with Beaumont Hospital’s vision and standards for employees and includes the values of the People Strategy 2015-2018. This pamphlet which will be circulated in Q1 2018, explains that a client’s initial session is a form of triage (in line with medical model terms) to ascertain which service the client might need. Services available are outlined as followed:

1. Personal consultation and counselling,
2. Professional consultation and management support,
3. Learning and Development,
4. Critical Incident Support.

Consultation and Counselling (Professional & Personal) - 2017 Review:

In 2017 the service provided counselling and consultation sessions to 199 clients. 42% of these cases presented with Work Related issues and 46% related to Personal Issues. 10% of cases did not attend first session. A breakdown of cases, utilising HSE Management Standards, are as follows:

| | |
|-------------------------------------|-----|
| Work Related 42% (Top 5 issues) | |
| Personal Related 46% (Top 5 issues) | |
| Relationships | 40% |
| Psychological Wellbeing | 40% |
| Demands | 20% |
| Bereavement / Loss | 16% |
| Support | 12% |
| Physical illness | 14% |
| Work Injury | 11% |
| Family Circumstances | 14% |
| Serious Incident | 9% |
| Relationships | 13% |

The service continues to utilise Myoutcomes feedback informed treatment (FIT). 74% of closed cases are reported as scoring ‘in the green zone’, indicating improved client wellbeing. In addition the mean number of sessions was 3, supporting our decision to reduce the number of sessions offered to employees.

Learning and Development

Mindfulness Based Interventions (MBI)

Attendance has been consistent at both the Morning mindfulness sessions delivered early on a Wednesday morning and Monday Mindfulness which takes place during lunch time. Mindfulness newsletters are distributed to past attendees on a monthly basis, offering support and motivation re ongoing practice.

Resilience Plus

Continued commitment to the delivery of this effective intervention meant three programs took place during 2017. A poster presentation was presented at the International Health Promoting Hospitals conference in Vienna in April.

Schwartz Rounds

The SCS became actively engaged in this new venture in the latter half of 2017, attending preliminary meetings and attending the recruitment process to engage facilitators.



Medical Board



Prof James Paul O'Neill

The Medical Board has a key role in promoting the delivery of contemporary medicine and surgical expertise with compassion and innovation, enriched by medical science, technology, research, education and professionalism.

Composition includes representatives from the Departments of Medicine, Surgery, Emergency Medicine, Anaesthetics and Critical Care, Radiology, Pathology and Laboratory Science, Nephrology, Urology and Transplantation, Neurocent, Radiation Oncology, Clinical Governance Committee and the School of Medicine RCSI.

The Medical Executive meet on a monthly / bimonthly basis, working for the good of the hospital and not motivated solely by departmental gains. The Chairman of the Medical Board is a non-voting position on the Hospital Board. The Chairman and Secretary meet with the Hospital CEO on a monthly basis to discuss matters of mutual concern.

Collective issues that have been discussed over the last year include the necessity for capital investment on the Beaumont campus, consultant and NCHD recruitment and retention, interview protocols for consultant positions, bed availability, isolation rooms, IT infrastructure, theatre access and rolling closures, the necessity for a HDU, day services for oncology and surgery, cancer resources for all services including PET scanning, OPD waiting lists and nursing recruitment and specialisation.

Issues for discussion through the year included the application for Beaumont Hospital as a Level I Trauma Centre, the completion of the Rockfield Nursing Home, construction plans for the Emergency Department and completion of the new RCSI building, the fundraising for approximately 4.5 million euros required for a PET scanner on site, clarification and final revision of the current 'Do Not Resuscitate' policy and the necessity for digitalisation of Medical Records. The Consultants common room was also refurbished thanks to RCSI funding.

The Medical Executive has a key function in promoting communication, dialogue and collegiality amongst consultants in Beaumont Hospital.

The Beaumont Hospital Medical Board Dinner was held in January 2018 with the majority of the consultant body in attendance. The special guests on the evening included Ian Carter, CEO Beaumont Hospital, and Professor Cathal Kelly, CEO RCSI Hospital Group, Professor Shane O'Neill was awarded the new Consultant Teachers award.



Department of Nursing



Director of Nursing:
Karen Greene



Director of Nursing Report

The focus throughout 2017 has been to further develop, strengthen and lead the nursing workforce to be adaptable, proactive and ambitious in their approach to patient care. Co-creation of a nursing service plan with our frontline staff resulted in seven key areas to focus our attention and set outcome measures to measure success. These key areas were workforce planning and development, staff engagement, pathway development and re-design particularly in the areas of frailty, to enhance the nutritional status and mealtime experience of our patients, to implement the national sepsis guidelines and to ensure nursing research and innovation underpins these strategic priorities.

Key successes for 2017 were being selected as a national pilot site for the national taskforce for safe nurse staffing and skill mix, expanding our advanced practice nursing team to 24 practitioners across eleven service areas and enhancing the out of hours hospital

management team by introducing support roles with emphasis on supporting frontline staff with clinical decision making and early warning score escalation.



CNM 3 Out of Hours Team

The department of nursing saw its turnover rate decrease significantly in 2017, a very welcome indicator given the investment in recruitment in previous years, the level of purposeful engagement with all levels of staff within the nursing team to understand needs and

the advances and adaptive approach in continuing to meet the educational needs of our nursing and support staff. This stability in the workforce opens up greater possibilities to enhance quality of care, seek role expansion opportunities across all grades to enhance the patient experience and expand our capabilities for participating with nursing research and innovation across many services.

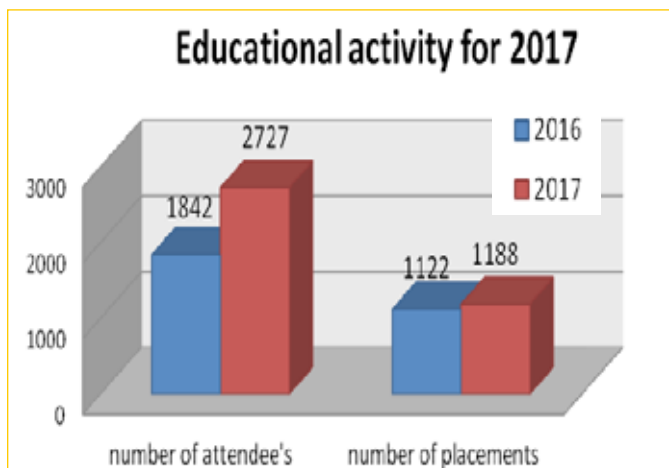
Centre of Nurse Education and Practice Development

Integral to enhancing patient outcomes and safe delivery of care is having a highly educated nursing workforce responsive to the delivery of contemporary healthcare models. The Nursing Department continue to recognise the criticality of investing in the continued personal and professional development of our nursing and healthcare workforce to achieve in partnership with our academic partners DCU and RCSI. The ability to provide and adapt education programmes on site remains a key driver in what attracts nurses to Beaumont and the ability to develop ambitious career pathways for nurses from graduate level to specialist is a critical retention factor.



In 2017 there was a further increase in education activity in the Centre of Nurse Education (CNE), with a 40% increase in the number of people who attended education programmes. Over 2500 nurses, Health Care Assistants and other healthcare professionals attended one of the 59 in-house education programmes provided for in the CNE from Beaumont Hospital, coupled with over 230 nurses accessing our programmes from other hospitals and CHO's.

Figure 46

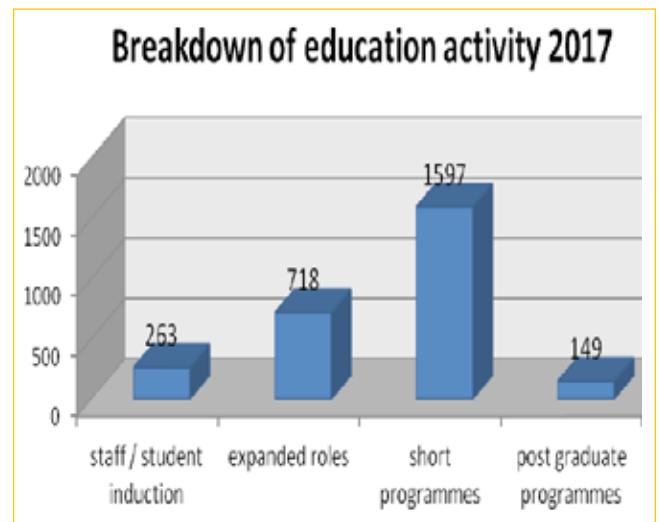


Seven new education programmes were introduced in 2017 in response to the varying service and organisational needs. These included;

- Anaphylaxis programme
- Peer to Peer Flu Vaccination
- Essential Care for HCA's
- Foundation Programme in Perioperative Nursing
- Foundation Programme in Emergency Department nursing
- Stand-alone module in neuro-oncology nursing
- Support for the Vulnerable adult

1188 clinical placements were provided for student nurses and candidate nurses who require a significant and consistent emphasis on ensuring the clinical learning environment meets the needs of both our undergraduates and newly recruited overseas nurses.

Figure 47



Throughout 2017 there was a continued emphasis on role expansion opportunities for nursing with 353 nurses certified as competent to undertake Venepuncture and peripheral IV cannulation which enhances the patient experience and reduces waiting times for initiation of various treatments. New nursing documentation was developed and tested with evaluation currently underway. In response to the continued recruitment challenges across nursing, the CNE engaged in a feasibility study of additional undergraduate academic partners in collaboration with the RCSI Hospital Group. Formal engagement with the Nursing and Midwifery Board of Ireland is now underway to progress to the next phase.

Figure 48 outlines total number of education programmes provided in 2017 by the Centre of Nurse Education and Practice Development Unit.

Figure 48

| | |
|--|------|
| TOTAL number of programmes | 205 |
| TOTAL number of attendees | 2727 |
| TOTAL number of clinical placements provided | 1188 |

Post Graduate Education Activity

Beaumont Hospital offers 9 different Postgraduate Diploma in Nursing programmes in conjunction with the School of Nursing and Midwifery, Royal College of Surgeons in Ireland. Following on from an extensive curriculum reaccreditation process in 2014 - 2015, each of these programmes can now be offered as a specialist programme leading to the award of Postgraduate Diploma in Nursing (Specialism) or as a non-specialist programme leading to the award of Postgraduate Diploma in Nursing. The student also has the opportunity to undertake 3 specialist modules and exit the programme with a Postgraduate Certificate in (Specialist) Nursing. Furthermore, we can now offer each of our modules as stand-alone options with 31 options for the student to choose from. Indeed we are constantly developing new modules of learning; the two latest additions to our suite of programmes are stand-alone modules in neuro-oncology nursing and rehabilitation of the frail older adult. Further modules will be added during the next curriculum reaccreditation.

In addition to NUI accredited programmes, we also support the delivery of a variety of in-house Specialist Practice / Foundation Programmes in areas such as Neurosciences, Haematology/Oncology, and Enhanced Clinical Skills in Acute Care. This year saw the development of a bespoke, blended foundation programme in perioperative nursing and a foundation programme in Emergency Department nursing. Having developed an in-house foundation programme in Intensive Care nursing this programme is now run nationally through UCD and our students are accessing this. It is likely that a national foundation programme in Emergency Department nursing will come on-stream in 2018.



Research and Innovations in Education

- BORIS - The Department of nursing in partnership with Learning and Development secured funding and have developed a Virtual Learning Environment / Learning Management System. This is a key enabler for blended learning approaches and some of our newly developed programmes including the Foundation Programme in Perioperative Nursing and the Enhanced Clinical Skills programme are now being platformed on the system.
- E-connect - (The Enhanced Communication in Nursing through Exchange of Clinical Teaching experience) is an Erasmus European funded project aimed to develop an online blended learning module to enhance communication and collaboration between teachers and learners during clinical learning processes in nursing education. Members of the Beaumont CNE team are working on this European collaborative project with Dublin City University (DCU) in developing a joint e-learning preceptorship programme of video based scenarios on student to preceptor communication.
- PROCOMP - Professional Competence in nursing research project is a research project with international cooperation receiving funding from the Academy of Finland which involves working in the European Arena where data will be collected in Finland, Spain, Germany, Lithuania and Ireland. The project aims to produce and evaluate instruments assessing competence and connected factors.

Fellowships of the Faculty of Nursing and Midwifery, RCSI.

The Fellowship of the Faculty of Nursing and Midwifery RCSI is exclusively offered by the RCSI. This year, a number of Fellowships by Examination were awarded to Beaumont Hospital nurses, adding to the number of our nurses already holding this prestigious award. Fellows are: Cynthia Balasundaram, Joseph Bonham, Marie Hennigan, Julie Jordan O'Brien, Carol Steyn and Stephen Kelly.

Key Achievements 2017

Taskforce for Safe Nurse Staffing & Skill-mix

Throughout 2017 Beaumont hospital collaborated with the Department of Health in implementing the national framework for safe Nurse staffing and skill mix. Of the 6 wards selected nationally, three were within Beaumont Hospital demonstrating extremely positive results in the retention of nurses, reduction of agency staff and positive outcomes for patients. The framework centers on allocating the nursing resource to the acuity and number of patients on the ward and their particular needs. In parallel to this, the professional and clinical judgment of nurses is also a key contributor. Due to the success of phase 1 the Department of Health has approved extension of the project to a number of other wards within the three current pilot hospitals throughout 2018.



Critical Care & Anaesthetics (CC&A) Directorate

Ms. Clare Morris was appointed as Assistant Director of Nursing for the theatre department and joins the CC&A directorate management team in this role with a view to maximising theatre efficiencies and utilisation. Ms. Mary Cooney (Directorate Nurse Manager) played a leading role in championing the implementation of the national sepsis guidelines across the hospital with the hospital steering group. The nurse led pre-assessment service was expanded in December 2017 to increase the throughput of patients being pre-assessed pre operatively.



Education for nursing and nursing support staff remained a priority across the Directorate for 2017 and in November a 26 week foundation programme in perioperative nursing was launched

From June to year end a total of 28 nursing staff joined the theatre team which enabled the Directorate plan to increase theatre capacity. In December 2017 the theatre complex was successful in its application to become part of the Theatre Quality Improvement Programme with the RCSI.

On November 13th the visitors' rooms in ICU were officially opened. This facility offers space and tranquillity for the relative of the critically ill patient.

Emergency Medicine Directorate

The Emergency Department was established as a directorate in 2017 with Ms. Fiona Hilary leading the nursing team at directorate level. In 2017 Beaumont Emergency Department treated 56,438 patients, a 6.4% cumulative increase in new patient attendances. This has required a constant focus on process improvement, pathway development and a responsive and immediate approach to variances. The department has demonstrated significant success with early identification of possible risk factor groups, investigation from the point of triage resulting in timely and appropriate decisions with regard to patient placement.

A multi-disciplinary Emergency Department team established a Microsystems team to share and spread quality improvements for patients and staff in ED. Following Microsystems training an improvement initiative of a lockable wheelchair docking station was developed. This initiative was recognised by the HSE and won an award at the National Patient Safety Conference.

Transplant, Urology & Nephrology Directorate

Quarter 1 of 2017 saw the opening of the newly commissioned 34 station out-patients haemodialysis unit in the Beaumont Hospital Dialysis Therapies Centre. This included the transfer of both the existing 20 station St Martin's Out-patient Haemodialysis unit together with both Home Therapies and the surrounding located staff. The first patient dialysis treatments commenced on Wednesday 15th February 2018.

The new facility is both bright and spacious thus offers overall quality and comfortable space for patients. The increased capacity in this new dialysis unit has facilitated elimination of early morning / late night dialysis sessions, ensuring that patients are now dialysed during more social hours between 7am to 11pm, thereby improving their and their family's quality of life and wellbeing.

In November 2017 Online Haemodiafiltration (OL HDF) was introduced within the out-patient dialysis unit. Haemodiafiltration is currently the most efficient renal replacement therapy available.

The Dialysis Therapies Centre was officially opened by Minister Finian McGrath on 1st June 2017. This was a great day of pride for all staff particularly those in the TUN Directorate. Many guests from Beaumont and the wider community celebrated this momentous day.



L-R Ms Dilly Little, Ian Carter, Ms Veronica Francis, Minister Finian McGrath TD, Ms Sheila Hanevy, Mr Conall O'Seaghda, Prof Peter Conlon

Home Therapies

The Home therapies which incorporate Peritoneal Dialysis (PD) and Home haemodialysis (HHD) department continued to thrive throughout 2017. The home therapies department now forms part of the wider dialysis team based in the Dialysis Therapies Centre since the opening in February 2017.



L-R Mr Gerard McCann, Ms Annette Butler, Minister Finian McGrath TD, Ms Jane Ormond

In November Beaumont Hometherapies Unit hosted the National Hometherapies meeting here in Beaumont Hospital which brings all units providing PD and HHD in the Irish Republic together in discussion and to streamline the service nationally. The home therapies department were delighted to be honoured by one of their patients at Beaumont Foundation "honour your heroes day". Deirdre Toomey collected the Honour your Heroes award at the annual celebration.



Pictured: Ms Annette Butler CNM2 and Ms Jane Ormond CNM1 Home therapies S/ N Deirdre with Mick O Connor the 1st homehaemo patient in 2009



L-R Ms Annette Butler, Ms Deirdre Toomey and Ms Veronica Francis

TUN Staff Engagement

The TUN directorate developed a programme to encourage staff to become involved in quality improvement and change projects. The programme was developed by Melanie McDonnell and Helen Dunne. The programme was aimed to enhance the capability of staff to develop the tools and skills to deliver projects and bring about long term improvement to their working environments. Twenty staff from across the directorate attended the programme out of which 18 quality improvement initiatives came to fruition. The programme closed with a celebration event whereby the participants showcased their work to directorate and hospital colleagues.

4. Surgical Directorate

2017 saw the development of the first advanced nursing practice post within the surgical directorate. Ms Julie Jordan-O'Brien was appointed as candidate ANP for the Oncoplastics service and took up the position in September 2017. The directorate was selected as one of the initial 3 pilot wards to test the framework from the national taskforce for safe staffing

and skill mix. This resulted in a staffing adjustment in line with patient acuity. Data capture testing this methodology is ongoing but initial research findings albeit early stages are proving to be very favourable in terms of stabilising the nursing workforce and for nurse sensitive patient outcomes.

NeuroCENT Directorate

During 2017 a high number of new staff members commenced in the directorate from a variety of sources resulting in a need to enhance and develop the skill mix of the staff. In order to establish direction for the nurses from an educational perspective a career pathway was designed to support nurses starting in the directorate from their first year. Coupled with this a new simplified PDP has been designed to focus discussions between CNMs and staff nurses in order to encourage feedback, enhance morale and provide staff with an opportunity to get involved in initiatives etc. The pathway and the new PDP are hoped to contribute to retention issues that can pose a challenge.

Criteria nurse led discharge for lumbar discectomy patients was successfully initiated across all neurosurgical wards. Role expansion opportunities were optimised specifically venepuncture and cannulation with a total of 110 nurses trained to date.

Neuro-Oncology service

2017 saw the development of a combined adolescent and young adult clinic to enhance the quality of care and improve outcomes for the adolescent and young adult patient transitioning from the paediatric to the adult service. The combined element has improved efficiency by eliminating multiple single speciality visits and collaborative decision making has reduced confusion and inconsistencies in care. In response to changes in patient needs, ongoing service development, healthcare reform and reconfiguration programmes, Beaumont Hospital in conjunction with RCSI saw the introduction of the first Beaumont based Neuro-oncology stand alone module in 2017.



Acquired Brain Injury (ABI) Service

2017 saw the introduction of a nurse led ABI outpatient's review clinic for Beaumont Hospital aimed to review ABI patients. This clinic will also have a representative from Headway Ireland so patients have access to further information and follow on support which is an important aspect of ongoing care.

Stroke Service

The stroke service in Beaumont Hospital is continuing to expand and develop each year. There have been a number of positive changes during this expansion. In 2017 250 thrombectomies were performed increasing from 176 the previous year.

The service welcomed the addition of a new CNS post specifically for thrombectomy. In 2017 the thrombolysis (tPa) rate and thrombectomy rate almost doubled compared to 2016. In 2016 Beaumont Hospital had a tPa rate of 8% and our thrombectomy referrals were 19. In 2017 our tPa rate was between 13-15% whilst thrombectomy referral numbers were 43. A contributing factor to this success was a local quality improvement (QI) project by the stroke team and CNSs. It was a multi system approach looking at improving the door to CT times for all FAST positive stroke patients who would be potentially suitable for intervention. This method improved door to CT times

dramatically with median in hour's door to CT time of 23 minutes and a median out of hour's door to CT time of 33minutes.

Medical Directorate

Care of the Older Person

The Frail Elderly Pathway was implemented and embraced by the extended multidisciplinary team. This initiative has led to huge early recognition of frailty at access point therefore improving the pathway for elderly patients attending the Emergency Department. A number of patient care quality improvement initiatives including End PJ Paralysis, Plate Pals, and 'What Matters to Me' have been implemented across the service with very positive feedback from both patients and staff. A candidate ANP for Care of the Older Person was appointed to the service specialising in falls and syncope.

Cardiology Rehabilitation Team

The team successfully reduced the CR patient waiting list by implementing a web-text patient alert system to reduce missed appointments, in addition to waiting list validation. Allied to a high CR retention rate, these combined strategies delivered a reduction in CR wait times from almost 9 months in 2015 to a median wait time of 68 days in 2017 (HSE national median CR wait time = 77 days).



The team enhanced its CR audit process to enable more detailed measurement of a wide range of KPIs using rigorous internationally validated criteria. This clinical audit highlighted an extremely effective inpatient referral system, resulting in a CR referral rate of 92% (KPI 'gold-standard' $\geq 85\%$), and a subsequent CR uptake rate of 61.2% (reference rate: Mayo Clinic CR = 60%). This participation rate was particularly significant given the association with reductions in costly cardiac hospitalisations and the findings have been recently published in the *European Journal of Preventive Cardiology*.

Owing to the above successes the team were invited by the Mayo Clinic and World Heart Federation to participate in a Global Survey of CR programmes comparing CR delivery around the world.

Awards won by the Cardiac Rehab Team in 2017 are as follows;

Winner: 'Excellence in Healthcare Management'
IMT Irish Healthcare Awards (2017)

Winner: 'Rehabilitation Centre of the Year'
Irish Healthcare Centre Awards (2017)

Finalist: 'Clinical Team of the Year'
Irish Healthcare Centre Awards (2017)

Finalist: 'Specialist Centre of the Year'
Irish Healthcare Centre Awards (2017)



St Joseph's Hospital Report

Unit 1 – Surgical

In 2017 6,058 patients were admitted for surgery. As part of the Beaumont Hospital 30th Birthday celebrations the staff of Unit 1 were the winners of the 'Outstanding Patient Experience' award.



Minor Procedure Room

In 2017 the Minor Procedure Room operated a 5 day week service treating a total of 1,751 patients across the following specialities: Plastics, Dermatology, Urology and Pain Management.

OPD Clinics

Outpatient clinics for the following services commenced in September 2017

- Respiratory
- Rheumatology
- Pain Management
- Plastics
- Vascular



Day Hospital for the Care of Older Persons

The Day Hospital now provides Consultant led services 5 days a week for older persons in the community.

Alzheimer's Tea Day

The staff in the Day Hospital held a coffee morning on 4th May in aid of the national Alzheimer's tea day. The staff, patients, residents and representatives from local services who care for the elderly attended. Local entertainment was provided by the Springdale national school.

Infection Prevention & Control Department

The IPC nursing team consists of five infection prevention and control nurses and two administration support staff to minimise the risk of patients acquiring healthcare-associated infection (HCAI). In 2017, the team were joined by a 0.5 WTE CNM3, funded by the RCSI Group, to work on a quality improvement project targeting aseptic technique for a specified project duration. In addition, a 0.5 WTE IPCN was appointed to St Joseph's and Raheny Community Unit. The team's workload includes surveillance and outbreak management, delivery of education, review of policies, procedures and guidelines and the provision of expert advice at corporate and local level. This specialist nursing team also participate in preliminary design phases of refurbishment and building projects within the hospital and work within a broader IPC team which includes consultant microbiologists, surveillance scientists, and laboratory and pharmacy staff.

Health, Information and Quality Authority (HIQA)

An unannounced HIQA visit occurred in August with general intensive care and Phoenix ward being visited. HIQA reported that effective leadership, governance and management arrangements were evident around the prevention and control of HCAI. The environment and equipment was found to be generally clean with evidence of a number of quality improvement projects noted. Challenges noted by HIQA included the lack of isolation rooms.

Key Performance Indicators (KPI)

The Health Service Executive (HSE) sets KPI relating to prevention of HCAI in its annual service plan. In 2017, the following targets were included:

- Rate of hospital-acquired *Clostridium Difficile* infection (CDI) of 2.0 per 10,000 bed days used (BDU) - Figure 49
- Rate of hospital-acquired *Staphylococcus aureus* blood stream infection of 1.0 per 10,000 BDU - Figure 50 / 51
- St. Joseph's Hospital was broadly in line with the HSE target.

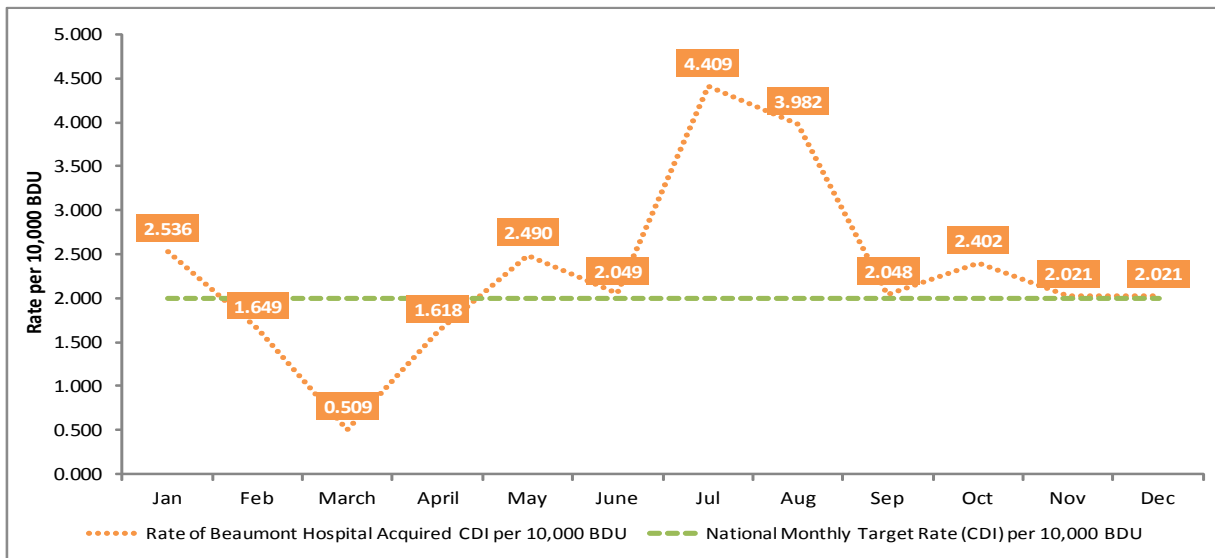


Figure 49 : 2017 monthly rate of CDI per 10,000 BDU

The rate of *Staphylococcus aureus* blood stream infection was higher than the target for seven of the 12 months in 2017 (Figure 49). On average, 30% of these infections are associated with peripheral or central catheters. A quality improvement initiative targeting aseptic technique was initiated and ongoing in the hospital supported by a project nurse funded by the RCSI group. It is notable that the annual and quarterly infection rate has been decreasing since 2014.

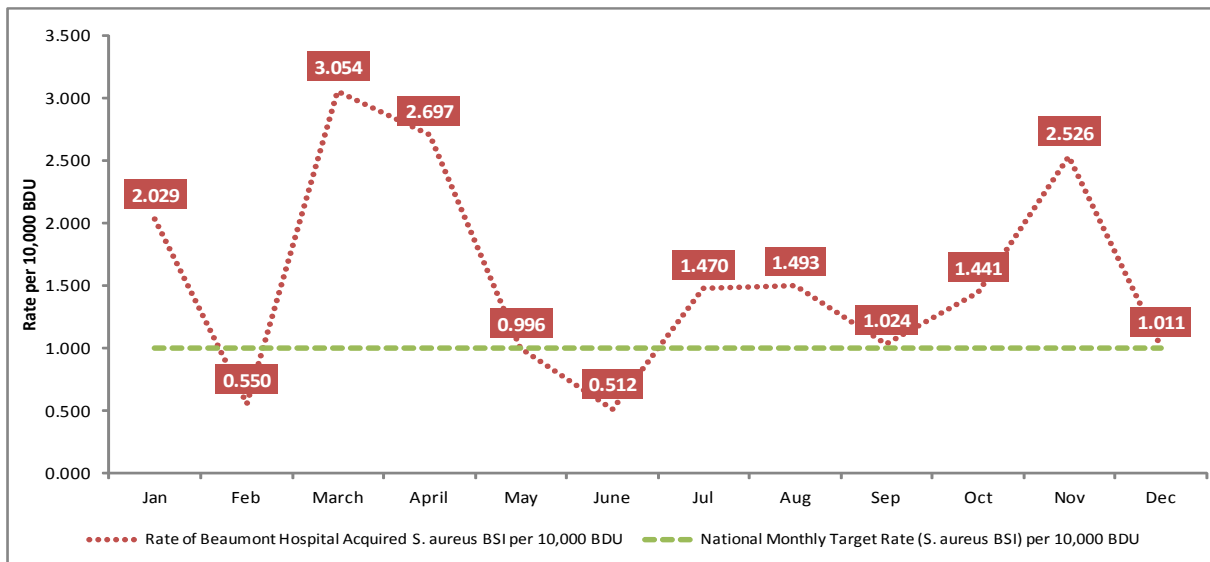


Figure 50 : 2017 monthly rate of *Staphylococcus aureus* blood stream infection per 10,000 BDU

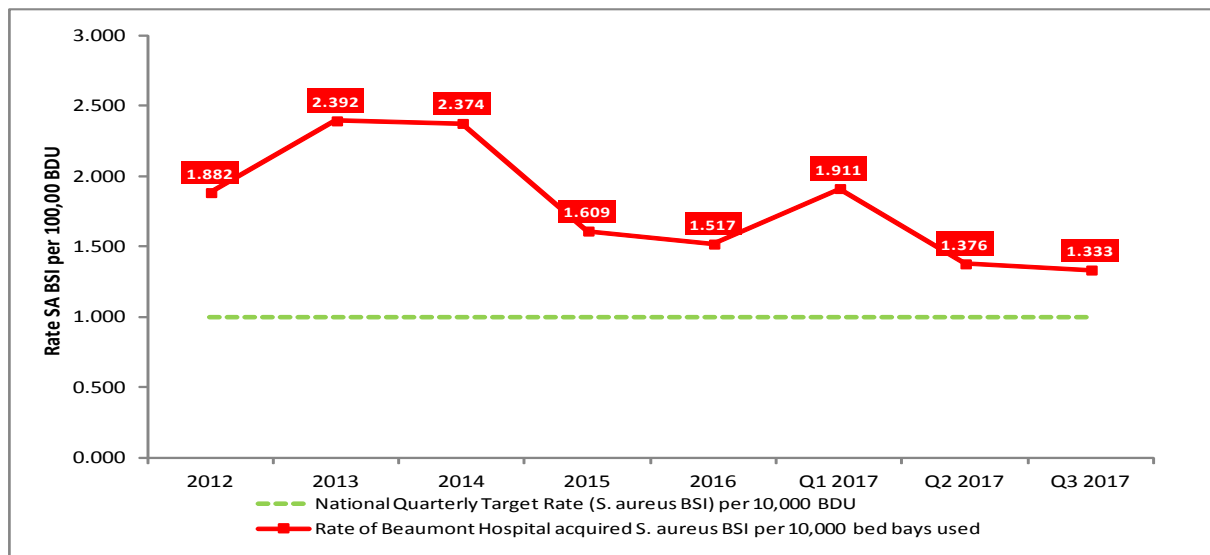


Figure 51 : 2013-Q3 2017 rate of *Staphylococcus aureus* blood stream infection per 10,000 BDU

Advanced Nursing Practice Developments and Achievements

The department of nursing recognise the contribution and efficiency of advanced nursing practice in the provision of a streamlined quality patient care pathway. Beaumont expanded its number of advanced nursing practitioners by 7 WTE's in 2017 bringing the total to 24 WTE candidate / Registered ANP's across eleven specialties. The hospital became a demonstrator site for advanced practice in the areas of integrated care of older persons, rheumatology, unscheduled care and respiratory collaborating with the Chief Nursing Officer within the Department of Health. Beaumont's legacy of advanced practice across numerous specialty areas is proving year on year to demonstrate huge efficiencies in bed days saved and in the quality and continuity of care the patients receive. Some of the key successes throughout 2017 in the arena of advanced practice are as follows;

Emergency Cardiology Service (ECS)

The ECS is a collaborative service that is ANP led, consisting of two registered ANPs (rANP) and one candidate ANP (cANP). The ECS is a front line ANP led clinical service, focused on improving patient experience in the Emergency Department (ED) by identifying patients with cardiac complaints at the point of access; providing expedited expert consult, diagnosis and treatment, facilitating early discharge to expedited outpatient ambulatory diagnostics expedited transfer to appropriate ward/ consultant and referral to the ANP led ANP Rapid-access Virtual Clinic (AVRC).

The specific focus within the ECS are:

- Management of suspected Acute Coronary Syndrome (including troponin positive patients and STEMI requiring transfer to LAB)
- Management of primary atrial fibrillation/ flutter (where no identifiable trigger such as: infection, anaemia, thyroid disease, ACS is thought to be underlying cause)
- The additional scope of practice of the rANP within ECS extends to managing higher acuity patients with secondary Atrial fibrillation/ flutter, heart failure, complex arrhythmias, syncope and:
- Providing (during core hours) formal consults for the medical/ surgical/ ED teams
- Completion of outstanding cardiology consults around all wards at weekends
- Providing focused assessment of transthoracic echocardiography
- Providing interrogation of pacemakers/ implantable defibrillators/ loop recorders (largely at weekends) to inform clinical decision making and to facilitate discharge

Figure 52: ECS total activity for 2017

| | |
|--------------------------|------------|
| Total patients reviewed | 2897 |
| Total Patient Discharges | 1527 (52%) |

ANP Rapid Access Virtual Cardiology Clinic (AVRC)

The prior lack of resources required to manage a patient pathway for low risk (NON ACS) chest pain and the availability of rapid access to and follow-up of outpatient diagnostics, meant that Beaumont hospital had an 'admit wait and watch' approach to the management of low risk chest pain patients. This cumbersome process which often took an average of 2.4 acute bed days resulted in approximately 1000 low risk patients per year being admitted for inpatient low level diagnostics (stress test/ ECHO/ holter) which could have been safely completed on an outpatient basis.

The introduction of the AVRC pathway, which is endorsed and overseen by consultant cardiologists has largely eradicated the *admit wait and watch* approach to the management of low risk chest pain into acute beds.

As a result of the above collaborative approach, a pathway now exists for low risk patients who are now discharged and referred to the AVRC where all preliminary tests (ECG, Bloods, CXR, and physical exam) are reviewed by our ANP's. They are then contacted by phone (aim within 48 hours) for further focused risk stratification and a determination is made regarding appropriate diagnostics.

Those patients' not requiring diagnostics are discharged directly to GP. Conversely, those patients deemed to be at unacceptably high risk are immediately called back into ED for review- effectively providing a *safety net* and a mechanism whereby they can be recalled urgently if necessary. Diagnostic results are forwarded to appropriate consultant cardiologist when available along with updated Virtual clinic letter or recalled urgently if required.

Figure 53

| ANP Cardiology Virtual Rapid Access Clinic activity 2017 | |
|--|---------------|
| Total referrals by ED/ medical teams | 894 |
| Considered by ANP clinic not to require any diagnostics & discharged to GP | 254 (28%) |
| Total number of patients deemed to require outpatients diagnostics and/or referral to cardiologist | 894-254 = 640 |
| Approximate bed days saved (assuming all 894 patients were admitted for 2.4 days) | 2,145 |
| Urgently recalled to ED | 7 |

Minor Assessment & Treatment Unit ANP Service

This emergency department based service is led by 4 RANP's and achieved the following throughput in 2017

Figure 54

| | 2016 | 2017 |
|---|--------------|--|
| Total patients seen | 6,908 | 7,559 |
| Referrals to ANP clinic | 740 | 745 |
| Acuity level of patient • Category orange • Category yellow | 108 2,066 | 134 2,094 |
| Average PET (registration to discharge) | 110 minutes | 114 minutes (acuity level has increased) |
| Average Triage to ANP times | 48 minutes | 50 minutes |

Rapid Assessment & Treatment ANP Service

There are currently 3 registered ANP's in Emergency "Majors" in Beaumont Hospital and 1 candidate ANP allowing the provision of a 7 day week service within core hours.

Over the course of 2017 the team assessed 3389 patients. Of these 93% were seen within the national target of 6 hours. Further inspection of the data revealed that 43% of these patients were discharged within 2 hours and 38% were discharged with a PET time of between 2 – 4 hours. A small cohort of patients exceeded the PET target time of 6 hours; this largely as a result of diagnostic delays. 82% of patients were discharged home post assessment in ED. Thus 18% of patients were referred for admission – once again keeping in line with the national target set by the Emergency medicine association of a caseload admission conversion rate less than 23%.

The Emergency "Majors" RANP's and cANP were responsible in revising and implementing a new DVT (Deep Vein Thrombosis) pathway in ED. This pathway has further sought to expedite the time spent by the patient in the emergency department with a potential DVT, especially when presenting out of hours. This achievement will be subject to ongoing clinical audit to monitor progress. The ANP's collaborated with their medical colleagues in the new ED cellulitis protocol established in 2017 and developed a new tool clarifying PrEP dosages, algorithms and protocols

Dermatology ANP Service

The Dermatology RANP offers a clinical service to a caseload of patients:

- Independent skin surgery clinics (ellipse excisions, punch biopsies, shave excisions, curette and cautery)

- Chronic disease clinics (psoriasis, eczema, acne)
- Skin Lesion surveillance clinics

Key accomplishments in 2017

Skin Surgery Practice Expansion: Patient surgical care activities have been transitioned from Beaumont Hospital to St Joseph's Hospital Raheny Procedure Room. This site allows for increased volume capacity for patients to access diagnostic surgical procedures and the RANP has expanded service delivery to include removal of skin cancers. In 2017, 406 patients accessed this service with 600 episodes of care completed.

Chronic Disease Clinics (psoriasis, eczema, acne): The RANP receives referrals from primary care and all clinical specialist practitioners within Beaumont Hospital, Dermatology medical team. 400 patients reviewed in 2017 a mixture of new patients (120 referred directly from primary care removed from waiting list) & review patients (patients on systemic and biologic therapy for psoriasis).

RANP commenced telephone review clinics to avoid unnecessary OPD clinic appointments.

Supportive Heart cANP Service

Activity for 2017 increased significantly with this candidate ANP undertaking 1754 clinical reviews in the Supportive Heart Unit with means of 146 clinical reviews per month and 46 emergency contacts per month

Figure 55

| | 2016 | 2017 | Variance |
|------------------------|--------------|------|------------------------------------|
| Clinical Reviews | 1579 | 1754 | ↑ 11% |
| New Referrals | 103 | 97 | ↓ 5% |
| Emergency Contacts | 160 | 535 | ↑ 334%* |
| Intravenous Furosemide | 111 | 153 | ↑ 37% |
| Intravenous Iron | 107 | 122 | ↑ 14% |
| Blood Transfusions | Not Measured | 24 | – |
| Telephone Triages | Not Measured | 260 | 2017 Measurement commenced October |

*Measurement of emergency contacts recategorised in 2017 from within 1 week of scheduled HSU OPD in 2016 to within 4-6 weeks of scheduled HSU OPD in 2017

Pain Management ANP Service

The pain service based in Beaumont Hospital is the only service for this speciality in the RCSI hospital group. Currently there is only 1 WTE ANP post within this consultant led interdisciplinary pain management team

Figure 56 Pain Service Activities

| Chronic Pain Procedures | 2017 |
|--|-------------|
| Pain Procedures St Joseph's | 962 |
| Pain Interventions Beaumont Theatre | 96 |
| X-Ray Dept cases Beaumont | 27 |
| Spinal Cord Stimulation cases (Implant/replacement) | 19 |
| Intrathecal Pump cases (Implant/replacement) | 14 |
| Capsaicin 8% Treatments | 102 |
| Procedures done in Outpatients Clinic | 180 |
| Total no. pain procedures | 1400 |
| Acute Pain Management Service | |
| PCA patients | 925 |
| Epidural patients | 173 |
| Total number of pain management patients 2017 | 2498 |

Ms Joanne O'Brien RANP was elected President of the Irish Pain Society (IPS) in August 2017. The IPS is a chapter of the International Association for the Study of Pain (IASP). This is a phenomenal recognition and the department of nursing wish Joanne well in her role.

Regional Epilepsy Centre DNE ANP Service

As Regional Epilepsy Centre, the cohort of Advanced Nurse Practitioners (ANPs) and Candidate ANPs complement the current medical expertise to run the chronic disease management of epilepsy and integrate it with primary care. 2017 saw the successful achievement of 4 cANPs to ANP bringing the total registered ANP compliment to 5 WTE's.

The epilepsy telephone advice line provides clinical and general advice on epilepsy related issues to patients, families, GPs and other hospitals. During 2017 this advice line increased from 3 to 4 days per week with a total of 4,000 telephone calls received. The epilepsy nurses provide expert care at many out-patient clinics and nurse led clinics.

Outreach epilepsy clinics are also delivered from this service to intellectual disability services in Louth and Dublin and to the maternity services in Dublin and Drogheda. During 2017 there was 107 patients attended a rapid access seizure clinic and this with

many benefits. Other services provided by this service include vagal nerve stimulator clinics, group education clinics, home visits, inpatient services, epilepsy electronic patient record (EPR) and staff education.

The ANP/AMP Forum Network was launched on 25th October in the Faculty of Nursing and Midwifery.

Karen Greene (Director of Nursing) and Petrina Donnelly



(Deputy Director of Nursing) lead out on establishing an ANP/AMP Forum network within the RCSI group. The purpose of these forums which was formally launched in the RCSI on the 25th October 2017, is to support advanced nursing / midwifery practitioners in their professional development and research requirements, provide a forum for sharing initiatives and practice at group level and act as a conduit for interactions between ANPs/AMPs. Prof. Marie Carney from the RCSI was appointed by the Faculty to act as Co-ordinator to the ANP/AMP Forum Network in RCSI.

I would like to take this opportunity to extend my warmest and most sincere appreciation to the nursing, healthcare assistant and wider support staff for the care, compassion and professionalism to patients and families that they demonstrate on a daily basis. It is a privilege to lead a team of dynamic staff that continuously strive for excellence in the quality of patient care.



Director of Finance:
Mary Farrely

Finance Report

Introduction

2017 was a particularly challenging year for the hospital as service demands and medical inflation increased but additional funding did not follow. The budget was initially set at €274 million, a decrease of €4 million from the 2016 final allocation. The final budget allocation for 2017 was €291.129 million resulting in a deficit position of €9 million.

The significant financial requirements of the business impacted working capital requirements in 2017 compounded by an opening deficit of €13 million. Pay expenditure remained within 0.4% of budget for the year, a very successful outcome given service pressures. Patient treatment and quality requirements particularly in areas such as pharmaceutical supplies, medical and surgical supplies, infection control and patient support costs all increased. This is reflected in the 11% growth in patient care non pay costs for 2017.

Figure 57

| | Budget 2017 | Expenditure 2017 | Value Variance | % Variance |
|---------|-------------|------------------|----------------|------------|
| Pay | 251.637M | 252.707 M | -1.071M | -0.4% |
| Non-Pay | 126.485M | 138.337 M | -11.85M | -8.6% |
| Income | -86.993M | -90.471 M | 3.478M | 3.8% |

Financial Outcome

When compared to the closing position of 2016, 2017 culminated in increases of Pay 11%, NonPay 13% and an Income increase 5.2%. The unfunded growth in NonPay resulted in an increase of the opening deficit from €13.6m to €23m

Gross expenditure in the year increased by €26.8m, this increase was largely attributable to:

- Pay cost increases €12.5m
- Superannuation €1m
- NonPay increases €13.3m

Income increased by €4.5m compared to 2016, but this related to charges offsetting an increase in other areas most notably

- Recoverable pay reduced by c. €210k on 2016
- PCRS Drugs increased by c. €5.4m on 2016
- Community drugs have increased by c. €2.1m on 2016

Significantly patient income continued to fall.

Funding

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

The revenue allocation for 2017 was €291.129m. The 2017 capital allocation was €3.566

Capital Funding

Capital investment remained a significantly focus for the Hospital in 2017 predominantly in the areas of equipment replacement and infrastructural reconfiguration. The majority of these projects continued from 2016 with some funds to be drawn down against them in 2017. The funding summary of the projects as at 31st December 2017 is contained in the following table.

Figure 58

| Project | €M Claimed 2017 |
|--|-----------------|
| Cardiology Refurbishment (grant received in 2016) | 0.052 |
| Day of Surgery/Preassessment Unit (grant received in 2015) | 0.003 |
| St Damians Ward & H&I Lab | 0.005 |
| Minor Capital pre 2017 | 0.212 |
| ED Initiative | 0.002 |
| Renal Dialysis Unit | 0.873 |
| Equipment Replacement 2017 | 1.945 |
| Cochlear Implant Expansion | 0.125 |
| 2017 Minor Capital | 0.350 |
| Total Capital Spend in 2017 | 3.566 |

Service Developments

The largest service development for 2017 was the opening of the new renal dialysis centre and 20 additional inpatient beds. During 2016 the hospital hired additional Consultant and Nursing staff to support service delivery. The Hospital continued to engage with RCSI Hospitals Group to appropriately manage patient services across multiple sites in the RCSI Group.

Significant Issues

The infrastructural redevelopment of the hospital will require significant funding to modernise building, information technology and equipment, this process has already commenced with plans for ED redevelopment and national Laboratory IT systems. The Hospital Board and senior management team continue to actively engage with HSE and RCSI Group to attract the requisite funding and mitigate associated risks.

Finance Department Developments

The 2017 developments priorities for the Finance function were:

- The Procurement and Finance department finalised the three year multidisciplinary procurement process for Laboratory Modernisation in May 2017. The post award contract negotiations were finalised and contract formally concluded with Roche on 20/12/2017. The construction phase is likely to commence during May 2018, with final project scheduled to be fully completed in September 2019. This project will ensure state of the art facilities are available to patients in the hospital and catchment areas for many years to come. The ability of the Hospital to leverage this through a fully compliant tender process is due to the dedication and skills of the procurement team.
- Operation of effective cost, revenue and cash management controls remains a key focus for all members of the Finance Team. The hospital achieved over €2.3 million in costs containment savings in 2017, lead by the Finance team.
- The key objective to upgrade our Finance system continued in 2017, more than 70 areas now order electronically. The entire system will be fully upgraded in 2018 following extensive testing.

2017 saw many new developments and initiatives in Beaumont Hospital that will continue through 2018 and beyond. A focus on improved efficiency and modernisation in Finance, Procurement and HIPE while supporting frontline services will remain our goal.



Human Resources Department



Director Human Resources
Patricia Owens

Introduction

The Human Resources Department provides the full range of HR services including recruitment, administration of staff pay and other terms and conditions, employee relations services and pension services. In addition, the department works closely with Organisational Development on the hospital's change initiatives and on the learning agenda for managers and staff.

Workforce

Revised Employment Control Procedure

In 2017 the CEO established an Employment Control Committee.

The purpose of the committee is:

- To develop and support the Hospital's staffing resources with focus on patient care and staff wellbeing.
- To bring to the attention of the Hospital Executive Forum potential risks arising from human resource challenges as they arise and to make recommendations on their management.
- To maximise value for money in the use of human resources across the services at Beaumont Hospital within the Hospital budget and approved staffing levels.
- To ensure compliance with the HSE's Pay Bill Management Control Directives and Employment Control Framework.
- To undertake any additional Employment Control duties that may arise and be deemed appropriate by the Chief Executive.

All staffing requirements (with the exception of Management posts at grade VIII level and above) are reviewed weekly by the Employment Control Committee (ECC) comprising Director of Finance, Director of HR, Deputy CEO and Director of Nursing. All posts approved for filling at the weekly ECC are submitted to the RCSI Hospital Group ECC for ratification in accordance with the provisions of the Service Level Agreement between the Hospital and the RCSI Hospital Group.

Staffing Levels

In 2017 the Hospital's revised Employment Control Procedure, was designed to give effect to the HSE Pay and Staff Numbers Strategy with focus operating within pay allocations and general affordability into the next financial year.

Figure 59 sets out the movement in staffing levels by staff category throughout 2017.

Figure 59 Beaumont Hospital Staffing Levels as per HSE Census Returns

| Category | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Increase in 2017 |
|-----------------------|-------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|
| Medical | 519.42 | 517.77 | 515.77 | 512.87 | 509.67 | 520.67 | 519.27 | 521.27 | 531.27 | 529.27 | 531.57 | 533.07 | 13.65 |
| Nursing | 1209.71 | 1224.49 | 1254.34 | 1263.71 | 1266.94 | 1259.99 | 1252.09 | 1253.53 | 1227.03 | 1248.27 | 1257.36 | 1247.63 | 37.92 |
| Clinical | 491.2 | 486.47 | 483.28 | 485.83 | 488.12 | 495.95 | 501.58 | 488.66 | 487.42 | 486.51 | 494.56 | 491.84 | 0.64 |
| Admin | 525.58 | 527.69 | 534.06 | 539.07 | 547.17 | 552.52 | 558.4 | 560.02 | 556.63 | 562.51 | 568.24 | 570.48 | 44.9 |
| Support | 410.41 | 412.36 | 413.07 | 411.21 | 421.12 | 422.83 | 426.12 | 421.75 | 422.29 | 422.91 | 426.35 | 424.98 | 14.57 |
| Other Patient Care | 208.98 | 209.75 | 216.9 | 219.15 | 215.42 | 226.19 | 230.57 | 232.84 | 230.72 | 228.17 | 225.54 | 229.31 | 20.33 |
| Support / HCA Interns | 38.7 | 37.49 | 32.45 | 32.98 | 27.49 | 12.84 | 8 | 4 | 4 | 4 | 4 | 4 | -34.7 |
| Overall Totals | 3404 | 3416.02 | 3449.87 | 3464.82 | 3475.93 | 3490.99 | 3496.03 | 3482.07 | 3459.36 | 3481.64 | 3507.62 | 3501.31 | 97.31 |

Actual wte has increased by 97.31 wte in 2017 due to a range of initiatives:-

- Agency Conversion - 9.54wte
- National Taskforce - 29.5wte
- Re-Open Theatre 11&12 - 7wte
- Service Development / National Initiative Posts - 44wte
- Winter Initiative - 9wte
- WRC - 1wte

Staff Turnover

Overall staff retention levels have remained stable, at around 92.5% for the last 4 years. The hospitals overall turnover rates have remained relatively stable over the last 4 years at around 7.5% despite national unemployment rates dropping over the same period from 11.3% in 2014 to 6.1% in 2017

Figure 60

| Category | 2014 | 2015 | 2016 | 2017 |
|-------------------------------|--------------|--------------|--------------|--------------|
| Management & Administration | 1.49% | 3.92% | 5.20% | 8.08% |
| Medical | 7.80% | 3.33% | 3.87% | 2.71% |
| Nursing | 8.34% | 11.24% | 6.72% | 8.00% |
| Health & Social Care | 9.63% | 11.55% | 15.78% | 16.30% |
| General Support | 3.32% | 2.81% | 3.38% | 3.41% |
| Other Patient and Client Care | 6.65% | 3.72% | 4.44% | 5.11% |
| Total | 6.50% | 7.31% | 7.27% | 7.62% |

The staff category with the highest level of turnover continues to be Health and Social Care Professional (HSCP) grades, with an increase from 15.78% to 16.30%. As in previous years this continues to be as a result of the ending of short term temporary contracts of staff brought in to cover maternity leaves.

The trend relating to retirements will continue into the future as the hospital's age profile is skewed towards older employees and will need on-going review to identify future issues, in particular at senior management level with corresponding investment in recruitment and training to offset such loses in our highly experienced and often specialised workforce.

Recruitment & Retention

The recruitment section of the HR Team has seen a change in leadership this year with the addition of Aidan McGrath, who has taken up the post of Head of Recruitment.

Recruitment and retention of staff in the public health service is a priority for Beaumont Hospital. In order to provide high level specialty services to an existing and ever growing range of national and supra regional specialties it is vital that the hospital attract and retain the highest calibre of staff.

Despite these pressures the HR Team, in collaboration with line managers, worked tirelessly throughout the year to ensure that Beaumont Hospital succeeded in minimising vacancies and filling new posts through innovative talent acquisition strategies and employer branding initiatives. In particular, considerable efforts have been made in social and online recruiting, notably on LinkedIn, where Beaumont Hospital, in the last few months, has achieved the position as most followed public hospital in Ireland, with over 5,731 followers who actively engage with career opportunity postings made on the page. Over 1 million nursing professionals worldwide utilise LinkedIn in their search for a new career opportunity.

Nurse Recruitment

Nursing staff make up approximately one third of the workforce of the Hospital and pay cuts introduced in 2013, together with the introduction of the reduced entry level pay for new graduates, has resulted in nursing shortages in recent years. Increases in pay provided for under the Haddington Road Agreement, while welcome, have not had any significant impact in terms of recruitment of nursing staff.

Nursing shortages have now become a feature of the Irish Health Services and as such we are operating in a challenging market, both nationally and internationally.

In order to maintain safe and timely delivery of service to patients, the recruitment team has implemented a number of process improvements, including the implementation of online efficiencies that have dramatically reduced hiring times, enabling and supporting the hospital to open additional service capacity as and when required to deliver on its mission to provide excellence in patient care.

HR and Nurse Management Teams have collaborated on a number of initiatives to attract, recruit and retain nursing staff at Beaumont as follows:

- Innovative global social media and online recruitment campaigns
- National media campaigns
- Graduate recruitment campaigns to include recruitment team presence at various graduate events and open days.
- Participation in national and international recruitment fairs

From an overall perspective, in terms of staff nurse grade staffing, 2017 ended with a total of 75 permanent staff nurse vacancies. With 33 student nurses having commenced employment with the hospital in January 2018, and a further 42 permanent staff nurses commencing in February and March 2018, projected vacancy levels will reach a record low of 0.12 WTE vacant posts, bringing Beaumont Hospital's staff nurse vacancy level, considerably below (possibly the lowest) the national average for acute hospitals in the country.

The team has been shortlisted in the categories 'Best Public Sector HR initiative' and 'Most Effective Recruitment and Retention Strategy'.

Medical Recruitment

Consultants:

Once again 2017 was a busy year in terms of medical recruitment as the Hospital engaged in recruitment activity for the replacement of retiring consultants, filling of new approved consultant posts and seeking replacements for consultants on short term leave arrangements.

In 2017 five Consultants retired and an additional four Consultants availed of Historic Rest Days prior to retirement. In addition, the Hospital received approval and additional funding for the filling of 12 new posts;

- 2 Consultant Anaesthetists
- 1 Consultant in Intensive Care medicine
- 1 Consultant Dermatologist
- 3 Consultant Geriatricians
- 1 Consultant Orthopaedic Surgeon
- 1 Consultant Otolaryngologist
- 1 Consultant Plastic Surgeon
- 1 Consultant Urologist
- 1 Consultant Cardiologist (shared with Cavan)

The Hospital was successful in filling 7 of the above posts, the other 5 are in the recruitment process.

Particular challenges were experienced in filling Urologist posts associated with the Living Donor Programme during 2015. The Hospital engaged in both national and international advertising campaigns and succeeded in receiving national approval to convert a number of Consultant Urologist posts from Type B contracts to Type C contracts thereby enabling the Hospital to successfully attract high calibre Consultant candidates.

Appointment of Clinical Audit Programme Director

In 2017, the CEO progressed the merits of a new role, Clinical Audit Programme Director, to establish a system for ensuring safe and effective clinical practices are provided for patients and staff. Dr Dorothy Ryan was successful in securing this role.

Re - Appointment of Deans of Medical and Surgical Education:

In 2016, the Hospital Executive approved the filling of two new roles of Deans of Medical and Surgical Education. We are pleased to advise that the CEO has requested that these roles are extended for a further 12 months, due to the successes in the past 12 months.

NCHD Leads:

3 new NCHD leads, Dr Mark Quinn and Dr Theodore Murphy (Medical) and Dr David Brinkman (Surgical) were appointed.

Non- Consultant Hospital Doctors (NCHD):

In relation to filling of NCHD posts, the appointment of Interns is co-ordinated nationally following their final exam at the end of May each year. NCHD's are recruited bi-annually for the January and July changeover periods. In addition to recruiting the NCHDs Medical Administration manages the rotation of 253 doctors through approximately 11 surgical and medical training schemes. This is a complex undertaking and is carried out in co-operation with the Colleges and the NCHD Co-ordinators.

Throughout 2017 the Hospital had a high degree of success in filling NCHD posts.

National Employment Record (Consultant & NCHD)

Following on from the successful implementation of the National Employment Record for NCHDs, the National Doctors Training and Planning Division (NDTPD) of the HSE has commenced a project which

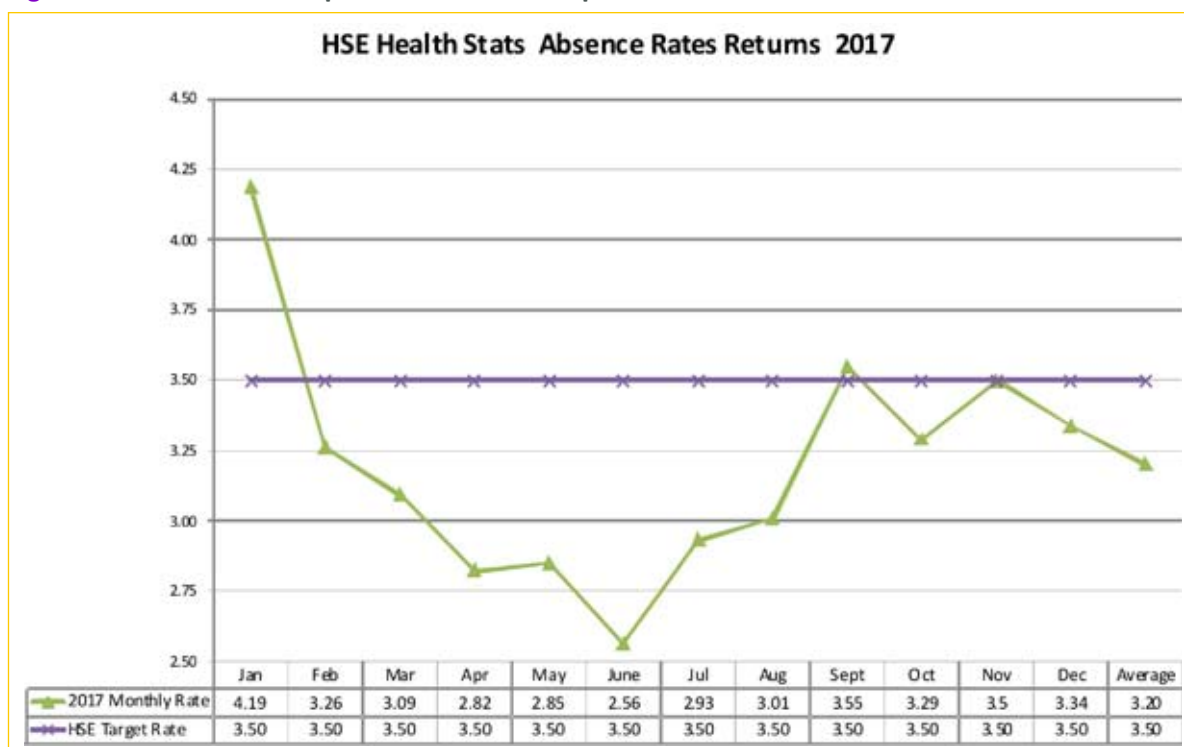
will enhance and streamline the management and availability of pre-employment documentation required of consultants. The system will allow for the completion of mandatory forms online, uploading of documents and certificates and submission of same to HR for verification e.g. passports, garda vetting, hand hygiene etc. This project, while at its early stages, will certainly enhance the consultant recruitment process.

Absence Management

HR continued to support Managers in 2017 and worked closely with Occupational Health, Health & Safety, Health Promotion, Staff Counselling, Learning & Development, Line Managers and Trade Unions in improving levels of attendance, staff health and staff morale. The focus on absence management remained to be one of prevention, promotion and rehabilitation.

Figure 61 shows the Hospital performance on absenteeism against the HSE maximum target rate of 3.5% for 2017.

Figure 61 Beaumont Hospital absence % rate per month for 2017



The average overall recorded absenteeism rate for the year was 3.20% lower than the HSE target of a maximum of 3.5% absenteeism. The Hospital is pleased to report that this is the third consecutive year where the hospital has been fully compliant with this key performance indicator.

Figure 62 shows the absence rate by staff category from January to December 2017.

| | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 |
|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------------|-------------|
| Medical | 0.1 | 0.07 | 0.39 | 0.38 | 0.81 | 0.55 | 0.6 | 0.5 | 0.47 | 0.39 | 0.47 | 0.81 |
| Nursing | 4.53 | 3.27 | 3.08 | 3.07 | 3.09 | 3.41 | 3.07 | 3.35 | 4.15 | 3.88 | 3.4 | 3.93 |
| Clinical | 3.78 | 2.26 | 2.8 | 1.3 | 1.52 | 2.05 | 1.4 | 2.09 | 2.25 | 1.99 | 2.67 | 2 |
| Admin | 5.08 | 4.87 | 3.84 | 3.55 | 3.42 | 3.27 | 3.29 | 3.01 | 3.68 | 3.51 | 4.53 | 4.14 |
| Support | 5.22 | 4.5 | 4.5 | 3.84 | 4.09 | 1.93 | 4.69 | 4.03 | 4.55 | 4.16 | 4.34 | 4.28 |
| Other | 8.28 | 6.38 | 5.3 | 6.21 | 5.01 | 2.87 | 6.26 | 6.49 | 7.7 | 7.08 | 8.51 | 4.93 |
| Total | 4.19 | 3.28 | 3.09 | 2.82 | 2.85 | 2.56 | 2.93 | 3.01 | 3.55 | 3.29 | 3.5 | 3.34 |

Staff Engagement

NCHD Forum

The NCHD Forum, established in 2013, continued to meet throughout the year. These meetings provide a formal engagement process between the NCHD representatives, clinical directors and hospital management.

The Forum discussed and made recommendations on the following agenda items during 2017:

- the e-Rostering project
- Compliance with EWTD
- NCHD learning and education opportunities
- Refurbishment of the Doctors residence

Employment of People with Disabilities

The Hospital had convened an internal working group to examine the causes of the reduced employment levels and to consider strategies to enhance our recruitment practices in order to highlight vacancies to potential candidates with disabilities. The working group identified a number of issues as follows:

- The non-filling of certain posts due to the Moratorium on Public Service Recruitment
- The restrictions in recruitment practice also arising from the Moratorium
- The disproportionate impact of retirements and redundancies resulting from national initiatives designed to reduce pay costs

The working group liaised with external agencies involved in employment placement of people with disabilities and developed an action plan aimed at improving the Hospitals overall performance in this area. At the end of 2016 the HR Department undertook a census of all staff in order to determine whether or not the actions taken throughout the

year had resulted in the required improvement and we were pleased to achieve compliance with the required national target of 3% for 2016.

Figure 63 - Percentage of Hospital employees with disability 2013-2017

| Year | % of Employment of People with Disability |
|-------------|---|
| 2013 | 2.64% |
| 2014 | 2.37% |
| 2015 | 2.50% |
| 2016 | 3.13% |
| 2017 | 4.11% |

Further returns from census data into 2017 have continued to improve overall compliance levels achieved, 4.11% being recorded for 2017 overall despite an increase in the hospital's overall head count for the same period. The Hospital will continue to closely monitor performance against this statutory requirement and to take progressive action to build on success to date.

HR Business Partnering supporting

HR Best Practice

HR Business Partner function was set up in September 2017. The vision for the HR Business Partnering section of the HR Team is to provide a streamlined business focused advisory service to Hospital management, with a lead in period of approximately 18 months. As with all departmental changes, a transitional period will apply and at present, the main focus for the Business Partner team is to manage existing Employee Relations issues.

As part of the Hospital's 30th Anniversary, the HR Department, as part of an employee engagement initiative, commissioned a Staff Awards event. Both the HR Business Partner team and the Director's office led the project team to deliver a very successful staff event. This event proved to generate significant interest from employees and was a fantastic opportunity for staff to recognise the efforts and dedication of their Hospital colleagues in relation to the excellent services provided here on the Beaumont campus. The Awards presented were across both clinical and non-clinical categories, and multi-disciplinary teams across the organisation, leaving a healthy appetite for yet another event to follow.

HR Relationship Manager Team

The HR Relationship Managers continued to offer first line support for all Human Resources requirements to deliver HR solutions aligned with business directorate/area performance goals and strategy. The team provided HR guidance and support to business unit(s) with HR professional knowledge and expertise. The Relationship Manager structure change commenced in September 2017 and the structure will continue to be developed as an Administrative and Benefits processing team in 2018.

Superannuation

The year commenced with a reduction in the amount of the Public Sector Pension Reduction (PSPR) paid by pensioners and the Pension Related Deduction (PRD) paid by employees. This was implemented by the Minister for Public Expenditure & Reform in line with Clause 5 of the Lansdowne Road Agreement.

In 2017 a total of forty-eight staff retired whilst nine ex-pensionable employees claimed preserved retirement benefits. As at 31st December, 2017 there were a total of 844 pensioners on the hospital's payroll.

A pre-retirement course was held in May in the Marino Institute of Education to assist staff in preparing for retirement and 30 employees attended.

Retired staff were invited to attend the hospital's 30th Birthday celebrations.

The Dept. of Public Expenditure and Reform have initiated the Single Scheme Administration Project (SSAP) with the intention of conducting a Feasibility Study into the various options available for the future administration of the Scheme. This is currently ongoing. A working group was set up to look at the workings of the SPSPS and Beaumont Hospital have been happy to be involved in this process.

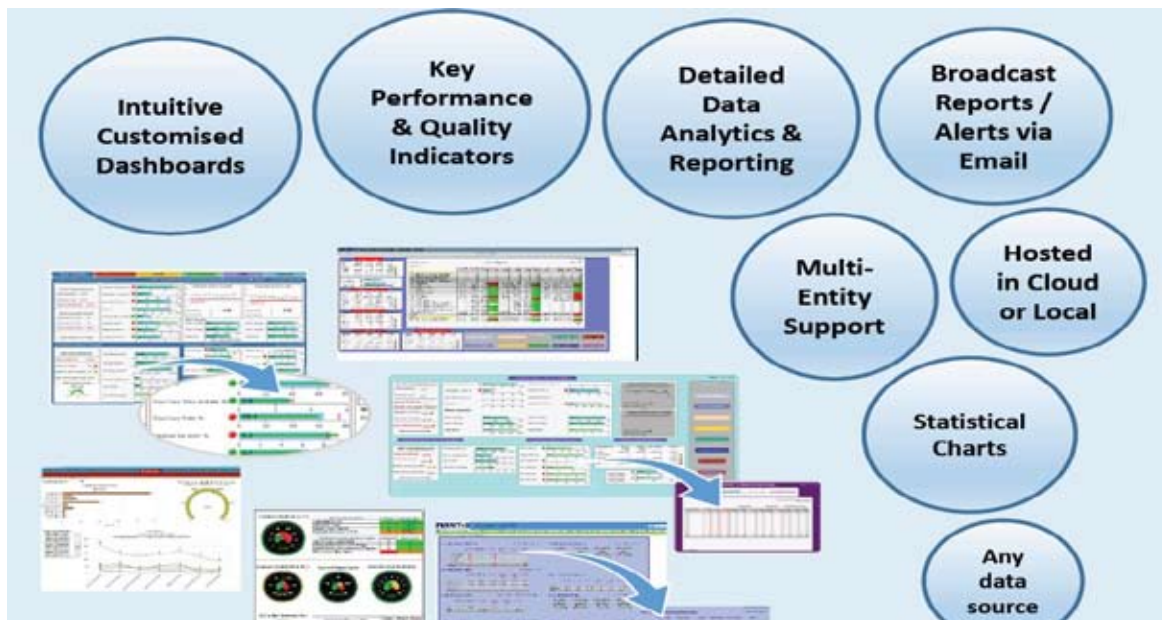
On 6th December a circular was issued by the Department of Public Expenditure and Reform which allows for an increase in certain pensions which are in payment. This is the first increase for pensioners since September 2008.

The Superannuation staff act as Secretary and Treasurer of the Beaumont Hospital Active Retirement Association. In April some of the members went on a short break to Donegal and in June they travelled to the Amali Coast for the annual holiday. There were several day trips organised, both in Dublin and around the country which were well attended. The A.G.M. was held in October with the annual Christmas party being held in December to finish the year's events.

HR Business Information & Data Management

Throughout 2017 the HR Department continued to identify opportunities for maximising IT functionality and capability to support the people management functions both centrally and at line level. In this context the following initiatives were undertaken

According to Gartner, organisations spend \$8.5 billion per year on business intelligence (BI) platforms and another \$2 billion per year on analytic applications and performance management. Beaumont Hospital's HR Department makes use of Diver Business Intelligence (BI) Solutions, in this space.



Diver Business Intelligence (BI) Solutions are designed to focus on delivering the right information, real-time, in the right format, for the right person and on the right device. Diver BI technology is designed to apply business rules across disparate data sets and time zones.

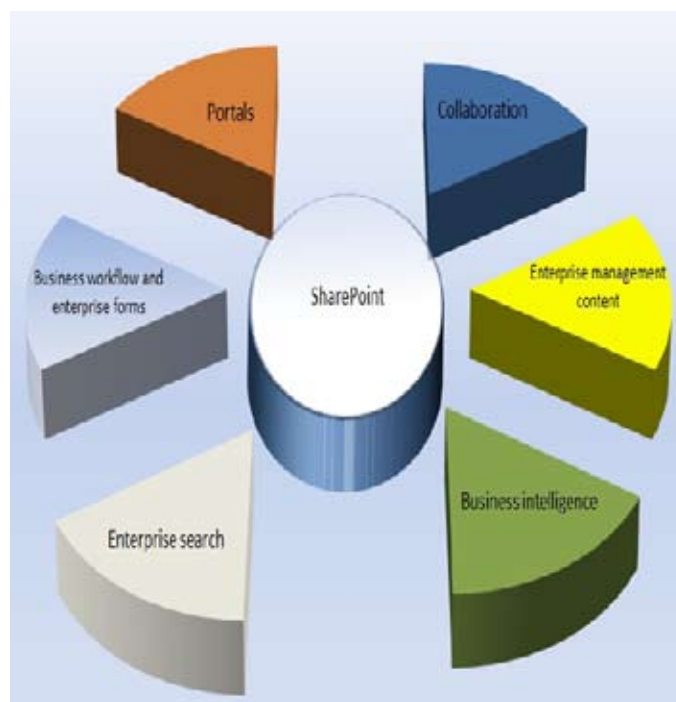
Our Diver BI Application is built around questions the management team need answers to, on a daily basis. It takes information from multiple hospital sources and presents it in a relative context e.g. goals, targets and time. It allows timely sharing of information and is well suited for strategic planning, analysis of trends, and 'after-action' diagnostics.

While the benefits of business intelligence are numerous, there are increasingly growing demands from management for more from their operational data.

Diver reporting continues to be an integral part of generating HR business reports, required both internally and externally, and has proven to be very efficient. Scheduled monthly reports to managers throughout the Hospital are set up, outlining their key performance metrics including, compliments, actuals in post, and numbers on maternity leave, all per cost centre. This provides an on-going monthly audit that allows managers to identify any issue with cost centre allocation and vacancies.

Diver reporting for Professional Registration for Allied Health Professional staff was set up to automate scheduled reports each month to ensure managers are adhering to the registration policy. It is expected to automate professional registration reports for all nursing staff during 2018.

SharePoint supported projects



SharePoint is an industry leading platform for intranets, secure document management, **providing workflow**, collaboration and list management. You can use it as a secure place to store, organize, share, and access information from any device.

SharePoint is most often used for list management and the storing of version-controlled documents, such as Word documents and Excel worksheets. In many environments, email is used for passing documents back and forth between users. The potential for mixing up different versions of the same document is considerable. Also, storing multiple copies of the same document takes up a lot of disk space. Because SharePoint provides a single source for

storing, viewing, and updating documents, many of these issues are eliminated and because SharePoint easily handles virtually any type of document, it is frequently used to consolidate and store various types of documentation (project drawings, videos, schematics, photographs, and workbooks, for example) that are required for large projects where multiple teams must collaborate.

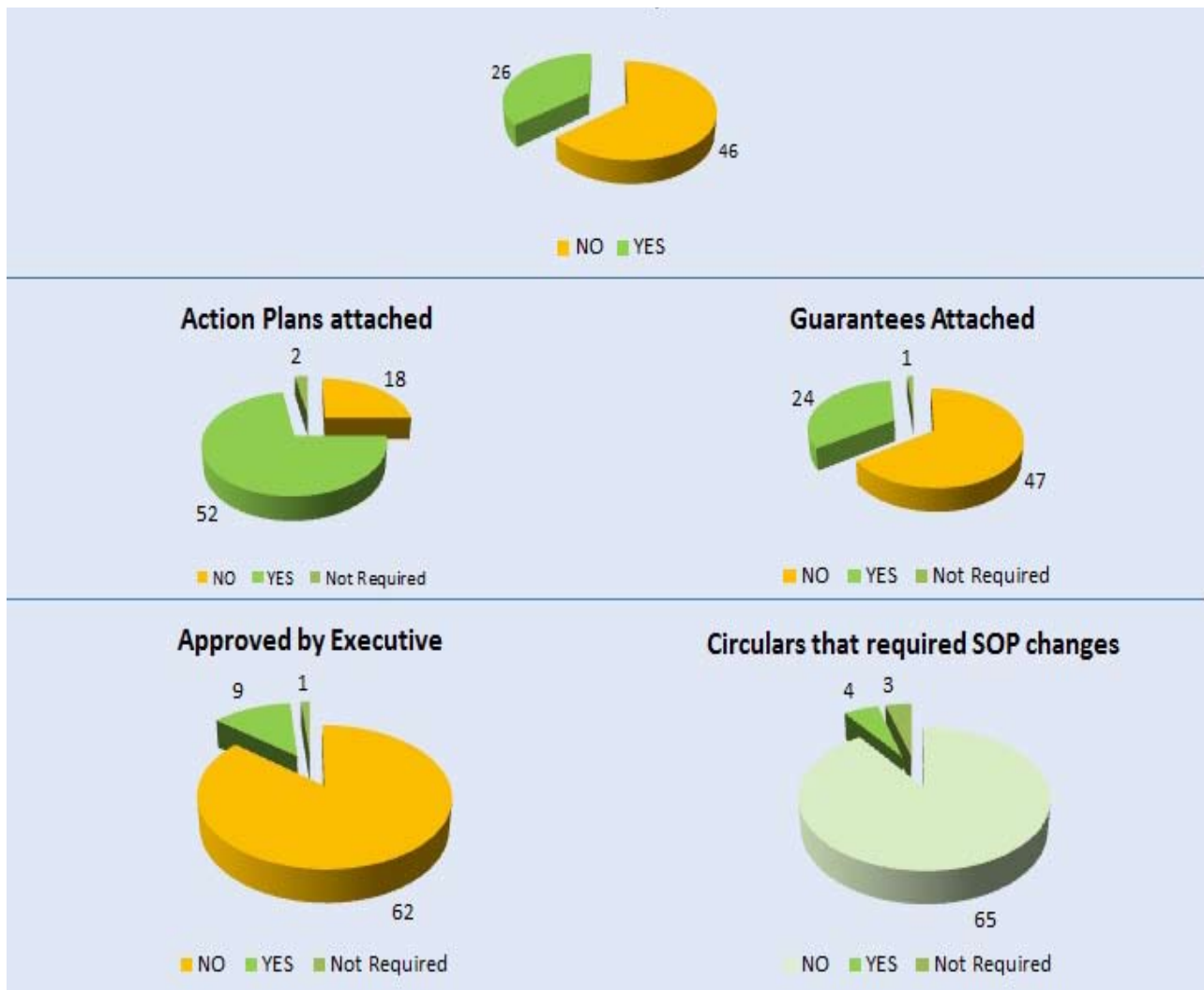
The HR Department with the aid of the IT department and existing organisational structures, makes use of the SharePoint platform to provide weekly reporting of KIP's, automated through Excel and Outlook for many of its recent projects. These include,

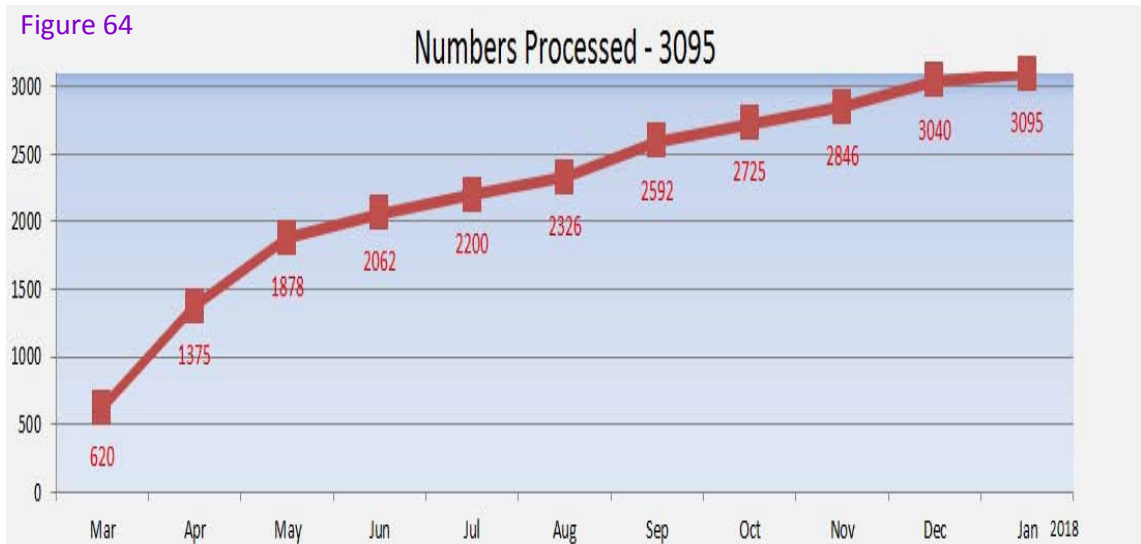
- Employment Control, document and list management.

- SharePoint is now used to support a standard web interface to allow managers across the hospital to submit requests for recruitment manage those requests and produce reports for review and use at the weekly employment control meeting.

- Investigations Module, document and list management.
- HR Priority Item reporting, list management.
- Department of Health, Circular's, list management. Dashboard sample below.

- Retrospective Vetting, project management.
- Collaboration, on this year's Annual Report, HR Section.
- HR Information Portal.





The National Vetting Bureau Act came into operation on 29th April. Section 21 of the Act provides for the retrospective vetting of persons who were employed / engaged in “relevant work or activities” with children and vulnerable persons prior to the commencement of the Act. Regulations (SI No. 223 of 2016) provide that applications for retrospective vetting disclosures shall be made not later than **31 December 2017**. This project was commenced in March 2017 and over 3000 people were invited to be vetted by Beaumont Hospital. The project was supported by Lorraine McCarthy, Sinead Moran, Gary Coleman, Sarah Coomber Raymond Young and Paul Lyster. There was an extensive communications drive at the beginning and the IT structure to support the project was built on the SharePoint platform with weekly reporting of KIP’s automated through Excel and Outlook. The throughput Q1 / Q2 of 2017 were greater than planned with the number of applicants slowing in the Q3 and an intensive push to the finish nearing the deadline.

General Data Protection Regulation (GDPR)

After four years of debate, the General Data Protection Regulation (GDPR) was ratified by the European Union during April 2016 and has now become law, companies are required to be fully compliant from May 25th 2018.

GDPR is designed to give individuals better control over their personal data and establish one single set of data protection rules across Europe. Organisations outside the EU are subject to this regulation when they collect data concerning any EU citizen.

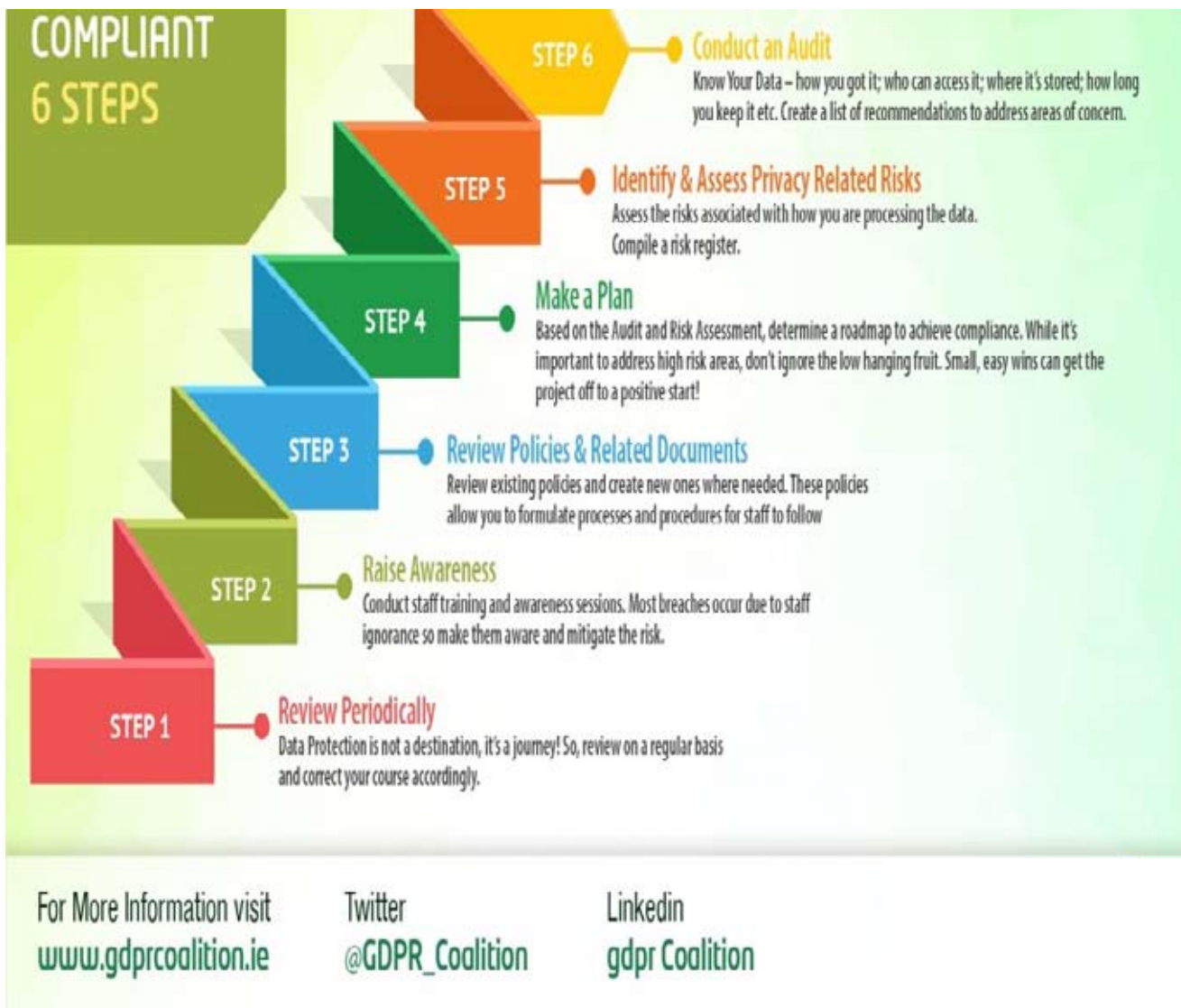
To this end there were a number of HR Journal clubs run over a number of months during 2017, to help raise awareness of the management and staff responsibilities around GDPR and enable HR staff to ready themselves.

Main subject areas covered:

- 1.Ensure the department is aware that the law is changing, and to anticipate the impact of GDPR.
- 2.Document what personal data is held, where it came from and with whom it is shared.
- 3.Review current privacy notices and make any necessary changes.
- 4.Review procedures to address the new rights that individuals will have.
- 5.Plan how to handle requests within the new time frames and provide the required information.
- 6.Identify and document the legal basis for each type of data processing activity.
- 7.Review how consent is sought, obtained and recorded.
- 8.Make sure procedures are in place to detect, report and investigate data breaches.

Information was provided for journal club discussions from the GDPR Coalition.

Sample 6 steps for every Directorate/Department to progress.



NCHD Rostering Project

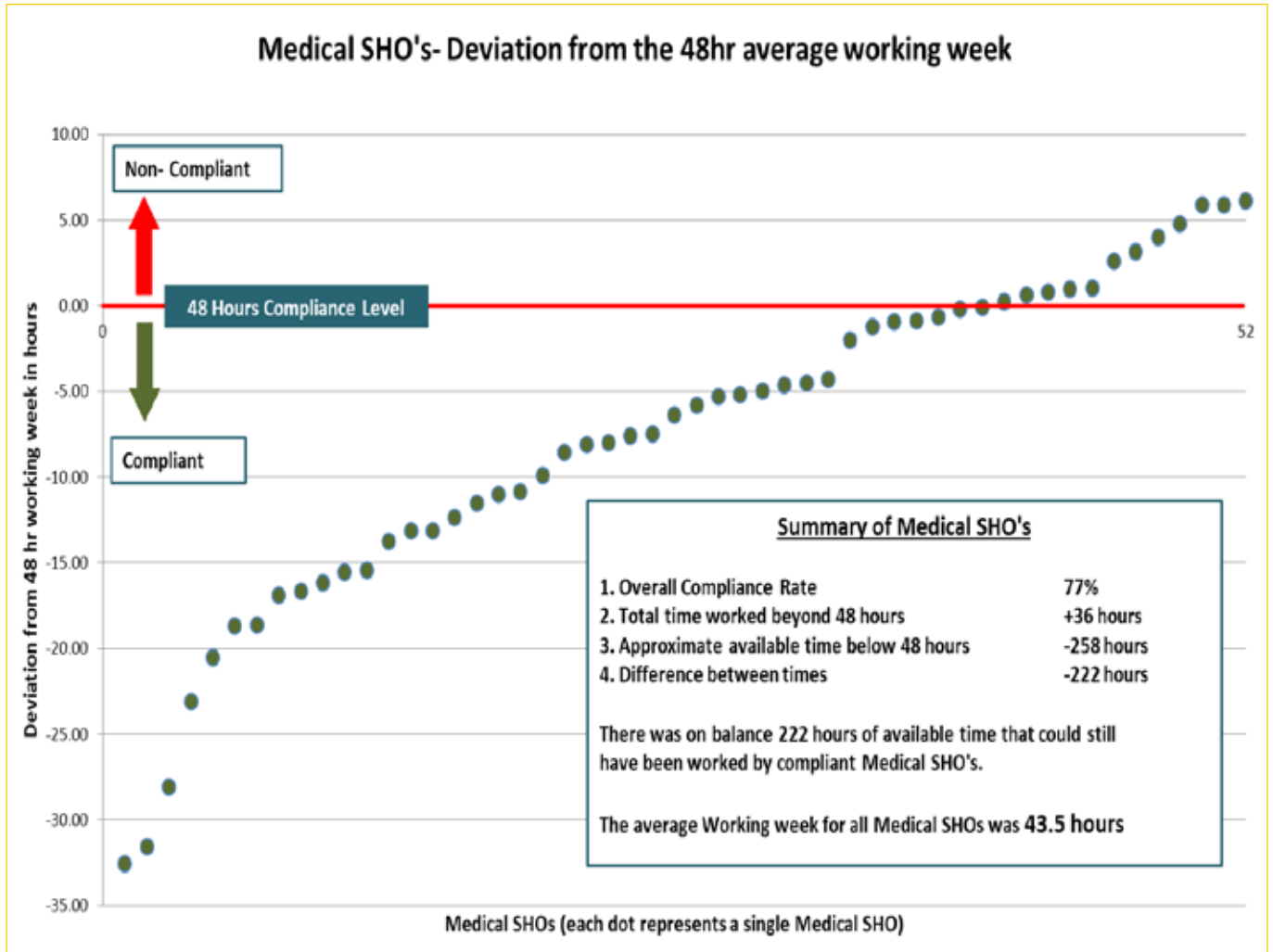
In July 2017 Beaumont Hospital completed moving entire NCHD population onto electronic rostering with a full link to automated pay. Not only has this project been a significant cultural change for the staff using these systems on a daily basis, but there has also been significant process changes in Medical Administration, Human Resources and Payroll with links to other systems in HR, Security and IT.

Over 90% of all NCHD rosters produced are now done using an automated software package that utilises complex rules to automatically allocate various shifts types in a fair manner to multiple teams, specialities and services across the hospital. In most cases these rosters take only minutes to complete, replacing the very tedious and time consuming manual process undertaken in the past by Senior Registrars. This represents a significant saving of time from a clinical perspective and greatly reduces the administrative burden on NCHDs and the existing Medical Administration team involved in roster production.

Those few rosters which are highly complex, or have inter-hospital dependencies, have also easily been incorporated into the system, allowing for all NCHDs to be a part of a unified and seamless process. The mobile app solution for those NCHDs who work off site at other hospitals or remote locations has been a huge success in allowing all NCHDs, even when working off site to capture all working time using existing smart phone technology.

The completion of this project now positions the hospital in a unique position where it can focus on adding further value by leveraging system data. Ongoing improvements to rosters can be based on actual usage and allows for rapid feedback to Consultants, HR and Business Managers on the effects of such changes. Enhanced working time compliance reporting is also being developed with graphical representation to help improve meet compliance targets (Figure 65)

Figure 65



Beaumont Hospital will continue to seek out new opportunities to improve overall service delivery and enhance the wellbeing of its NCHD population through improved analysis of working patterns and trends and working collaboratively with the consultant and NCHD bodies to achieve same.

Conclusion:

It is clear from the activity outlined that the Hospital holds staff to be of the greatest importance, because it is through those staff that we deliver our services to patients. As we emerge from the economic crisis that has constrained the development of services in health it is clearer than ever that the tenacity and commitment of those staff allowed services to be enhanced and has generally improved despite severe financial constraints in recent years.



Information and Communications Technology



Director of ICT:
Mark Graham

Our main focus for 2017 was to continue on the path to replace our aging BHIS. The Hospital's legacy BHIS is 29 years old and has significant functional, usability and performance issues that are causing major operational disruption. Most of the work within the ICT Department over the past number of years has been focused on reducing the risk of failure to both the BHIS software and HP hardware (on which the hospital's systems run).

A key enabler of our BHIS replacement strategy is the implementation of the National Laboratory Information Management System (LIMS supplied by Cerner) via the national LIMS framework. Timelines for the implementation of this system have shifted during the year with a go live date expected in early 2019. When implemented this system will comprise a laboratory ordering capability to replace the lab ordering function already provisioned by our PIPE/BHIS system. A team from Beaumont have been working with the National team preparing for this for the past two years.

While a new laboratory system is the critical path it must be replaced by Order Comms done in parallel followed by PAS (Patient Administration System). Until these three modules are replaced, clinicians will be faced with using 3 separate systems to manage patients – the new lab system for placing orders/resulting bloods, PIPE and RIS PACS. As part of the PAS replacement we require a new ED system. We have evaluated different ED systems in line with a replacement PAS and will be requesting from HSE in 2018. Our aim still is to have BHIS replaced by 2020. The HSE has guaranteed equal functionality with what our current system has. We are continuing to decouple / rework many of our clinical systems so that they migrate seamlessly to any HIS we may get into the future before Med-Lis comes on stream.

The criticality of replacing our systems cannot be over-emphasised and keeping BHIS alive is a significant risk and challenge. During 2017 we had four major outages resulting in almost 100 hours downtime.

In 2017 we continued building on our investment in a robust data protection and security strategy to meet modern cybersecurity challenges and the risks the hospital faces in light of such cyber attacks. We purchased and installed new high tech dual firewalls which includes 'Sandboxing' which will allow all traffic coming into Beaumont to be scanned in 'The Cloud' to remove threats before the traffic hits our network. This helped us enormously during the infamous Ransomware cyber attack in May 2017 and luckily Beaumont was not affected due to the work of the IT Department and co-operation of all staff in the hospital but it remains a fluid situation and we will continue our awareness campaign on this and future threats as they are constantly evolving.

Other developments in 2017 centred on supporting the clinical care programmes and our HSE reporting requirements.

ICT DEVELOPMENTS - HIGHLIGHTS OF 2017

SWIS Upgrade

The Social Work Referral system (SWIS) has been updated to use an Oracle 12c database instead of an Access 97 database. This upgrade improves the speed, security and recovery of the Social Work Referral system.

Dawn Warfarin Lab Interface

Completed the interface between the appointments module in the DawnAC system to the SwiftQueue system in Phlebotomy.

Also moved the, WINR, lab results interface from a batch process to a more modern and stable HL7 messaging interface, this was achieved through our MIRTH integration engine.

Medical OnTake – ED system

Used during morning report for the Medical Directorate, lists a cohort of patients who have been referred to a medical specialty between the hours of 8am and 8am the next morning. Allowing the medical directorate staff to print out a report of all these patients including data about the on take referral.

Physiotherapy Stats Reporting System

An update to the existing Physiotherapy Diver model to develop usable dashboards to allow for collation of patient activity data in the organisation of physiotherapy service provision. It will enable managers to identify demands on individual services and specialties to help match staff time and skills with workload.

Scanned external laboratory results in PIPE

Starting in February, scanned copies of external laboratory results were available in PIPE. The change is being rolled out gradually, starting with Biochemistry. The new process both improves laboratory efficiency and eliminates potential transcription errors. In some cases, external results which were previously only available on paper will now also be on PIPE.

National Health Network Redundancy (NHN2)

Installation of NHN2 gives full network redundancy for all national systems in the event that NHN1 fails. The switchover to NHN2 is seamless and will happen automatically if NHN1 fails for any reason.

NCHD eRostering App

The APP allows employees working offsite record their time and attendance on the Beaumont Hospital time and attendance system. Configuration changes were made to the firewall and DMZ to allow traffic navigate to our internal server from an external network.

Firewall Re-Design Phase 1

The firewall Redesign project (Phase 1) replaced the existing end-of-life Check Point firewall appliances, with new Check Point firewall appliances. Our old Checkpoints were end of life which means we had have no hardware or software support in the event of any outage. The new Checkpoints allow us to avail of new security features such as Anti-Bot, Anti-Virus, Threat Emulation, Threat Extraction, and IPS and also allows us to remove the two tiered complicated firewall infrastructure we currently have. Phase 2 will involve the removal of the Juniper firewall.

UpDoc

UpDoc allows the user to attach a document of any type to the patient record. These are then available to all staff that can access the patient in PIPE. Potential uses are clinic letters, EEG reports, AHP documents etc. This system has been built and is in pilot in the medical and TUN directorates

Intranet

The new Intranet portal went live in July to enhance communications with staff. The new site is more visually appealing, incorporates a better search facility, a calendar of events and a more logical approach to finding what staff need.

Dashboard for Medication Safety

Enables all clinical areas to have clear visibility of performance with regard to medication incidents, highlighting key parameters.

VEEAM

Veeam is our backup infrastructure. We now have all servers getting backed up each night. We have 31 days on site for each server and can recover a complete server within 20 minutes.

The next phase has commenced and will result in having the backups writing to tape also.

e-Prescribing

This add-on to PIPE will enable a digital online form that will generate a printable prescription using the current prescription template (it can also be used as a stand-alone printable prescription). A copy of this will be available in UpDoc. This will mitigate the risk of prescription pads being mislaid or stolen and will keep a record of every prescription once a patient is discharged from wards or OPD.

Upgrade to the Dietitian Stats Package

Upgrade existing stats package to include use of episode number as the Patient Identifier to collect data. It also involves a number of additional new features which includes the following: Staff Patient Report, Patient Discharge Note, Breakdown Patient Interventions into Direct/Non Direct, Non Patient Activity.

Update Patient Accounts Daily Reports

Update Patient Accounts Daily Reports and have them accessible through Diver, on demand through a dashboard. Diver has the potential to email the accounts group which will improve the work processes. Reduces the risk of jobs or printer failure and inability of re-running reports.

Psychiatry EPR Version 2

Version 2 provides updates based on its use in Clinical practice and implementation of the National self-harm program guidelines relating to safety plan. It integrates notes from the Aislinn Centre on-call service with ED & Ward Psychiatry assessments. Enables improved access, communication, audit & tracking.

Patient Documents in PIPE

The new patient document screen in PIPE is our first step towards a Clinical Document Repository and the user will be able to access any discharge letter or downtime lab result the patient has ever had. We will be adding more document types to this system over time. This will give clinicians instant access to patient documents. Future expansion will include all OPD letters

Endoscopy Text Reminders

Using automated communication software (texting) to issue Endoscopy text reminders. aims to reduce the number of DNA appointments. System sends a text to the patient and looks for a YES/NO response from them. The response is then relayed back to the clerical staff on a screen. A NO response reduces the workload in the clinic by cancelling the requirement to pull charts, print results etc.

Imprivata Upgrade

Imprivata is the application used for Single Sign On (SSO) in pilot areas of Oncology and ED within Beaumont. Necessary to upgrade existing system from version 4.9 to 5.4 as it does not work with Internet Explorer 11. All PCs in Beaumont Hospital must be IE 11 in order to run the McKesson Radiology system.

Bluecoat Proxy Upgrade

Upgrade of our Bluecoat Proxy Servers essential for increased security on network, better management of web filter, more security features on new Bluecoat & improved internet speed and web based systems for users.

Patient Advisory Liaison Service System

Design and implementation of a Patient Advisory Liaison System for the department. The registry includes information relating to the different types of formal and informal complaints that the department deals with on a day to day basis and facilitates recording of complaints, searching for complaints & capturing all relevant information.

In 2017 we went to tender for our fixed line telephony contract. This covers all land line calls (local, national and international). This new contract (over 2 years) will save the hospital €120,000 over its lifetime of the contract.



Internal Audit



Internal Auditor
James Rogan

Internal Audit is an independent and objective assurance and consulting function. Charged with bringing a systematic and disciplined approach to evaluating and improving the effectiveness of risk management controls and governance processes within the Hospital as a service to the Board and all levels of management

The role of the Audit Committee is to oversee the Internal Audit function and advise the Board of the Hospital in relation to the operation and development of that function. It met four times during 2017.

The Hospital has in place an internal audit function, which operates in accordance with the principles set out in the Code of Practice on the Governance of State Bodies. The current work plan takes account of areas of potential risk identified in a risk assessment exercise carried out with management at the start of the current planning cycle. A strategic three-year Internal Audit programme 2015 -2017 was approved by the Audit Committee at its meeting of the 8th December, 2014.

To enable effective outcomes, internal audit provide a combination of assurance and consulting activities. Assurance work involves assessing how well the systems and processes are designed and working, with consulting activities available to help to improve those systems and processes where necessary. The approach to each review is determined by the Head of Internal Audit and will depend on the;

- level of assurance required;
- significance of the objectives under review to the organisations success;
- risks inherent in the achievement of objectives; and
- level of confidence required that controls are well designed and operating as intended.

The Internal Auditor provides the Audit Committee with quarterly reports on assignments carried out. These reports include summaries of key findings of each internal audit undertaken and highlight deficiencies or weaknesses, if any, the recommended corrective measures to be taken where necessary along with management responses. Outstanding recommendations are reported to the Audit Committee at each meeting. The Audit Committee monitors and reviews the effectiveness of the Internal Audit programme.

A comprehensive programme of audits was conducted during 2017 with eleven audit reports finalised and issued during the year. Among the areas reported on were;

- Recording of Sick Leave across the Hospital
- Audit of the stock take
- Review of Compliance with the Section 38 Annual Compliance Statement
- Review of Internal Financial Controls
- Follow up audit of the statutory registration of Medical and Allied Health Professional
- Compliance with statutory PRSI regulations
- Analytical analysis of the Financial Statements for the Year Ended 31st December 2016
- Review of Compliance with the European Working Time Directive



Royal College of Surgeons in Ireland



Professor Cathal Kelly
Chief Executive / Registrar
RCSI

Introduction

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 medical professionals for more than 30 years. I was honoured to join the hospital in marking the 30 year anniversary of its opening in 1987 this year.

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; Molecular Medicine; Clinical Microbiology; Radiology; Otolaryngology / Head and Neck Surgery; Anaesthesia and Critical Care; Clinical Neurological Science; the RCSI Clinical Research Centre, and RCSI Beaumont Library. I would like to express my sincere thanks to the Heads of each of these Departments and their dedicated staff for their outstanding contribution during the past year.

2017 was a time of significant progress for the College across our core activities in education, training and research setting new benchmarks in excellence on our path to establishing a world-leading position as a focused health sciences institution, uniquely positioned to influence meaningful change in healthcare.

As we embark on the implementation of a new strategic vision that will inform the development of the College from 2018 to 2022, it is encouraging to look back on a year of substantial achievement in implementation of the final phases of the current plan, Growth and Excellence.

The College has made substantial progress on a range of strategic initiatives that will enhance our education of undergraduate medicine, pharmacy and physiotherapy students, and postgraduate research students across the spectrum of translational health research activities.

Given the challenges facing worldwide healthcare systems, informed by our expertise in healthcare, RCSI continues to evolve its role to be at the forefront of changing the landscape of medical education and shaping how medical professionals are taught, to support them to deliver world-class care to patients.

Our concentrated efforts in helping to shape the future of healthcare and is aptly demonstrated in the exciting innovations and meaningful achievements, outlined throughout this report, in the areas of research, healthcare training and, most importantly, the enhancement of patient outcomes.

Education and Research Centre, Beaumont

Construction of our extension to the Education and Research Centre, The Smurfit Building, on the grounds of Beaumont Hospital began in January 2017 and is progressing efficiently. We are investing €11 million in the building which will significantly expand teaching and research capabilities, as well as providing a social space for students.

The new facility will also support our faculty and professional services departments. New facilities will include a series of large, flexible multi-functional tutorial rooms on the ground floor, open plan faculty offices and meeting spaces on the first floor and laboratory and research facilities on the second floor.



Pictured at the laying of the Foundation Stone for the RCSI Education and Research Centre, Smurfit Building Phase II, which took place on 07 April 2017 was Sir Michael Smurfit (centre) with RCSI students and researchers (l-r) Victor O'Brien, Ciara Fallon, Sesugh Yisa and Oludare Alabi.

Transforming Healthcare Education at 26 York Street

2017 was an exciting time in RCSI's 233-year history with the opening of a new and extended campus at 26 York Street in Dublin's city centre. Home to Europe's largest multi-disciplinary clinical simulation environment, state-of-the-art teaching spaces and first class student facilities, the 120,000 square foot complex is poised to transform healthcare education.

This innovative learning space was the outcome of six years of design, planning, construction, testing and benchmarking with global sites. The result is a facility that houses the first clinical simulation training environment of its kind outside of the US.

Our undergraduate health sciences students and postgraduate medical and surgical trainees will have the opportunity to learn in an extensive, hi-tech, simulated environment before they enter the clinical workplace. 26 York Street also provides a step-change opportunity to develop the training and understanding of new technologies for use in patient care and their adoption into new clinical practice.

The €80m development spans 10 floors, six above ground and four below. Home to the National Surgical & Clinical Skills Centre, the top three floors are occupied by the state-of-the-art surgical and training suite with a mock operating theatre, clinical training wards and standardised patient rooms. In the clinical skills lab, students and trainees learn using biological materials enabling skills to be mastered in a simulated environment before operating on patients.

Below ground is a 600-seat auditorium and a sports and fitness suite and, at the heart of the building is a specialist healthsciences library spanning three floors, with more than 500 study spaces for undergraduates, postgraduates, researchers and clinicians.

This modern facility at the heart of Dublin city represents RCSI's vision for a world-class educational facility at the global forefront of innovation in healthcare education and training and is complimentary to the excellent clinical training provided to our students and trainees at our teaching hospital locations including Beaumont Hospital.



Medical students pictured in the mock operating theatre simulation facilities at 26 York Street

University Rankings

We were delighted to learn in September 2017 that RCSI was ranked among the top 2% of universities worldwide in the 2018 Times Higher Education (THE) World University Rankings. RCSI's overall scoring has continued to strengthen on the 2017 rankings and the College has maintained its position in the #201-250 category. RCSI is placed joint second out of the nine institutions in the Republic of Ireland included in the rankings.

Our strong performance in the THE World University Rankings is an affirmation of RCSI's strategic investment in the expansion of our educational and research activities, which has intensified over the past two years. It is also testament to the ambition and commitment to innovation by our faculty, staff and students.

RCSI's performance in the rankings is linked in particular to the College's strength in the area of citations, which is an indicator of the growing impact of RCSI researchers on the international health sciences research landscape. The College's field-weighted citation impact (2.06) is the highest in Ireland and twice the world average with the score increasing from 81.7 to 92.8 out of 100 in the past year. The increase in RCSI's performance in citations in

particular, demonstrates the highly influential health sciences research being carried out by our scientists and clinicians, many of whom are based at Beaumont Hospital.

Enhancing the student's holistic development

As part of our commitment to our student's holistic development, this academic year saw the launch of the Centre of Mastery: Personal, Professional and Academic Success (CoMPPAS). Led by Ronan Tobin, the newly appointed Head of Student Engagement & Development, the Centre comprises a multi-disciplinary team of specialists working collaboratively to facilitate and empower students to achieve their personal, academic and professional goals.

The hub broadens access to, and further enhances, our existing student advisory and development services, including academic development, student wellbeing, language and communications, career development and learning access and facilitation. The CoMPPAS service is available to all students who wish to maximise their potential or enhance their performance. The service assists students to overcome the challenges they may face during their training and encourages them to develop sustainable strategies for success as future healthcare professionals.

An essential contribution

RCSI continues to be committed to the success of the RCSI Hospitals Group, recognising the critical importance of our clinical partner locations to the success of the College. The Group progressed under the leadership of Chief Executive, Mr Ian Carter, who had overall responsibility for the management of the hospitals within the network in addition to his role as Chief Executive of Beaumont Hospital.

I would like to take this opportunity to acknowledge the excellent contribution that the patients, management and clinical staff in Beaumont Hospital make towards the College in the training and education of our undergraduate students and postgraduate trainees and to thank them for their generosity towards RCSI. We will continue to support Beaumont in its many endeavours and look forward to continuing to work alongside our colleagues to provide the best in patient care.

RCSI School of Medicine

In a busy reporting period, the School of Medicine, under the leadership of Head of School, Professor Arnold Hill, has completed a re-envisioning of the RCSI Medical Graduate Profile that will define the RCSI educational experience for years to come. This period has seen the School prepare for the opening of the transformative new RCSI facility at 26 York Street in Dublin's city centre, an evolutionary development in medical education capability, while the School was also involved in advancing our key educational infrastructure project, the RCSI Education and Research Centre, at Beaumont Hospital to its construction phase.

Medical Graduate Profile

A comprehensive review of the School of Medicine's Medical Graduate Profile was undertaken during the reporting period. The outcome of that detailed reassessment, the RCSI Medical Graduate Profile (MGP) 2017, represents a significant revision of the RCSI MGP of 2010.

The revised MGP reflects the values of RCSI; it is an articulation of the RCSI School of Medicine definition of the abilities needed for all of the integrated roles of practice and thus provides the foundation for the education that RCSI students will receive. In the knowledge that we need to prepare doctors to meet healthcare needs in a fast-changing and dynamic global context, RCSI was committed to developing a framework that would facilitate medical education and practice in an international context.

Development of the RCSI MGP has been the result of an evidence-informed, highly collaborative process involving RCSI faculty, researchers, staff, students, alumni, other healthcare professionals and patients. National postgraduate training bodies participated in the process through involvement in focus group discussions and responses to a survey tool. The shaping of the RCSI MGP framework was also informed by CanMEDS 2015, developed by the Royal College of Physicians and Surgeons of Canada.

The framework of the RCSI MGP focused on the intrinsic roles of Professional, Communicator, Scholar, Collaborator, Leader, Global Practitioner and The Clinically Skilled Doctor, clarifying how these integrating roles emphasise the responsibilities of doctors to patients, society and the healthcare profession. These roles culminate in the RCSI medical graduate, the clinically skilled doctor. At the stage of graduation, clinically skilled doctors can integrate the RCSI MGP roles, applying medical knowledge, clinical skills and professional values in their provision of evidence-based, high quality and safe patient-centred care.



Professor Arnold Hill, Head of School of Medicine, RCSI (pictured centre) conducting a clinical teaching session with RCSI medical students

Sixth International Education Forum

The Sixth International Education Forum (IEF) took place at RCSI in June 2017. The theme was ‘Building Resilience as Healthcare Leaders’.

The week-long IEF brought together our Dublin and International faculty – three medical schools in three time zones – to discuss curriculum, assessment and medical education innovation, with curriculum reform topping the agenda this year.

For the first time, the IEF incorporated the Ed-i-Med symposium – an international medicine and health professions education symposium aimed at medicine and health professions educators, clinicians, scientists and administrators from higher education and healthcare institutions.

Physician Associate Masters

The School’s first cohort of students in the Masters in Physician Associate Studies will complete their Year 2 examinations this year. In January 2017, RCSI welcomed its second cohort of Physician Associate students to the College. The students are from varied backgrounds and many worked until recently in healthcare roles. The profession is growing rapidly internationally and we are delighted to be the first college in Ireland to offer a qualification in Physician Associate studies.

Research and Innovation at RCSI

Research at RCSI has continued to rapidly expand during 2017 in terms of in our researcher community, building capacity and infrastructure. The College continues to support its commitment to research excellence with major investment in research infrastructure and supports including new laboratories on the St Stephen’s Green Campus and at Beaumont Hospital.

Professor Ray Stallings, Director of Research and Innovation, who retired at the end of 2017, has been an inspiring leader to the research community during his tenure and I would like to acknowledge his outstanding contribution to the success of our research programmes since his appointment in 2012.

StAR Programme

We are already midway through implementing RCSI’s strategic research plan 2014-2020 to bring RCSI research closer to applications for the benefit of patients, the healthcare system and populations. The StAR programme has been key to help us accelerate the delivery of innovative, impactful research in the health sciences across a range of disciplines. We welcomed the new research lecturers who have joined RCSI under the StAR initiative in the past year.

and we also welcomed the first intakes under the StAR PhD and MD programmes last autumn. The StAR MD programme will strengthen our translational research, build our complement of clinician scientist expertise and greatly benefit the RCSI Hospitals Group with further integration of clinical research in RCSI.

Funding awards

RCSI has continued to have great success in securing research funding from a wide range of national and international funding bodies. RCSI researcher proposals continue to have the highest overall success rate for Horizon 2020 grants awarded to Irish institutions with a success rate of 28.4%, compared to the Irish national average of 14.7%. In 2017, total grant income grew to a total of €34m

SFI Centre: FutureNeuro



Professor David Henshall, Director of the FutureNeuro SFI Research Centre and Minister for Training, Skills, Innovation, Research and Development, John Halligan, TD (centre) pictured with FutureNeuro collaborators, including Beaumont-based clinicians and researchers, at the Centre's launch in September 2017

A notable funding success, and testament to RCSI's growing reputation for research excellence, was the announcement that RCSI will host the multi-million euro Science Foundation Ireland (SFI) centre: FutureNeuro. Led by Professor David Henshall, FutureNeuro has secured funding of €12 million from SFI and industry partners to improve the diagnosis, monitoring and treatment of chronic and rare neurological diseases. FutureNeuro was one of four new world-class SFI Research Centres launched by An Taoiseach in September 2017.

Irish Centre for Vascular Biology

The Irish Centre for Vascular Biology (ICVB) was launched in April 2017 to support RCSI's strength and expertise in this area and to create a single national Irish centre of excellence that will be recognised at

international level. The ICVB comprises an integrated network of groups in Irish universities, hospitals, small- and medium-sized enterprises (SMEs) and industry partners in Ireland, both north and south, involved in vascular-related research. Professor James O'Donnell, MCT, is the Director and aims for the centre to facilitate cutting-edge research that will ultimately lead to new treatments for vascular diseases such as thrombosis, stroke, haemophilia and cancer. In December 2017 RCSI, SFI and Shire, in partnership with the Irish Haemophilia Society, announced a major new €4 million, patient-orientated study entitled "The Irish Personalised Approach to the Treatment of Haemophilia (iPATH)" that will be hosted by ICVB.



Pictured at the launch of the Irish Centre for Vascular Biology were (l-r) Professor Hannah McGee, Dean of the Faculty of Medicine and Health Sciences, RCSI; Professor Cathal Kelly, Chief Executive/ Registrar, RCSI; Professor James O'Donnell, Director of the Irish Centre for Vascular Biology; and Professor Tracy Robson, Head of Molecular and Cellular Therapeutics, RCSI.

Innovation

The number of inventions identified by RCSI researchers, new research commercialisation agreements and industry funded research programmes has increased again in 2017. RCSI has far exceeded its targets for industry engagement and invention disclosures (as independently set by Knowledge Transfer Ireland) and the value of new industry funded research programmes in 2017, with both leading multi-national companies such as Roche, Daiichi Sanko and Becton Dickinson and indigenous Irish SME's such as Fleming and Inflection Biosciences, grew to €3.4m.

Healthcare Management at RCSI

As part of RCSI's continuing objective to shape the education and training of our future medical professionals and our role as academic partner to the RCSI Hospitals Group, the College recently enhanced its Healthcare Management capability, creating a unit that integrates existing expertise with additional

competencies, to establish a range of clinical research, educational, training, and policy-shaping functions that will further support RCSI's position as a centre of expertise in healthcare management. The unit is led by Eunan Friel, Managing Director, Healthcare Management and includes the RCSI Institute of Leadership, a new Health Outcomes Research Centre and a new Quality and Process Improvement Centre.

Institute of Leadership

The Institute of Leadership's objective is to be the provider of choice in healthcare leadership and organisational development education and training, offering innovative, insight-rich and immersive development opportunities for those who lead the planning and delivery of healthcare. Professor Ciaran O'Boyle is the Institute's Director, and in summer 2017, Ms Sara McDonnell joined the Institute as its new Head of Operations.

The Institute agreed a new five-year plan for 2017 to 2021 with senior management early in 2017. Key elements of the plan include:

- the development of a broader range of programmes encompassing quality and process improvement; health informatics; healthcare economics, healthcare pricing, and communication;
- a qualitatively differentiated educational experience with innovative modular course structures, flexibility in delivery and an enhanced responsiveness to the individual professional's educational and training requirements;
- increased internationalisation of the Institute's activities and its impact on the leadership and organisation of healthcare delivery via strategic expansion of its footprint in established locations and the additional development of education and training opportunities at a diversified range of healthcare provision sites;
- growth of global partnerships, building meaningful alliances that will attract additional faculty and increase the scope of healthcare management expertise; and,
- focused research and thought leadership.

Currently, the Institute reaches 2,000 healthcare workers in the Irish healthcare sector every year through executive education and academic programmes.

Health Outcomes Research Centre

The Health Outcomes Research Centre's (HORC) objective is to become the leading Irish research centre dedicated to the development and dissemination of evidence-based research on healthcare outcomes that will inform healthcare policy and improve patient outcomes. The Centre, under the leadership of Centre Director, Professor Jan Sorensen, will support RCSI's advancement of standards in surgery and healthcare delivery through authoritative contributions to healthcare policy development, academic debate and public dialogue, based on robust outcome research and comprehensive clinical insight.

The Centre's initial focus of activity is largely on surgery and the RCSI Hospitals Group, with a view to graduated expansion of its sphere of engagement in the medium term. Early outcomes will result from its engagement with the National Office of Clinical Audit and the National Clinical Programme in Surgery.

Quality and Process Improvement Centre

Quality and process improvement is vital in healthcare in order to respond effectively to powerful economic constraints and quality imperatives that will only intensify. The role of the Quality and Process Improvement Centre (QPIC) is to work with healthcare management leaders to help them conceive and implement practical solutions in this challenging environment.

Uniquely, the QPIC has taken skills that have been largely developed outside of healthcare – methodologies such as LEAN and Six Sigma – and translated their application to a healthcare environment, informed and guided by RCSI's understanding of how healthcare works.

The QPIC, led by Executive Director, Kieran Tangney, has put in place a team with a wealth of experience in clinical and systems design knowledge and in working directly with internal design teams. Adopting a supportive training model, the QPIC team works with people in their own facilities, helping them clarify the dynamics of the process flow, mapping it and exploring how to make it more efficient.

The Centre's quality improvement training incorporates methods that have demonstrated proven effectiveness in delivering significant quality improvement advances. These methods include: team-based training which drives staff empowerment and active clinical leadership; working on real projects; learning while doing; and communicating in clear language.

During the past year, the QPIC team have provided training at an expanding number of sites for a range of clients including the RCSI Hospital Group and the HSE's Productive Operating Theatre Programme.



Organisational Development



Ms. Anne McNeely,
Head of Organisational Development

“Collaboration is not about gluing together existing egos. It’s about the ideas that never excited until after everyone entered the room.” The Organisation Development Department comprises of the Organisation Development Section and the Learning and Development Section, each with discreet functional responsibilities as well as multiple overlapping interdependencies and shared work activities.

The model of Organisational Development which the hospital adopted is well described in the following definition:

Organisational Development (OD) is a *‘planned and systematic approach to enabling sustained organisational performance through the involvement of its people’*.

Our values-based approach is informed by theory and grounded in best practice, and supports staff to improve services, manage change and realise their own potential to influence the care that they provide for patients and their families.



OD Scope of Service

Engaging and empowering as many staff as possible and creating the conditions for sharing knowledge, and learning from each other, in the service of providing the best possible care for those who depend on our services, is the core focus of OD in Beaumont for more than 10 years now.

This work is aligned closely with more recent HSE National Staff Engagement Forum activities where it is recognised that Staff have a unique insight into the challenges faced by the services they work in and are often best placed to identify areas for quality improvement and creative and practical solutions. Where dynamic staff engagement exists staff have a strong level of connection to the service, take personal responsibility and support team colleagues to deliver better outcomes for patients and service users. This report highlights some of the many diverse activities which OD staff have led and supported throughout the year.

‘What Matters To You’ Awareness days

‘What Matters to You?’ day started in Norway in 2014 with the aim of encouraging and supporting more meaningful conversations between people who provide health and social care and the people, families and carers who receive care.

The day supports patient-centered care, by putting patients’ voices at the centre and focusing on what matters to them. **It provides an opportunity to pause and think about how well we listen to others.**

On Thursday the 15th of June 2017, staff on 8 wards within Beaumont incorporated a ‘What matters to you?’ conversation into their regular interaction with the people they were supporting or caring for. This was followed on St. Joseph’s campus by a ‘What matters to you?’ Day on the 15th August 2017.

“Hopes for the future, to live happy and be at home”

“For staff to sit down and ask me about myself or problems”

“To be positive and feel good about myself”

“Being listened to and involved in decisions”

“Respect from Staff”

“Be kind to me”

Staff found it a worthwhile exercise and expressed surprise at the depth of conversation and new insight gained from it.

- *“Taken aback - didn't know one of the patient's could engage as well as did (more lucid than had thought)”*
- *“Different - not coming at the patient from symptoms, getting to know them as a person”*
- *“Saw a different side of a patient”*
- *“Because you are busy you forget to ask this”*

Implementing Schwartz Rounds

We have signed a 2 year contract with the Point of Care Foundation in relation to the establishment and running of Schwartz Rounds at Beaumont Hospital. As the HSE QI Division has commissioned the Point of Care Foundation a UK based consultancy firm to support the implementation of Schwartz Rounds to Irish Hospitals. First phase hospitals signed up in May and Beaumont is among a growing number of hospitals to join the November intake.

Describing Schwartz Rounds:

An intervention to enhance compassion in relationships between staff and patients, through providing support for staff and emphasising their well-being.

Evidence-based Impact:

In the first large-scale evaluation of Rounds in the UK, Rounds have been shown to offer unique support compared to other interventions. Providing high quality healthcare has an emotional impact on staff, which often goes unnoticed. Rounds offer a safe, reflective space for staff to share stories with their peers about their work and its impact on them. Attendance is associated with a statistically significant improvement in staff psychological wellbeing. Reported outcomes included increased empathy and compassion for patients and colleagues and positive changes in practice.

Supporting Infrastructure in Beaumont:

The First Steering Group Meeting took place on 7th December 2017 and it is planned to hold the first Schwartz Round in mid-January 2018.

TY Programme in Beaumont: Attracting the future Healthcare workforce & promoting healthy communities.

More than 100 very eager Transition Year students from the local & regional community participated in our shorter than usual TY Programme – as Storm Ophelia delayed the start of the programme until Wednesday.



Let's talk about the impact of working in healthcare – 1st Schwartz Rounds in Beaumont Hospital

Now in its 8th year, the programme is designed collaboratively by members of the Nursing, Learning & Development, Health & Social Care Professionals, RCSI medical education tutors and DCU Nursing Health Sciences colleagues and is aimed at TY students with an interest in a career in a healthcare setting.

As well as providing a highly participative, educative and career informing experience, the programme also promotes health and wellbeing in the community with inputs such as infection prevention & control, healthy eating, diabetes to name but a few.

The week proved to be extremely successful for the students, who really enjoyed the many practical sessions and getting exposure to so many disciplines across the hospital.

Sincere thanks to the organisers Kate Costello, Head of Education, Learning & Development, Marie Hennigan, Education Co-Ordinator, Joan O'Byrne, Patricia O'Donovan, Centre of Education and a big thank you to everyone who gave so generously of their time and effort to promote their professions and Beaumont as an innovative exciting career option. We hope that their experience in Beaumont hospital will serve to make their CAO choices a little clearer.

Best wishes

Best wishes to Ann Quinn who, after 21 years service in Beaumont, left OD in October to take up a new role as Head of Organisational Development in the National Children's Hospital Project.

Education, Learning & Development

Beaumont Hospital is committed to providing the highest quality of patient care that is enabled and supported by excellence in teaching and learning for all staff. During 2017 Learning & Development continued to work collaboratively with the Executive Team and Staff across Directorates & Departments to identify and design learning and development interventions to support business, team and individual needs. The L&D department provided a broad range of programmes including mandatory training, project support and general staff development interventions.

Learning & Development continued to partner with industry, accrediting bodies and third level institutions such as Quality, Qualifications Ireland (QQI), RCSI and RCPI to bring high quality learning

experiences to our staff. A number of programmes and interventions were also open to community colleagues and partners to support cross-boundary patient and service needs.

The Head of Learning & Development and staff continued to provide expertise, guidance and support to a number of local and national projects such as leading out on the implementation of Beaumont's integrated Learning Management System: BORIS aimed at bringing a dynamic and modern learning experience to all staff; introduction of Beaumont's first Leadership development programme for Clinical Directors; Beaumont Staff Awards Project Team member; review of Early Warning Score system locally and nationally to inform the review of the national clinical guideline for the safe management of the deteriorating patient and project lead for the implementation of the National Sepsis Clinical Guidelines.

Transforming how we learn and work

During 2017 the Learning and Development Team together with colleagues in Nurse Education lead out on the implementation of a web-based Learning Management system (LMS) for Beaumont Hospital. A multidisciplinary Steering Group was established to oversee the LMS project implementation. Initial work streams included the following:

- Engaging with staff and industry experts to research and select a fit for purpose LMS
- Building LMS architecture & interface with HR and IT
- Designing LMS look & Brand in conjunction with end users
- Training of Subject Matter Experts (SMEs), Administrators & end users
- Designing and testing of professional and Corporate on line programme content to start-up

Based on Staff feedback, phase one of BORIS (Beaumont Online Resource for Interactive Study) implementation will focus on enhancing the learner experience by streamlining the process for accessing,



completing & tracking mandatory training and providing a blended approach to the delivery of some of the high impact, regular CPD, staff development and professional development programmes. We will continue to work with staff across all areas to further develop and exploit BORIS' full functionality to improve and transform how we learn and work during 2018.

Management & Leadership Development

In 2017, Learning and Development collaborated with the RCSI Institute of Leadership on the design and Development of Beaumont's first Clinical Director Leadership Development Programme. Consistent with best practice models and following a learning needs analysis, the programme was designed to explore and to develop leadership capability of the Clinical Director in Strategic, Operational and Professional domains. The programme which was modular-based took place over a nine-month period module titles included Leading Self, Leading Quality and Leading & Managing Resources.

The programme provided a unique opportunity for Clinical Directors to come together in a protected, facilitated learning environment as a group and also to explore and debate first hand strategic and operational challenges and priorities with the CEO. Guest speakers included Professor Ciaran O'Boyle, RCSIIL on Leadership Models; Dr Colm Henry, the Effective Clinical Director; Professor Valerie Pierce, Clear & Critical Thinking and Professor Gregor Shanik, Lessons Learned along the way. Internal speakers included Professor Smyth, Director of Clinical Governance, Mary Rose, Risk Manager and Patricia Owens, HR Director.

Members of the Radiology Directorate Management Team were successful in their application to attend the RCPI's Diploma in Quality & Leadership in Healthcare in 2017. The team are using the opportunity to improve access to diagnostics as their QI initiative. In 2017 we continued to offer our blended, accredited management development programme which includes 6 eLearning modules and is delivered in collaboration with internal subject matter experts from HR, L&D, IQS and the HMI. The aim of the programme is to support newly appointed managers and supervisors to be more effective in an ever changing workplace environment.

A further three senior managers are completing a coaching qualification in 2017/18 to support them in their management/ leadership roles and to enhance and sustain leadership capability among staff across the hospital.

L&D worked with Nursing colleagues in NeuroCENT Directorate and Nursing Leadership during 2017 to design and implement a PDP initiative aimed at enhancing staff performance and staff retention.

Study Leave & Funding for Further Education/ Staff Development

A number of staff education, training and development programmes were processed for study leave and partial funding/ re-imburement in 2017 consistent with hospital policy as follows:

- Third Level Course Funding (Excluding medical & nursing post graduate programmes)
- Short Staff Development courses, conferences, seminars



Presentation of CME Certificates by Ian Carter, CEO with Clinical Director Leadership Team, December 13, 2017. Dilly Little, Seamus Looby, Conall O'Seaghdha, Margaret Bourke, Daragh Moneley, Peter Conlon, Mohsen Javadpour and Diarmuid Smith.

Figure 66
Summary of Training activity 2017

| Programme/ Intervention | No of Programmes | No of Participants |
|-----------------------------|---------------------|-----------------------|
| Induction Programmes | 12 | 452 |
| General Staff Development | 21 | 148 |
| Management / Leadership | 4 | 120 |
| Internal Coaching programme | 1:1 | 80 |
| ELearning programmes | 5 | 3850 |

30th Anniversary Celebrations

Beaumont celebrated the 30th Anniversary of the Hospital opening in November 2017. The senior management team worked with staff, volunteers, retirees, the community and academic learning partners. This collaboration led to the identification of 7 key themes,

- Acknowledging the history and coming together of Richmond, Jervis Street and St Joseph's Hospitals.
- Recognising and appreciating the contributions of staff.
- Understanding Beaumont's role and contribution to the local community.
- Considering Beaumont's contribution to Regional and National services.

- Valuing the international and multi-cultural workforce.
- Promoting holistic care and support for patients and staff.
- Embracing the future and creating opportunities to influence and contribute to 'next thinking'

An eclectic programme of events for staff, patients and visitors took place which created a buzz of excitement and a sense of belonging and identity. The 30th Anniversary allowed us to look back and think ahead, to reconnect internally and reach out to the wider community and networks. We involved a fantastic range of audiences, from local school children to retired staff, existing staff, local radio, national media, unsung heroes and colleagues of choice and numerous other award participants. We displayed posters and milestone developments and human stories with some old and new photos. Above all we created opportunities for coming together and meeting friends and colleagues, sharing and learning facts and folklore, all part of who we are and what Beaumont will continue to become. So many people contributed in seen and unseen ways and we are sincerely grateful for the generosity and goodwill.

Figure 67 Beaumont Hospital 30th Anniversary Celebrations: Schedule of Events:

| Date | Event | Venue | Time |
|---|--|--|-------|
| Monday, 27 th November | Welcoming retired staff back to the hospital | Lecture Theatre Foyer | 11.00 |
| Tuesday, 28 th November | Join the Weekly "Lunch & Learn" | Tutorial Room 3, 3 rd Floor | 13.15 |
| | Staff Recognition Awards Ceremony, followed by reception in Exam Hall | Robert Adams Lecture Theatre | 17.30 |
| Wednesday, 29 th November (The day of the Birthday) | Beaumont Hospital School & "Kids Classics" Perform 'Peter & the Wolf' | Robert Adams Lecture Theatre | 10.30 |
| | Near 90.3 FM: Request Show & interviews from Beaumont | Main Reception Area | 11.00 |
| | 80's Themed Celebration for staff with raffle & spot prizes | Staff Canteen | 12.00 |
| | Irish Dance performance from the Mary Grimes School of Irish Dancing | Main Reception Area | 15.00 |
| | Also keep an eye out for Brian Fenton who will be touring the Hospital during the day with the Sam Maguire Cup ! | | |
| Thursday, 30 th November | Poetry Reading with Marie Heaney & Pat Boran | The Hospital Chapel | 14.30 |



30th Birthday Celebrations





Clinical Services

Critical Care and Anaesthesia Directorate

Imaging and Interventional Directorate

Laboratory Medicine Directorate

Medical Directorate

Neurocent Directorate

Surgical Directorate

Emergency Medicine Directorate

Transplant, Urology and Nephrology Directorate

Clinical Services



Critical Care and Anaesthetics

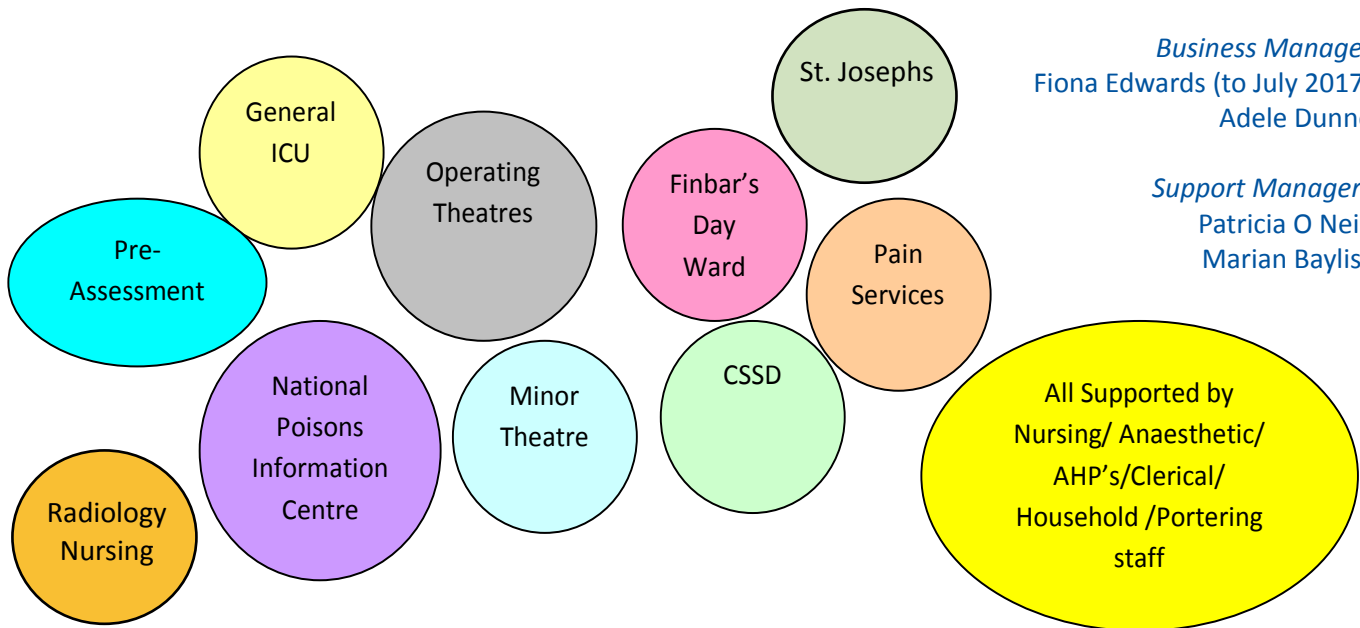


Clinical Director
Mags Bourke

Directorate Nurse Manager
Mary Cooney

Business Manager
Fiona Edwards (to July 2017)
Adele Dunne

Support Managers
Patricia O'Neill
Marian Bayliss



Preoperative Assessment

The Pre-assessment service provides valuable input in the perioperative care of patients attending Beaumont Hospital. This service allows for planning of care for patients and optimization of comorbidities to ensure a safe and successful surgical journey. The service improves patient access by facilitating patient day of surgery admission (DOSA) where appropriate and ensuring daycare surgery can run efficiently.

Each year we have an increasing requirement for preoperative assessment due to the complexity of modern surgery and anaesthesia, often in an aging population. Indeed the service continued to experience heavy demand from all surgical and medical specialties throughout 2017. The available service was delivered by 2 nurses and input from several Consultant Anaesthetists. An increase of 24 hours per week nursing support were added to the service in December 2017. We plan to expand and develop the service further, building additional Consultant and Nursing sessions to achieve to the standard whereby all patients attending for elective

surgery at Beaumont Hospitals are fully pre-assessed and optimised for their surgery.

In 2017 437 patients were seen at our consultant led clinic, we had 1126 nurse led inpatient assessments and 1225 nurse led day case assessments. Consultants review all patients during the process.

Operating Theatre

Over 2017 the Theatre department was reconfigured to include the Minor Day Theatre and the 2 theatres and Minor Procedure Room (MPR) in St. Josephs, Raheny. In 2017 the theatre complex in Beaumont increased capacity for surgery from 9.65 theatres to 10 theatres daily. Planning continued to increase capacity further by ceasing the daily rolling closures historically imposed for cost containment purposes and the opening of T12 in 2018.

Figure 68,69

Activity

| | Emergency | Elective |
|----------|-----------|----------|
| 2017 | 3470 | 6131 |
| 2016 | 3555 | 5912 |
| Variance | -85 | +219 |

St. Josephs Raheny Activity

| | Theatre | Minor Day Theatre |
|----------|---------|-------------------|
| 2017 | 3687 | 1751 |
| 2016 | 3970 | n/a |
| Variance | -283 | +1751 |

Phase I of the operating Theatre light replacement project commenced in December 2017. With funding the replacement project will continue in 2018.

Maintenance within the theatre suit proceeded during the year as well as reconfiguration of theatre scrub and sluice rooms. Increased storage was generated including a new renal store room opened to comply with HPRAs guidelines on Transplantation.

Other necessary works were identified and will proceed when resources allow. These include improved storage for sterile equipment, refurbishment of induction rooms, repositioning of the recovery sluice and upgrading of the changing rooms.

Nursing

Staff

Theatre nursing complement is 112.8 WTE. 28 nursing staff were successfully recruited into the Theatre department since June 2017. In May 2017 Clare Morris was appointed ADON to the Theatre department.

Education

We continued to build on theatre nurse career development through education. 6 nurses (including 2 external) completed a post graduate diploma in Perioperative nursing. November 2017 saw the roll out of the Foundation Programme in Perioperative Nursing. This newly developed 26 week programme primarily targets nurses with 6 months Theatre experience.

Theatre support staff

The ongoing activity in the Theatre department is supported by the Theatre Household team,

Portering staff and Supplies staff, along with radiographers, clinical engineering, laboratory staff and administration.

Department of Anaesthesia and Critical Care Medicine

The Department of Anaesthesia consists of 25 Consultant Anaesthetists and 31 NCHDs. We provide anaesthesia and perioperative care for all elective and emergency surgery at Beaumont and St. Josephs Hospital Raheny. We are responsible for the management and delivery of acute and chronic pain services, and care of critically ill patients in general and neuro-intensive care. We are committed to the provision of the highest standard of education and training and as such we deliver intensive teaching and training to all anaesthesia NCHDs.

We were pleased to welcome our new Consultant Colleagues to the Department. Drs Alex Moudrouski, and David Moore, Consultant Anaesthetists with Special Interest in Pain Medicine. Also, Consultant Anaesthetists, Drs Lucia Borovickova, Caroline Larkin and Grace Donnolly were appointed to Beaumont Hospital and we look forward to them taking up their posts in 2018. Dr Ruth Aoibheann O’Leary was appointed Consultant Anaesthetist with Special Interest in Intensive Care Medicine and will join the team in 2018.

Dr Alan Gaffney and Ms Karen Healy are the Clinical Lead and Nurse Manager for Organ Donation respectively. 2017 saw 31 patients go on to become deceased organ donors in Beaumont Hospital ICUs compared to 18 in 2016. A total of 191 kidney transplants were carried out of which 51 were part of the living donor program. All patients for transplantation are reviewed preoperatively by a Consultant Anaesthetist to confirm suitability for transplantation and to optimize preoperative comorbidity. Consultant Anaesthetist Dr Michael Moore is principally involved in anaesthesia for the living donor program.

Off site anaesthesia activity continued to grow with increased demand on our department. We frequently provide anaesthesia for endoscopic and cardiology procedures outside the theatre suite.

Numbers of patients requiring interventional neuroradiology procedures for procedures such as aneurysm coiling and embolization's continued to expand. We increased our consultant cover for these complex and critical patients.

Many children attended Beaumont hospital for surgery and urgent diagnostic scans. Each week Consultant Anaesthetist and Intensivist, Dr. James O'Rourke, provides anaesthesia for children requiring MRI or CT scans and angiography procedures. In 2017 Dr Solmaz Nakhjavani was appointed jointly to Beaumont and Crumlin Hospital as an Anaesthetist with special interest in Paediatric Anaesthesia. Dr Nakhjavani in particular provides anaesthesia for children in the cochlear implant program in Beaumont. Dr Mags Bourke, also with a special interest in Paediatric Anaesthesia, provides anaesthesia for children requiring complex neurosurgical procedures.

St Josephs Hospital Raheny

We continue to provide anaesthesia for ASA 1 and 2 patients undergoing general, vascular, ENT and plastic surgery at St. Josephs Hospital Raheny. Over 4000 procedures were carried out in 2017. This year our department increased the number of Consultant sessions provided for surgery and pain procedures. Dr. Adrana Nizam is our lead consultant anaesthetist in St. Josephs.

Pain Management

We welcomed Consultants Alex Mudraouski and David Moore to our department. Along with Dr Valerie Pollard we now have 3 Pain Specialists in Beaumont Hospital. Their appointments were very timely with an ever-increasing demand on pain management. In 2017 approximately 1400 pain procedures were carried out, 430 patient consultations and over a 1000 patients seen by our acute pain management service. The service development included Joanne O'Brien progressing to an Advanced Nurse Practitioner, Julie Sugrue appointed a specialist physiotherapist and Mairead Dowling appointed CNM 1 with special responsibility for acute pain management. A proposal for the appointment of a psychologist, with specialist interest in pain management, was advanced.

This year our pain management team also established a regular pain management and regional anaesthesia educational program, introduced novel techniques such as pulsed radiofrequency and the RACZ catheter for failed back surgery syndrome. There is also now widespread application of ultrasound guidance for

pain management procedures. The use of ultrasound has eliminated the need for x-ray guidance in certain situations.

Education and Training

We had exciting developments in our educational program with more teaching and exam preparation for NCHDs than ever before. Each year we run intensive consultant delivered teaching to all trainees. Professor Curley and our College Consultant Tutors, namely Drs Fiona Kiernan, Sinead Galvin, Criona Walshe and David Moore, organized our teaching program. The College of Anaesthetists this year asked us to participate in the new competency based training and evaluation for our SAT 1 trainees. We were delighted to participate and Dr. Criona Walshe is our representative in the College for this activity.

Our trainees represented our department at various academic meetings throughout the year. Dr Martina Melvin and Dr Fiona Kiernan won first prize at the prestigious KP Moore meeting with their development of 'The Neuro-T App'. This app gives advice and instruction to doctors when transferring critically ill neurological patients to Beaumont Hospital. Dr Aoife Brennan and Dr M. Moore presented at the Difficult Airway Society meeting in London. Dr Aishlinn Sherwin and Dr Valerie Pollard and Dr M. Moore published a review article looking at novel ways to treat postoperative pain in spine surgery patients. Dr Tom Wall and Dr. Irene Leonard published the first case of managing general anaesthesia in a patient with endobronchial valves. Our department participates actively in many clinical research projects and each year presents audit activity at our Beaumont Annual Audit Day.

Fellowship Training

2017 was the first year in which we began Fellowship training in Anaesthesia. We are the only department of anaesthesia in Ireland to offer a Fellowship in Neuroanaesthesia and Neurocritical Care. Dr Khurram Ijaz started as our first Fellow in Neuroanaesthesia and Neurocritical Care in July 2017. We achieved recognition for Fellowship training in Airway Management also in 2017. Our fellowship programs are co-ordinated by Drs M Moore, E Duggan and I Leonard and Prof. Curley.

Anaesthesia Intern Training

Our anaesthesia intern program continues to be very successful with it now being the most sought after rotation among interns. Dr Adriana Nizam is our consultant intern tutor.

College Of Anaesthetists

We have an ever-increasing commitment to the College of Anaesthetists with Consultants involved in examinations and also members of College Faculty. Consultants Elma Buckley, Edel Duggan, Sinead Galvin, Anne Hennessy, David Moore, Tanya O Neill and Criona Walshe are examiners of the Membership of the College of Anaesthetists and Consultants Mags Bourke, Frances Conway, Vivienne Larney, Irene Leonard and David Moore are examiners of the Fellowship of the College of Anaesthetists.

In 2017 Dr Anne Hennessey was re-elected to the Council of the College for a second 5-year term and remains as Vice President of the College of Anaesthetists for a further year.

Retirements

This report would not be complete without mentioning the remarkable contribution made to Beaumont Hospital by Drs Aidan Synnott and Josh Keaveney who retired in 2017. They have both been wonderful colleagues, inspirational leaders and have considerably advanced the field of peri-operative medicine in Beaumont. Dr Synnott worked a consultant anaesthetist and intensivist for 28 years in Beaumont. His contribution to anaesthesia and intensive care were immense over those years. Dr Keaveney was a pain specialist and anaesthetist in Beaumont Hospital. He was instrumental in the development of pain management services at Beaumont Hospital. Both were former Chairs of the

department and former Clinical Directors. We will miss them hugely and wish them a long, healthy and enjoyable retirement.

2017 was a very productive year for the department of anaesthesia in Beaumont Hospital. We look forward to further expansion of our services in 2018 and are committed to ensuring a safe and quality service for all our patients in Beaumont Hospital.

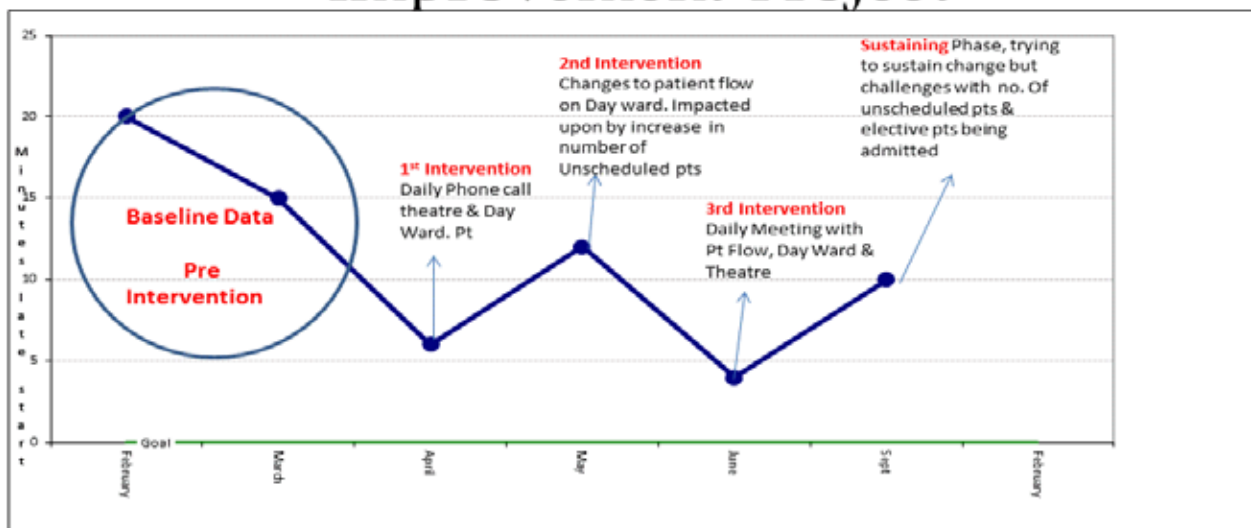
Operating Theatre Efficiency Improvement Initiative

Work on perioperative process improvement continued throughout 2017. Starting on time and optimum utilisation of theatre were adversely affected due to delays in beds being identified for patients pre operatively and delayed discharges from recovery.

However, focusing on areas within our influence, start time improvement projects, already in place, continued with an overall improvement in on-time start sustained.

Projects included: Early start time Oesophagectomy project, Advanced pre-operative planning to reduce start time delay on the Breast/General Surgery list. Similar work is commencing with the colorectal team, focusing on the timing of pre-operative interventions and communications with the patient so as to streamline the pre-theatre process to reduce the amount of time required for preparation on the morning of surgery. The ‘focused first patient’ project

Story of Day Case Start Time Improvement Project



Learning: What worked: Wider system awareness of Start times, Communication of the relevant information at the right time, standardising how we work.

with emphasis on the theatre list being prepared in order to avoid delays on the morning of surgery. This initiative saw a reduction in start time delay from 20 minutes to 5 minutes over a 6 month period.

A project in the Neurosurgical theatres commenced in April aiming to increase the number of patients walking to theatre. We achieved 60 % of 1st patients scheduled in Theatre 7 walking to theatre. The focus to reduce start time delays has highlighted other areas for improvement which are now the focus of a joint exercise with the NeuroCent Directorate and RCSI Theatre Quality Improvement Programme (TQIP). Improving the pre-operative pathway for neurosurgical patients has begun with the commencement of nurse delivered pre-operative assessment service.

In 2017, we continued to experience significant theatre overruns and have commenced an analysis of procedure durations to facilitate matching staff allocation more accurately to list duration. We were particularly challenged in maintaining urgent and emergent capability in the face of overruns and long procedures.

Day Surgery

St. Finbar's Day Ward:

St. Finbar's Day ward cared for 1,902 surgical patients, and 159 medical patients occupying 3,704 bed days in 2017.

CSSD

The Sterile Services department works within the Critical Care and Anaesthetic Directorate with 90% of its products used by the Operating Department; the department sterilised approx 74,000 items in 2017. (See table below) The CSSD also continues to support the Corporate Decontamination function within the hospital. Approximately 30% of our sets require reprocessing before use due to damage during storage.

Figure 70

| | 2017 | 2016 |
|--------------------|---------------|---------------|
| Set of instruments | 34,433 | 34,249 |
| Single instruments | 25,280 | 27,017 |
| Other packs | 14,693 | 12,854 |
| Total | 74,406 | 74,120 |

Figure 71 Pain Services

| ACTIVITY | 2017 | 2016 | 2015 |
|------------------------------------|-------------|-------------|-------------|
| Pain Procedures St. Josephs | 962 | 688 | 628 |
| Pain Procedures BH Theatre | 96 | 82 | 125 |
| Pain Procedures BH X-Ray Dept | 27 | 26 | 26 |
| SCS cases | 19 | 19 | 17 |
| IT Pump cases | 14 | 14 | 11 |
| Capsaicin 8% Treatments | 102 | 93 | 94 |
| OPD Procedures BH | 180 | 251 | 259 |
| Total Chronic Pain Activity | 1400 | 1173 | 1160 |
| Acute Pain Service | | | |
| PCA patients | 925 | 928 | 833 |
| Epidural infusion patients | 173 | 161 | 188 |
| Total | 2498 | 2262 | 2181 |

RANP Service Developments

Neuropathic Pain Clinic

This weekly clinic sees patients with neuropathic pain suitable for treatment with Capsaicin 8%. The current waiting time for new patients is 3 months.

Infusion Clinic

The transfer of the management of all suitable patients for I.V Lignocaine and Ketamine infusions to St Josephs has resulted in a reduction in waiting times from approximately 18 months to 3 months over the past year.

Acute Pain Service

In 2017, 925 patients received PCA pain management and 173 patients received Epidural pain management (1,098 in total).

General Intensive Care Unit - Activity
The General Intensive Care unit operated above 100% capacity for all months of 2017.

This is a summary of the number of patients admitted to the unit, age, length of stay and bed occupancy, in the time period reported.

Figure 72: Number of Admissions

| Total Admission (n) | Male (n) | Female (n) |
|---------------------|----------|------------|
| 660 | 382 | 278 |

Figure 73: Age and Length of Stay

| | |
|------------------------------|---------|
| Age (yrs, mean) | 60.2 |
| Age (yrs, range) | 12 - 97 |
| Length of stay (days, mean) | 5.3 |
| Length of stay (days, range) | 1 - 54 |

Figure 74: Bed Days

Total bed days occupied counts all bed days occupied during this time period.

| Bed days available | Total beds days occupied | Bed occupancy % |
|--------------------|--------------------------|-----------------|
| 3285 | 3541 | 108% |

The new Mobile Intensive Care Ambulance (MICAs) came into service, with new equipment and more space. Comprehensive training and familiarisation was done prior to the ambulance going on the road. Beaumont is one of two hospitals providing Anaesthetic and Nursing support for extended hours and weekend cover. An education package, is provided to all staff likely to be doing a MICAS transfer. These study days are ongoing. Dr Fiona Kiernan is the service lead for Beaumont Hospital.

Anaesthetic and nursing staff from the ICU's within the RCSI Hospital Group met in the last quarter of 2017 to revise and standardise policies, procedures and guidelines in relation to overall management of Critical care patients within the group. This will continue in 2018.

In August HIQA carried out an unannounced visit and overall the feedback was positive. The HIQA visiting HIQA member was very impressed by the poster display of performance in relation to care bundles. This was introduced in the unit some years ago and was updated during 2017 to include space to communicate any identified need for improvement.

In 2014 the unit was awarded a grant from the design and dignity scheme of the hospital friendly hospice for upgrading of the visitors waiting rooms. The visitor's rooms were officially opened on 13 / 11 / 2017. A staff nurse speaking at the opening used the analogy of the "good room" being for the visitors. In fact the hospital friendly hospice liked this so much that they used it as part of a feature in the Irish Times before Christmas.

7 staff completed the Higher Diploma in Intensive Care Nursing and 4 staff completed the Intensive Care Foundation Course. 10 new staff joined the ICU nursing team.

The 8 bedded High Dependency Unit the unit will open in 2018. We continued to plan for this much needed facility and advocate for it at any and all opportunity.

Radiology nursing

CNM2

Ms. Sunitha Thomas: completed the HSE led Management Development Programme.

CNM1

Ms. Mary Behan: completed the Beaumont Hospital led Management Development Programme.

- Enrolled into the Radiology Nursing Post Graduation Course from UCD.

Senior Staff Nurse

Ms. Orla Kettle - Completed the OPDSP Programme and presented her Project on 'Thrombectomy Guidebook for New Nurses' Joining the Department.

Senior Staff Nurse

Ms. Pamela Jameson - Enrolled into the Radiology Nursing Post Graduation Course from UCD.

National Poisons Information Centre

Staff in the Poisons Centre answered 10,433 enquiries in 2017. 97% of these enquiries related to human poisoning. Other enquiries included non-emergency requests for information and calls about animal poisoning. In addition, the Poisons Centre is the appointed body in Ireland for receipt of information under CLP regulations (EC 1272/2008) for hazardous chemical mixtures. 37 companies registered their products with the NPIC in 2017 and we were also involved in European Commission discussions to introduce harmonised product information for Poisons Centres in Europe.

54% of Poisons Centre enquiries were from healthcare professionals in hospitals or GP practices. 40% of enquiries were from members of the public. This represents a year on year upward trend in MOP calls since the introduction of our Public Poisons Information Line in 2012. 57% of human poisoning cases involved children under the age of 10 years. A focus on public awareness and education continued in 2017 with more than 16,000 Poison Prevention Leaflets and 12,000 NPIC key fobs distributed via healthpromotion.ie. These educational resources produced by the Poisons Centre help to highlight steps that can be taken by parents and carers to keep children safe from accidental poisoning. We also maintain an active Facebook page aimed at parents of young children and we reached 18,000 "likes" in 2017. In addition NPIC staff members took part in outreach events and public awareness campaigns including attendance at the Frontline Emergency Services exhibition day in Trinity College, presentation at an Order of Malta training day, and talks to "parent & toddler" groups. Poisons Information Officer Niamh English attended the annual meeting of the European Association of Poisons Centres and Clinical Toxicologists (EAPCCT) as an invited speaker to highlight the merits of using social media in Poisons Centres. NPIC staff also presented 3 posters at the meeting.



Imaging and Interventional Radiology Directorate



Clinical Director:
Dr. Seamus Looby

Directorate Nurse Manager:
Sunitha Thomas

Business Manager:
Audrey Fitzgerald

Radiology Services Manager
Sean McArt

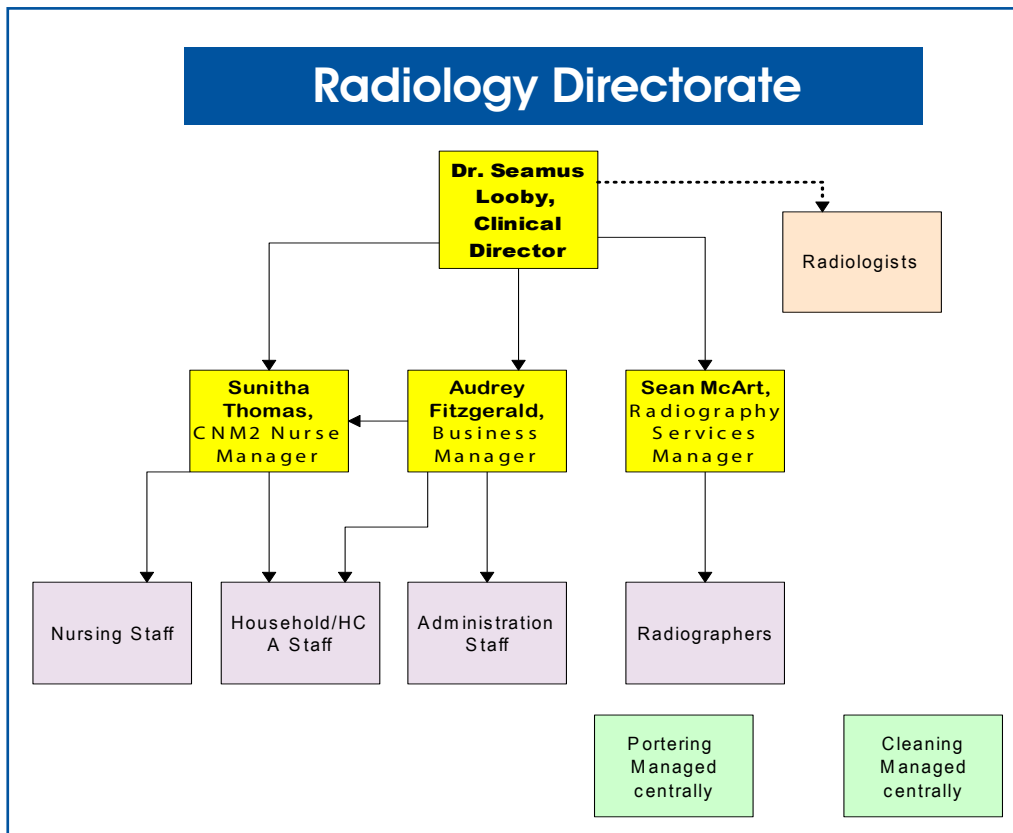


Figure 75 Structure of Radiology Directorate at Beaumont Hospital 2017

Introduction

It was a very busy and productive year for the Department of Radiology at Beaumont Hospital in 2017. The Department performed a record number of imaging procedures and interventions, across all modalities. There were a number of very successful new infrastructural and equipment replacement projects. A number of new clerical staff, radiology nurses, radiographers, radiology registrars and consultant radiologists joined the Department, all making a positive contribution. The Department's

aim is to continue and sustain this progress in 2018, in conjunction with colleagues in all other directorates across Beaumont Hospital.

Productivity

The Department performed 187,914 radiological examinations and/or procedures in 2017. This represents a 5% increase on the 2016 year total figure of 176,915 and a substantial 11% increase on the 2015 year total figure of 169,087 (see Figure 76).

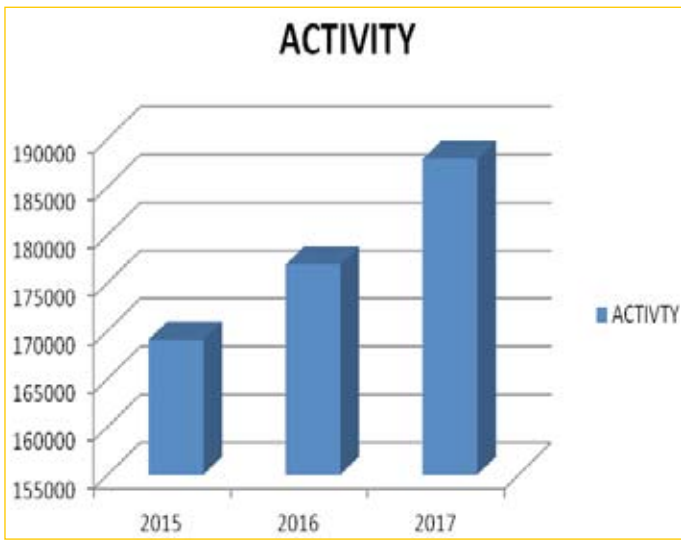


Figure 76

However, this hard earned figure is matched by a similar 11% increase in demand for these studies, going from 183,290 in 2015 to 203,063 in 2017 (Figure 77).

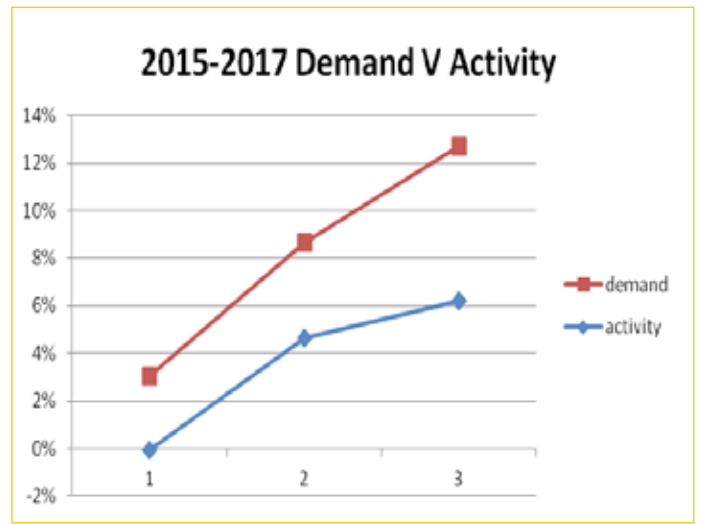
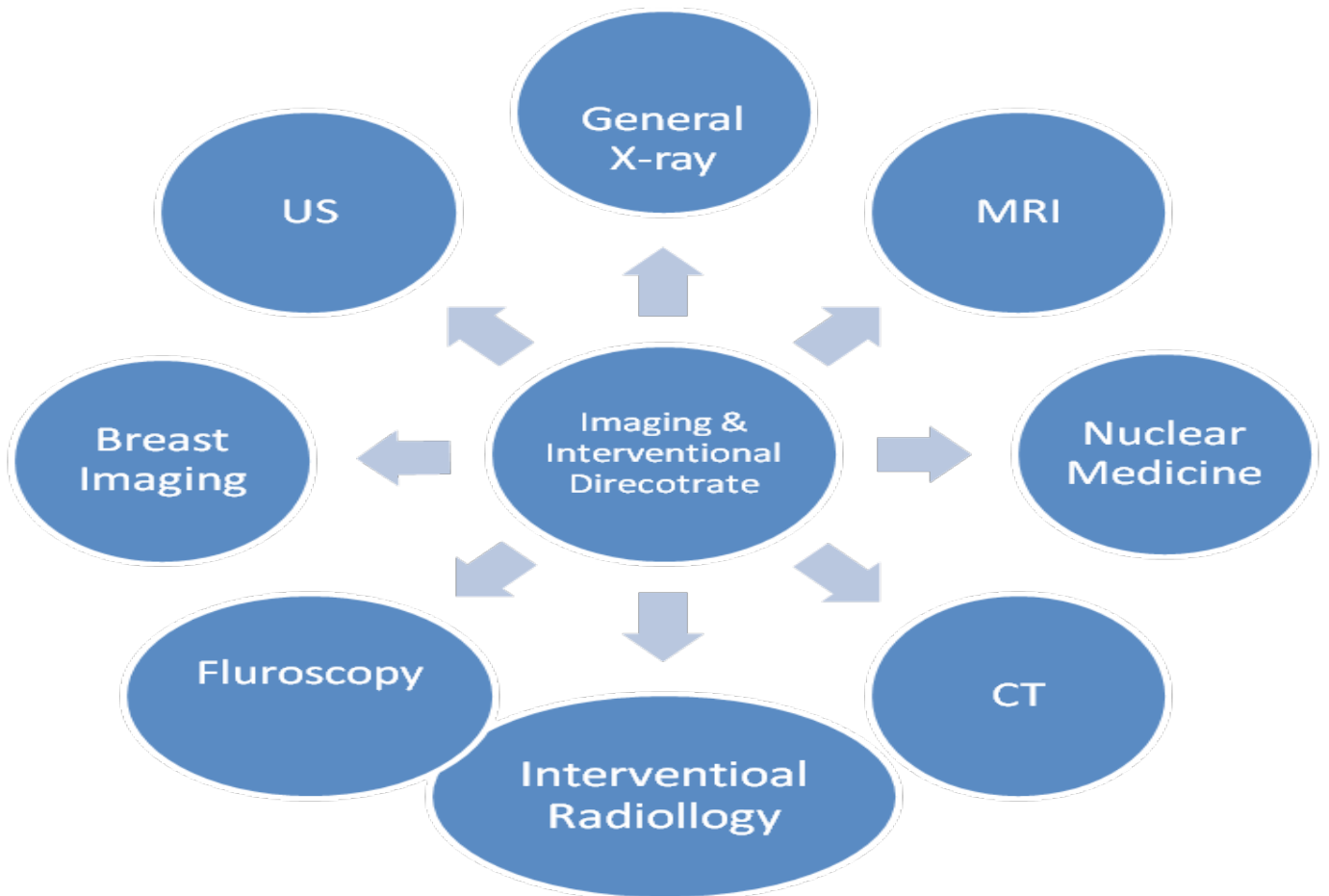


Figure 77

The Department is structured according to imaging modality and worklists and productivity are divided across each.



X-ray & Fluoroscopy

The Department has 6 general x-ray rooms; 3 including a dedicated chest unit in the main Department, 2 in the Emergency Department and 1 in St Josephs Raheny.

In January 2017, a new Carestream Evolution Digital Xray Unit was installed to replace an existing unit in Room 1 of the Department. This offers increased sophistication and modern up to date technology in x-ray.

The Department performed a total of 99,609 x-ray examinations in 2017, a record number for the Department.

There were a total of 725 fluoroscopy studies performed in 2017, representing a slight decrease on the previous year. However, this is in keeping with the general international decline in use of fluoroscopy with improved endoscopy, CT and other techniques.

Nuclear Medicine

There were a total of 2690 nuclear medicine studies performed in 2017. Two new SPECT-CT nuclear medicine scanners were installed with a complete renovation of the nuclear medicine area at Beaumont Hospital in 2016.

A comprehensive range of nuclear medicine studies are performed including bone scan, renogram, sestamibi scan, thyroid gland nuclear medicine studies, octreotide scans and several others.

In 2017, the Department began to accept referrals for and perform DatScans, a relatively recent (i.e. the last 10 years) nuclear medicine imaging modality in the investigation for and diagnosis of Parkinsons Disease.

Furthermore, in 2017, the radiography staff in this section commenced administration of intradermal injections, greatly facilitating and improving patient flow.

Breast Imaging & Intervention

The Radiology Department at Beaumont Hospital is a key part of a very busy symptomatic and other breast disease service in the hospital. The consultant radiologists with special interest in breast, specialist breast radiographers and others are an integral part of the services provided. This includes, and is not limited to, several weekly triple assessment clinics (TAC).

In 2017, 8,225 mammograms and 4,642 breast ultrasound examinations were performed in the Department. A large number of ultrasound guided breast biopsy procedures, stereotactic wire placement for surgical localization procedures and MRI breast procedures were also performed.

Ultrasound (US)

In 2017, there was a doubling of ultrasound capacity in the Department with the installation of 2 additional ultrasound machines and additional radiographer positions (Figure 78). There are now 4 ultrasound rooms and suites for diagnostic ultrasound and 2 for interventional and biopsy guided ultrasound.

The Department continues to focus on a fast and efficient turnover time for inpatient ultrasound procedures. But this initiative has been a tremendous success for outpatient ultrasound appointments, leading to a significant reduction in waiting list times, from a high of 8.4 months in September 2015 to 1.5 months in December 2017 (Figure 78). A record number of 18,254 diagnostic ultrasound scans were performed in the Department in 2017.



The radiographers with special interest in ultrasound/sonography with one of the new ultrasound scanners installed in Beaumont Hospital Dept of Radiology in 2017

ULTRASOUND OUTPATIENT WAITING LIST

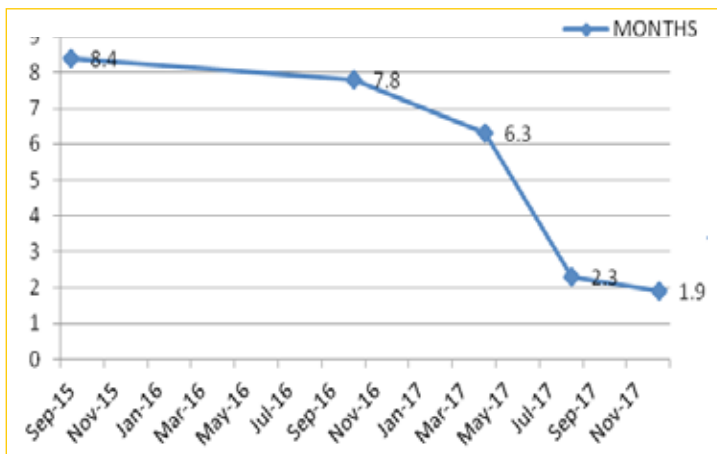


Figure 78

Computed Tomography (CT)

The Department has a total of 3 CT scanners, 2 at the main Beaumont Hospital campus and 1 in the St Josephs Raheny campus. There have been many positive initiatives in the provision of CT over the last number of years including extension to a 5 day scanning week in the St Josephs Raheny CT scanner, a routine extended working day of 8am-8pm on one of the CT scanners in the main hospital and formalization of 24/7 CT on call radiographer to facilitate early morning switch on of CT scanners.

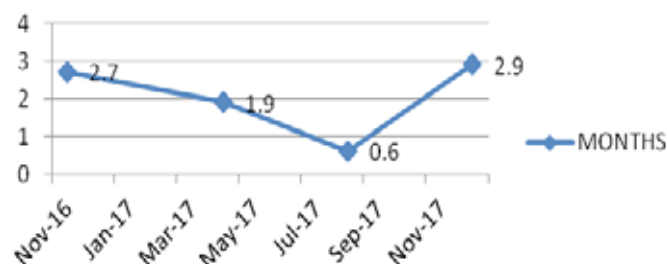
Most recently, the Department was delighted to install a new Siemens Somatom Definition AS Scanner in October 2017, to replace an older CT scanner. This allows now for the most up to date techniques in CT scanning with reduction in radiation dose to patients, improved workflows in CT and improved CT image quality. We wish to thank all of those who cooperated and assisted us with this project.

A record number of 18,254 diagnostic CT scans were performed across the 3 CT scanners in the Department in 2017. This is a 9% increase on the year total for 2016. Despite this increase in volume, there has been a slight increase in the waiting lists for outpatient CT at the hospital (Figure 79).



The new Siemens Somatom Definition AS Scanner installed at Beaumont Hospital Dept of Radiology, first day of installation October 2017

CT NEURO ROUTINE OUTPATIENT WAITING LIST



CT BODY ROUTINE OUTPATIENT WAITING LIST

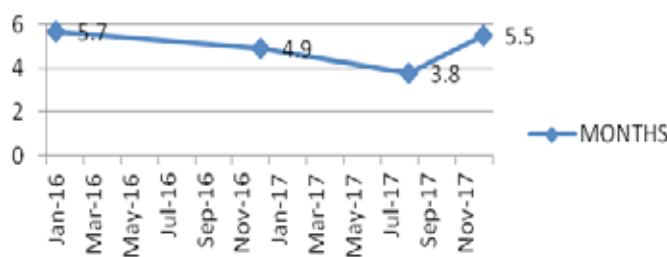


Figure 79

Magnetic Resonance Imaging (MRI)

The Department has a total of 3 MRI scanners, 2 at the main Beaumont Hospital campus (one is 1.5 Tesla and one is 3 Tesla) and 1 in the St Lukes Radiation Oncology Centre at Beaumont Hospital. The 3 Tesla scanner is a particular advantage for imaging of the brain and leads to better scans and improved accuracy across a range of diseases including brain tumours, brain vascular malformations stroke, epilepsy and many others.

There have been many positive initiatives in the provision of MRI over the last number of years

including extension to a 5 day scanning week in the St Lukes MRI scanner, a routine extended working day of 8am-8pm on one of the MRI scanners in the main hospital and a continued and successful insourcing project.

A record number of 19,929 diagnostic MRI scans were performed across the 3 MRI scanners (and including the insourced MRI scans) in the Department in 2017. This is a 10% increase on the year total for 2016. A significant and sustained reduction in MRI outpatient waiting times has been achieved in the Department over the recent years, from a high of 16 months in October 2015 to 4.4 months in August 2017 (Figure 80).

Figure 80

MRI NEURO ROUTINE OUTPATIENT WAITING LIST



Interventional Radiology (IR)

The Department has a dedicated IR suite, staffed by a team of 5 consultant interventional radiologists. They are supported by radiology registrars and radiographers and radiology nurses with specialist interest in IR.

A comprehensive range of IR procedures are performed including biopsy, abscess drainage, nephrostomy, biliary drainage and stent placement, TIPSS, port a cath placement, permanent catheter placement, renal dialysis graft procedures, diagnostic vascular angiography and the full gamut of IR vascular procedures.

Neurointerventional Radiology (IR)

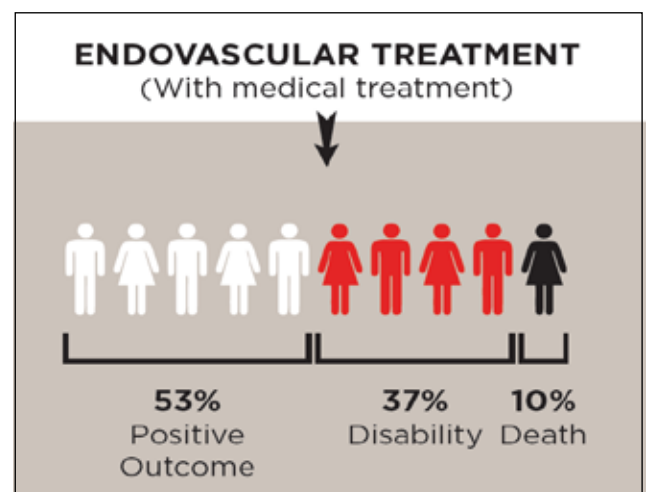
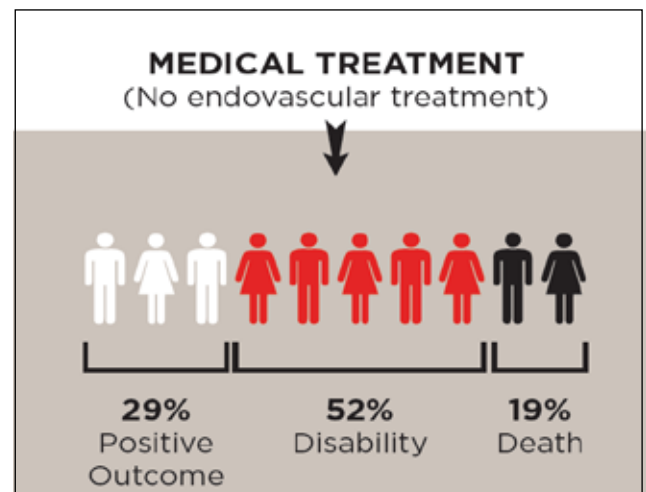
There are 4 fulltime consultant neuroradiologists in the Department, again supported by specialist registrars, radiographers, radiology nurses and many others.

As the national centre for neurology and neurosurgery, the Department performs a large number of

cerebral angiograms and cerebral aneurysm coiling. It also performs cerebral vascular malformation endovascular procedures, inferior petrosal sinus sampling, lumbar punctures, vertebroplasty, CT guided nerve root blocks and CT guided head, neck and spine biopsies.

There has been substantial growth in mechanical thrombectomy for acute large vessel ischaemic stroke (ALVIS) in the Department. The Department was very fortunate to be part of the ESCAPE trial in 2015, which provided Level I evidence that mechanical thrombectomy leads to substantial better outcomes and decreased mortality in ALVIS, recruiting over 10% of patients that were included in the final analysis in the study (Figure 81).

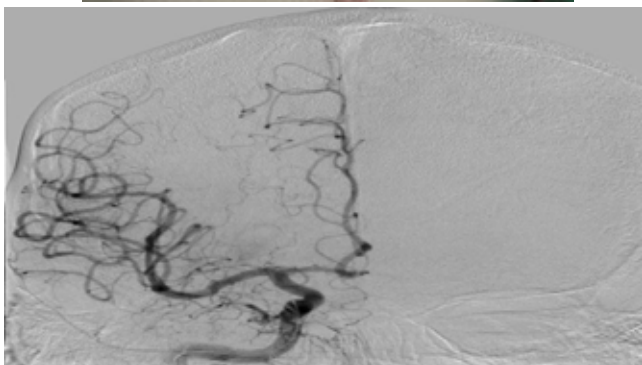
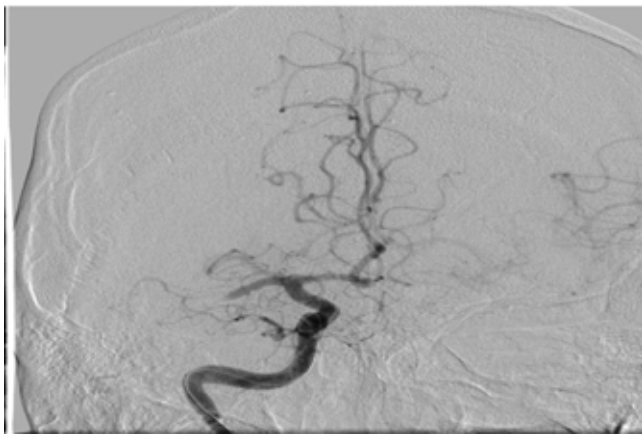
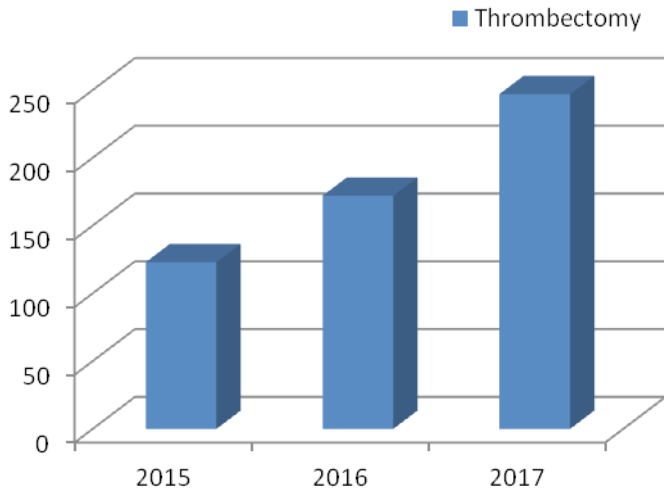
There has been a significant increase in the demand for this procedure, with a total of 247 performed in 2017, a substantial increase from previous years (Figures 81 / 82 / 83).



Figures 81 / 82 / 83 Results and outcome from ESCAPE trial 2015

Figure 83

Mechanical Thrombectomy



A series of images from a patient with ALVIS treated in the Dept of Radiology at Beaumont Hospital. A right internal carotid (RIC) angiogram, demonstrating a clot or thrombus occluding the right middle cerebral artery (MCA). The clot or thrombus removed by the mechanical thrombectomy procedure. The post RIC angiogram confirming restoration of flow to the right MCA.

Staff

Clerical Staff at Beaumont Hospital Dept of Radiology

In 2017, Ms Emma Donoghue was appointed to the role of Radiology Integrated System Manager and Ms Norma McIntyre was appointed to the role of Directorate Support Manager.

Radiology Registrars at Beaumont Hospital Dept of Radiology

Dr Mark Sheehan and Dr Darragh Herlihy successfully passed their Part I FFR RCSI examination in May 2017. Dr Aileen O'Shea, Dr Caitriona Logan and Dr Damien O'Neill successfully passed their Part II FFR RCSI examination in November 2017.

Consultant Radiologists at Beaumont Hospital

The Department welcomed 3 new consultant radiologists to post in the calendar year of 2017.

Dr Neasa NiMhuirheartaigh commenced as a consultant radiologist with specialist interest in chest imaging, having had previous fellowship training in same in Vancouver, Canada.

Dr Jane Cunningham commenced as a consultant radiologist, having had previous fellowship training in abdominal imaging, chest imaging and nuclear medicine at Brigham & Womens Hospital, Boston, USA and The Mallinckrodt Institute of Radiology (MIR) in St. Louis, Missouri, USA.

Dr Ruth Dunne commenced as a consultant radiologist, having previously had fellowship training and then subsequently gone on to work on staff at Brigham & Womens Hospital, Boston, USA (Figure 14). Her areas of expertise include prostate gland imaging and biopsy, ultrasound guided procedures and CT and MRI in chest and abdominal imaging.



Dr Jane Cunningham



Dr Ruth Dunne

Radiography at Beaumont Hospital

There were many positive changes in what proved to be a busy year for the radiography department. During 2017, nine new radiographers commenced in post. Some replaced existing vacant posts, while others were part of service developments in the Ultrasound and Nuclear Medicine departments. Two senior radiographers left the organisation - John Tuffy and Kirsten O'Brien to join HIQA as Inspectors of Ionising Radiation in Healthcare. John has been replaced as Radiation Safety Officer by Mr Jose Binghay who has been a member of the radiography team since 2006. We also welcomed to the department Ms Rachael Pyper as Clinical Specialist Radiographer from St James Hospital.

In an effort to meet the ever increasing demands for imaging on a 24/7 basis, there was a focus on skill mix in the department in 2017 and, as such, training was a priority during the year. We trained intensively across the department, particularly in General X-ray with the introduction of the Carestream Evolution Digital Xray Unit in Room 1 in December 2016 and in CT with the introduction of the new Siemens Somatom Definition AS Scanner in October 2017.

As part of the continuous training process we would like to congratulate M Brannigan on completion of MSc in CT, John Cahill on completion of HDip in MRI, Miriam Sabela on completion of PgCert in Mammography and Elaine Reidy and Shona Daly on completion of their MSc in Ultrasound. In effect all Radiography staff strived hard this year to ensure they met and exceed the CPD requirements for professional registration as set down by CORU with many attending study days, imaging academies and completing IV courses etc throughout the year. We would like to wish all those who commenced further postgraduate studies in September 2017 all the best for the coming months.

On 25th February, Beaumont Hospital Radiographers hosted a Radiographer study day on the topic of stroke. The study day was attended by over 130 Radiographers from Beaumont hospital as well as Radiographers from other hospitals nationally, this proved a great success.

In October 2017 we were delighted when Senior Radiographer and Practice Tutor Ms. Stephanie Cremin won the IIRRT/Medray 2017 award of 'Radiographer of the Year 2017', a much coveted title and a well deserved win for Stephanie.

Radiology Nursing at Beaumont Hospital

| New Joinees | Mikhaela Abellana |
|--------------------------------|---|
| Educational | <p><i>CNM2 Ms. Sunitha Thomas:</i> completed the HSE led Management Development Programme.</p> <p><i>CNM1 Ms. Mary Behan:</i> completed the Beaumont Hospital led Management Development Programme. Enrolled into the Radiology Nursing Post Graduation Course from UCD.</p> <p><i>Senior Staff Nurse Ms. Orla Kettle</i> - Completed the OPDSP Programme and presented her Project on 'Thrombectomy Guidebook for New Nurses' Joining the Department.</p> <p><i>Senior Staff Nurse Ms. Pamela Jameson</i> - Enrolled into the Radiology Nursing Post Graduation Course from UCD.</p> |
| Audit Initiative | <p>In 2016, Radiology Nurses' decided (in the absence of Metrics) to start auditing the Nursing Documentation. The Audit was conducted by SN Ms. Pamela Jameson. The results led to a change in practice of Document Management (electronic saving of the forms on McKeeson rather than storing hardcopies) leading to Space & Cost Savings. Re-audits of the same in 2017 has shown positive results to safe & secure managements of these forms.</p> |
| Colleague Choice Award Nominee | CNM2 Sunitha Thomas |



THE NURSING STAFF WHO PROVIDE 24HR NATIONAL EMERGENCY THROMBECTOMY COVER FOR STROKE

The radiology nurses at Beaumont Hospital 2017.

Conclusion

We would like to thank all of the staff who in the Department for all their work in 2017, helping to implement new work practices, facilitating installation and replacement of new radiological equipment and performing a record number of radiology examinations across the many modalities. We would also like to thank all our colleagues across the other directorates and all staff in Beaumont Hospital for their cooperation and collegiality.

The Department made a number of substantial improvements in 2017 with some real progress in obtaining new staff members, replacing old equipment, providing new services and meeting the demands for timely inpatient and outpatient radiology examinations.

We recognize that there is still work to do and more progress to be made in many areas and will strive to maintain the existing improvements and service and make more improvements in 2018.



Laboratory Medicine Directorate



Clinical Director:
Professor Elaine Kay

Business Manager:
Paddy Clerkin (To September 2017)

Laboratory Manager:
Peter O'Leary

The Clinical Directorate of Laboratory Medicine provides an extensive clinical and diagnostic laboratory service to a range of hospitals (HSE, voluntary and private), other healthcare providing facilities both nationally and regionally and to General Practitioners (GP's) in Beaumont Hospital's Primary care catchment area. 800 different GP's avail of Beaumont Hospital services on an annual basis, with a mean of 350 different GP's ordering per month. 240 GPs averaged one or more orders per (working) day. In total we processed over 1 million GP orders on

520,000 samples on 150,000 episodes from 100,000 different patients.

The range of testing provided includes both routine and national specialised esoteric tests. In 2017 more than 5.5 million tests were performed, with a total repertoire of over 800 different test types being offered. Demand on Laboratory Services continues to rise, which is represented in figures 86 - 90.

Figure 84 Departments

| | | | |
|--------------------|---------------------------------------|--------------|---------------------|
| Chemical Pathology | Phlebotomy | Haematology | Histopathology |
| Neuropathology | Renal Pathology | Microbiology | Molecular Pathology |
| Immunology | Histocompatibility and Immunogenetics | Blood Bank | Mortuary |

Figure 85 Consultant Team

| Consultant | Speciality | Consultant | Specialty |
|--|-----------------|-------------------------|--|
| Prof. Elaine Kay | Histopathology | Dr. Mary Keogan | Histocompatibility & Immunogenetics and Immunology |
| Prof. Mary Leader | Histopathology | Dr. Khairin Khalib | Histocompatibility & Immunogenetics and Immunology |
| Dr. Christian Gulmann | Histopathology | Dr Shari Srinivasan | Chemical Pathology |
| Dr. Anne Marie O'Shea | Histopathology | Dr. Philip Murphy | Haematology and Blood Bank |
| Dr. Marie Staunton | Histopathology | Dr. John Quinn | Haematology |
| Dr. Maeve Redmond | Histopathology | Dr. Patrick Thornton | Haematology |
| Dr. Cliona Ryan | Histopathology | Prof. Edmond Smyth | Microbiology |
| Dr. Helen Barrett | Histopathology | Prof. Hillary Humphreys | Microbiology |
| Dr. Brendan Doyle | Renal Pathology | Dr. Fidelma Fitzpatrick | Microbiology |
| Dr. Tony Dorman | Renal Pathology | Dr. Karen Burns | Microbiology |
| Dr. Alan Beausang | Neuropathology | Dr. Lillian Rajan | Microbiology |
| Dr. Francesca Brett | Neuropathology | Dr. Binu Dinesh | Microbiology |
| Dr. Jane Cryan (Dr. M Farrell covering .5 ML) | Neuropathology | Dr. Karina OConnell | Microbiology |

Figure 86 Increased Demand 2017 vs. 2016

| AREA | YEAR | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Total |
|------------|------|--------|--------|--------|---------|--------|--------|--------|--------|--------|---------|--------|--------|---------|
| A/E | 2016 | 7182 | 8626 | 8988 | 8527 | 8325 | 8210 | 8726 | 9373 | 9392 | 9157 | 9035 | 8901 | 106458 |
| A/E | 2017 | 9533 | 8350 | 9939 | 9821 | 10865 | 9591 | 9411 | 10423 | 10117 | 12532 | 9887 | 10123 | 122609 |
| A/E | Diff | 32.70% | -3.20% | 10.60% | 15.20% | 30.50% | 16.80% | 7.80% | 11.20% | 7.70% | 36.90% | 9.40% | 13.70% | 15.17% |
| Inpatient | 2016 | 72233 | 75428 | 77347 | 74181 | 75735 | 74566 | 70143 | 69865 | 70380 | 73694 | 75784 | 74428 | 885800 |
| Inpatient | 2017 | 78385 | 72414 | 76492 | 71102 | 78343 | 72835 | 75550 | 78578 | 77430 | 79833 | 81812 | 78040 | 922831 |
| Inpatient | Diff | 8.50% | -4% | -1.10% | -4.20% | 3.40% | -2.30% | 7.70% | 12.50% | 10% | 8.30% | 8% | 4.90% | 4.18% |
| Outpatient | 2016 | 128953 | 145358 | 140712 | 151422 | 148677 | 138365 | 131177 | 143090 | 142676 | 142446 | 149850 | 113319 | 1678061 |
| Outpatient | 2017 | 145595 | 143879 | 160468 | 133129 | 162008 | 139027 | 143831 | 153759 | 145922 | 143553* | 161963 | 107924 | 1743075 |
| Outpatient | Diff | 12.90% | -1% | 14% | -12.10% | 9% | 0.50% | 9.60% | 7.50% | 2.30% | 0.80% | 8.10% | -4.80% | 3.87% |
| Overall | 2016 | 208368 | 229412 | 227047 | 234130 | 232737 | 221141 | 210046 | 222328 | 222448 | 225297 | 234669 | 196648 | 2664271 |
| Overall | 2017 | 233513 | 224643 | 246899 | 214052 | 251216 | 221453 | 228792 | 242760 | 233469 | 235918 | 253662 | 196087 | 2782464 |
| Overall | Diff | 12.10% | -2.10% | 8.70% | -8.60% | 7.90% | 0.10% | 8.90% | 9.20% | 5% | 4.70% | 8.10% | -0.30% | 4.44% |

* Note our October 2017 figures are lower than expected due to an unscheduled BHIS outage leading to GP workload being outsourced for 2 days.

Figure 87



Figure 89

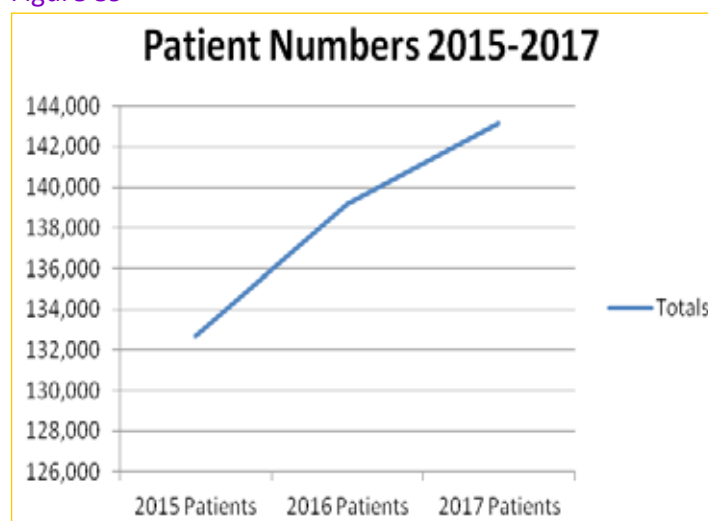


Figure 88

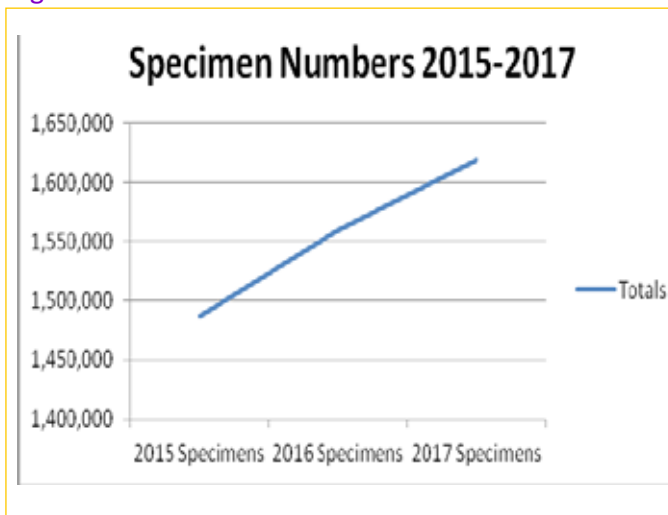
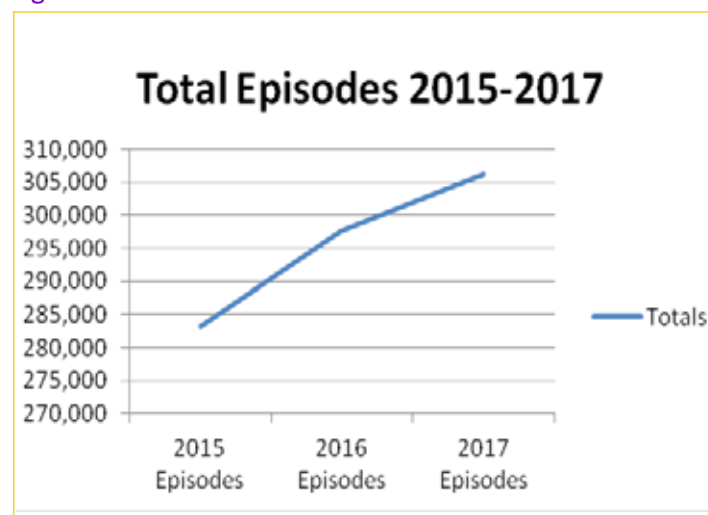


Figure 90



Directorate Projects & Accreditation

Laboratory Modernisation

The Laboratory Modernisation project is a multi-phased project to assist in moving The Directorate of Laboratory Medicine in line with International best practice and recommendations, including those of the Royal College of Pathologists. Phase one of the project involves alignment of the core blood science laboratory elements of Biochemistry, Haematology and Immunology to an automated tracked system. The project maintains the key function of specialist Laboratory work in the aforementioned areas. Laboratory Modernisation phase 1 will offer significant benefits in terms of Turnaround Times for both scheduled and unscheduled care. Quality and improved processes will be assured, coupled with future proofing in terms of Primary care and The RCSI Hospital Group.

There has been significant engagement from all Laboratories involved in phase one and the DMT would like to take this opportunity to acknowledge their efforts, coupled with the invaluable support of the Finance, Procurement and IT teams in Beaumont Hospital. The contract was signed in December 2017 with construction works including refurbishment and extension expected to commence in Q2, 2018. Completion of phase one is set for 2019.

Completion of phase one also enables the much needed expansion of Molecular Pathology Laboratory and Services, which is imperative in terms of Beaumont Hospital and RCSI Hospital Groups research and development ambitions. The centralisation of Clinical Immunology is a key strategic objective of The Directorate of Laboratory Medicine and this will be included as part of phase two. This will enable a National flagship Immunology service for both Beaumont and the RCSI Hospital Group that will further improve patient care and quality. The expansion of all Histopathology and Microbiology Services is vital in terms of managing local, regional and national demand moving forward. This expansion will occur in phase three.

National Medical Laboratory Information System

The National MedLIS project is currently underway to replace all of the Laboratory systems in the country with one unified system - Cerner Millennium. The project aims to make Laboratory results available nationally, across all hospitals and GP practices. The

new system will incorporate a Laboratory order communications module (Order Comms), which will allow GPs to order electronically, and also replace our current Laboratory ordering module in PIPE. Both MedLIS & Order Comms projects are significant change initiatives for all hospital staff.

Beaumont Hospital is one of eight hospitals in the first phase of the project. Key benefits of MedLIS include; essential first step in replacing BHIS in Beaumont, more efficient ordering and processing of bloods and results shared nationally across sites and electronic GP ordering and resulting. Result endorsement is also a feature meaning clinicians will be able to acknowledge when they have viewed a result and allowing them to focus on new and unseen results while ensuring no result is overlooked.

MedLIS and Order Comms live date for Beaumont is September 2018. We will then have four separate clinical systems for Laboratory, Radiology, ED and PIPE (discharge letters, doctor consults, etc. will remain in PIPE). This will continue until a single unified system, an EHR, is supported nationally.

The DMT would like to acknowledge the efforts of the significant number of Laboratory staff involved in this complex project. It is greatly appreciated that Beaumont Laboratory staff have risen to this challenging and labour intensive project to ensure Beaumont is in a state of readiness to proceed with September's "live" date.

Irish National Accreditation Board (INAB)

INAB visit took place on May 21st 2017. This was a very successful visit with minimal minor non-conformances to be completed prior to award. From a Beaumont and RCSI Hospital Group perspective, this award is essential in terms of compliance, quality and Beaumont Laboratory's position as a national lead in terms of Laboratory Medicine. The next annual visit will take place in May 2018, which will represent completion of a five year accreditation cycle with INAB.

The Clinical Directorate of Laboratory Medicine is committed to the provision of laboratory services compliant with best international standards. Accreditation means that all tests performed are subjected to internal quality control procedures and all assay performance is subject to external peer review through external quality assurance schemes. All procedures are standardized and documented. They are reviewed regularly. There is a system of

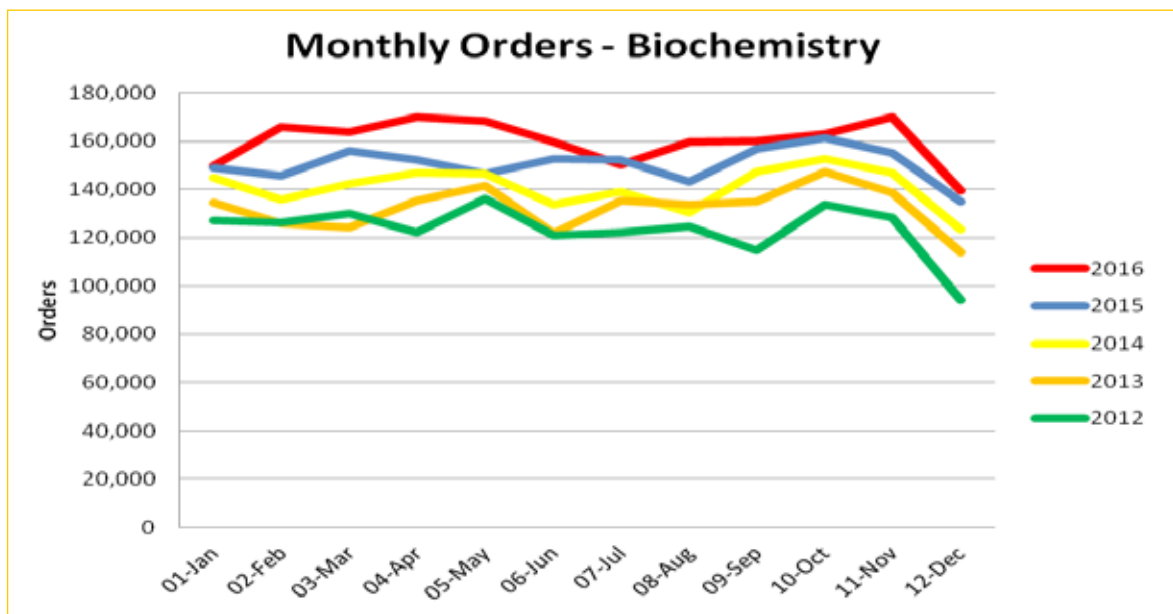
auditing in place that ensures adherence to policy and procedure. Non-conformances are corrected and preventive measures are put in place. Follow-up of such actions ensures the efficacy of the measures taken. All assets are logged, and performance is tracked. User satisfaction is measured, and the recommendations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

Chemical Pathology

Department Overview

The Chemical Pathology Laboratory provides a wide range of diagnostic tests on a 24hr basis. Activity within Chemical Pathology is critical to multiple clinical areas throughout the hospital. The diagnostic tests provided include; routine biochemistry and endocrinology, various tumour markers for the ongoing monitoring of cancer patients. Immunosuppressive drugs are measured to facilitate the monitoring of renal transplant patients. Toxicology, serum protein electrophoresis and urinary catecholamine and metanephrine analysis are provided nationally.

Figure 91 Activity 2012-2016



Significant Events

The following staff members left the department during 2017:

- Dr. Brian Moran
- Dr. Lucille Kavanagh-Wright
- Ms. Jessica Smyth
- Ms. Mary Lavin
- Mr. David Murthagh
- Dr. Shari Srinivasan was appointed as Chemical Pathologist.
- Ms. Catherine Levins was appointed as a Clinical Biochemist.

Staff Achievements

- Dr. Brendan Byrne presented at the ACBI annual conference, November 2017.
- Anna Gardiner, Emma Pentony and Geraldine Collier had a poster presentation at the ACBI annual conference, November 2017.

Significant Developments within Chemical Pathology

- INAB Accreditation maintained.
- The arrival of the third Mass Spectrometer will facilitate the transfer of Vitamin D analysis from the Roche Immunoassay.
- The H8160 analysers were replaced by the H8180 for the analysis of HbA1c.
- Catecholamines and Metanephrines are being provided nationally.
- The roll out of the POCT ketone meters hospital wide.

Continuing Education

All staff participate in CPD.

- Dr. Brendan Byrne commenced his studies to complete his FRCPATH.
- Mr. Paul Gorham commenced the 2nd year of his MSc. in Biomedical Science.

- Ms. Niamh McNamara commenced the 2nd year of her MSc. in Molecular Medicine.
- Ms. Anna Gardiner commenced her MSc. in Clinical Chemistry.
- Jessica Smyth has taken leave of absence to commence her PhD in the RSCI.

Histopathology

The Histopathology Department provides an extensive surgical Histopathology service, including supporting the symptomatic breast service, urology, lung, thyroid, dermatology and gastrointestinal units. The department provides a diagnostic Renal Pathology service in addition to supporting the renal transplant service, including an Out of Hours service. Electron Microscopy, Cytopathology and an Autopsy service are also provided by the Histopathology laboratory. The Non-Gynae Cytopathology service includes provision of assistance and support for the Fine Needle Aspirate and endoscopic ultra sound services.

Histopathology – Workload

During 2017 the department processed over 22,000 surgical cases yielding over 146,000 stained slides. We have seen an increase in the number of GI endoscopic and dermatology cases. We have also seen an increase in the number of non-gynae cytology cases from the endoscopic ultra sound service. We attend and present at 97 different Multi Disciplinary Meetings with our clinical colleagues per month.

Histopathology - Significant Developments

During 2017 we successfully maintained INAB (Irish National Accreditation Board) accreditation to ISO standard 15189.

The past year has seen the further development of a shared Molecular Diagnostic laboratory. We continue to develop collaborative work in the field of Molecular Pathology with the RCSI Histology Laboratory. We are in the process of validating the use of Next Generation Sequencing panels as applied to solid tumours. This will assist in making tumour specific diagnosis and prognosis.

During 2017, the Histology Laboratory continued to support the BowelScreen programme for the early detection of Colorectal Cancer. BowelScreen offers free bowel screening to men and women aged 60-69 through a home test kit known as the

faecal immunochemical test (FIT). Patients with positive screens undergo endoscopy. We process and report on the resulting endoscopy samples. We also supported the Beaumont/Connolly/Cavan endoscopy Initiative 2017 aimed at reducing Beaumont Hospital's endoscopy waiting list.

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

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

Renal Histopathology

We provide a diagnostic renal biopsy service to Beaumont Hospital and act as a referral centre for other hospitals. A renal biopsy routinely requires light microscopy (routine and an array of histochemical stains), direct immunofluorescence and electron microscopy. During 2017 we maintained a service level agreement to cover specimens from hospitals in Northern Ireland due to staff shortages in Renal Histopathologists.

As well as examining native biopsies, a very important aspect of our service includes the national renal transplant service. The latter includes on-call assessment of frozen sections from marginal donors with a view to optimising a limited source of organs serving an ever-increasing waiting list. All biopsies are reported by telephone within twenty-four hours of receipt, with discussions of clinico-pathological correlation. There is a two-weekly renal biopsy conference. The renal biopsy pathology archive has accumulated a unique collection of renal biopsy pathology, which is available to doctors training in histopathology. In addition it has served as a source of clinical research with many papers published using this archive as a source for cases.

Our clinical research activities which include publications and presentations at international conferences were in collaboration with clinical nephrology and renal transplant surgery teams in Beaumont Hospital.

Neuropathology

Neuropathology functions as an integral part of clinical neurosciences and of histopathology at Beaumont. The department has diagnostic, research and teaching commitments to a wide catchment area. The bulk of the diagnostic material, consisting of brain and spinal tumours, is received from Neurosurgery, Beaumont Hospital. The neuro-oncology diagnostic service is comprehensive and includes frozen sections, histology, immune-histochemistry, electron microscopy and molecular diagnostics.

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

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

CJD diagnoses continued throughout 2017. The specialised forensic neuropathology consultancy also continues to operate successfully. The Brain Bank launched in 2008, continues to operate successfully. The department participates in the training of pathology and neuroscience residents and offers short and long-term rotations through the laboratory. Undergraduate teaching is provided to medical and physiotherapy students at Trinity College, Dublin and at the Royal College of Surgeons in Ireland.

Molecular Pathology

The molecular lab, led by staff from the Neuropathology department, has continued to support DNA and RNA based diagnostics and research across the majority of pathology departments in the directorate. As of 2017, approximately 20 medical and research scientists from across the directorate and molecular histopathology RCSI, regularly access the molecular laboratory.

Phlebotomy

The Phlebotomy Dept provides a service to over 750 patients daily: in house, as well as patients referred from OPD, and also G.P. referrals. We also provide a service to warfarinised patients, approximately 100 daily in OPD. We are committed to continuous professional education in our dept. and are involved in providing an educational resource to the centre of education here in the hospital.

Microbiology Department

The primary role of the Department of Microbiology is the laboratory diagnosis, prevention and control of infection (including HCAI) and antimicrobial resistance.

Timely and accurate results are central to the management of the infected patient, which enables optimisation of treatment and facilitates further management. In addition, scheduled screening for MRSA, VRE and CRE is performed to identify colonised patients who can then be managed with the appropriate precautions.

The emerging and continued increase, in antimicrobial resistance presents many challenges for the Department, particularly in terms of detection, analysis and the provision of an accurate and timely service. The Department is actively involved in internal enhanced surveillance programmes for both alert organisms and HCAI's, and contributes to national and international surveillance initiatives. The Microbiology Department also provides an important service to GP's and long-term care facilities in the catchment area, and to other service users, (e.g. sexual health clinics).

The investigation of outbreaks remains very challenging and places huge pressure on the Microbiology Department, Beaumont Hospital. Screening is particularly demanding during flu season and has led to

a significant and particularly labour intensive increase in the workload both in terms of the laboratory involvement and the demand on surveillance scientists. Screening has also led to the introduction and increase of on site molecular testing due to the high and necessary demand for improved turnaround times for appropriate placement of patients and prevention of onward transmission of infections.

The continued provision of on-site nucleic acid detection for the diagnosis of influenza A and B has greatly facilitated rapid detection, with dramatically improved turnaround times, has played a significant role in the management of patients during the influenza season, and has facilitated appropriate patient placement and optimum patient flow. The availability of on-site testing seven days a week reduced mean turn-around times to approximately 7 hours. Results are available on the Beaumont Laboratory Information System (BHIS) within 2 hours for Emergency Department patients when utilising the appropriate platform. This has resulted in a significant positive impact on both ED and Intensive Therapy Units. The DMT would like to take this opportunity to acknowledge the responsiveness of the Microbiology team in meeting hospital needs in a most timely manner on a regular basis throughout “Flu season”.

The Department continues to improve the quality and scope of the service offered and successfully maintained accreditation with the Irish National Accreditation Board (INAB) in May 2017.

Continuing Education:

- All staff participate in Continued Professional Development- Biweekly Journal Club
- Academy of Clinical Science and laboratory medicine meetings (ACLLM).
- Irish Molecular Diagnostics Network meetings (IMDMN).

Blood Transfusion Department

Overview

The Blood Transfusion Department is actively involved in provision of the following services to Beaumont Hospital, St. Joseph’s Hospital Raheny, Raheny Community Nursing Unit and St. Francis Hospice (Raheny and Blanchardstown);

- Blood Transfusion
- Haemovigilance
- Consultant Service
- Emergency out of hours on call
- Advisory services

The Blood Transfusion Department, encompassing the Blood Transfusion Laboratory and the Haemovigilance Office, utilises the electronic crossmatch procedure. This technology facilitates a rapid turnaround time for the provision of red cells for patients with a valid Type & Screen specimen. This has enabled the Department to continue to maintain wastage in 2017 of red cells at 0.31% with the benchmark nationally less than 0.5% and platelet wastage of 1.7% with the benchmark nationally less than 8%. In addition Beaumont Hospital maintained the Crossmatched:Transfused (C:T) ratio of 1.38 (8216:5925). A C:T of greater than 1.5 usually indicates excessive crossmatch requests compared to units transfused (AABB, 2003).

Figure 92 Blood Transfusion - Workload year ending 2017

| Activity | Numbers |
|------------------------------|---------|
| Specimens Received | 18327 |
| Red Cells Received | 6061 |
| Red Cells Transfused | 5925 |
| Platelets Received from IBTS | 1712 |
| Platelets Transfused | 1630 |
| SD Plasma Transfused | 900 |

Figure 93 Workload Figures 2013 to 2017

| | 2013 | 2014 | 2015 | 2016 | 2017 | % +/-2016-2017 |
|-----------------------|-------|-------|-------|-------|-------|----------------|
| New Admissions | 10972 | 10537 | 10911 | 11319 | 10710 | -.16% |
| ABO/Rh | 22532 | 22305 | 23530 | 23482 | 23082 | -1.7% |
| ABSC | 15766 | 15674 | 16854 | 16410 | 16277 | -.8% |
| ABID | 426 | 502 | 548 | 485 | 556 | +14.6% |
| EC | 8867 | 8460 | 8571 | 7175 | 7195 | +2.7% |
| AHGXM | 1101 | 974 | 1280 | 928 | 915 | -1.4% |
| SDP Transfused | 1915 | 1110 | 1574 | 1165 | 900 | -22% |

Figure 94 Classes provided by HVO in 2017

| Class Title | Audience | No.of classes | Attendees |
|--|-------------------------------------|---------------|-------------|
| Blood Track | Nurses & Doctors | 86 | 837 |
| Blood Transfusion refresher | Nurses & Doctors | 25 | 392 |
| Red Cell Prescribing | Doctors | 1 | 15 |
| Emergency Warfarin reversal | Nurses & Doctors | 1 | 17 |
| Blood Transfusion Aspects of Transfusion (venepuncture & cannulation) | Nurses | 42 | 336 |
| Taking of a Type and Screen specimen | Nurses & Doctors | 6 | 31 |
| Patient blood management platelets | Nurses & Doctors | 18 | 110 |
| Management of a massive transfusion | Nurses & Doctors | 3 | 22 |
| General update including PBM, Warfarin Reversal ,Management of Massive Transfusion | Nurses & Doctors | 7 | 70 |
| Update for phlebotomist | Phlebotomist | 6 | 14 |
| Reporting of SAR | Emergency Department | 6 | 8 |
| Traceability | Nurses | 2 | 11 |
| TACO | GICU | 1 | 5 |
| Ed Trauma pack & Unidentified patients | Emergency Department | 5 | 34 |
| Reducing Phlebotomy | | 1 | 17 |
| Blood track with pick up slip | Theatre | 1 | 33 |
| Surgical grand rounds early transfusion of plasma in massive transfusion | Nurses, Doctors, Medical Scientists | 1 | 14 |
| Total | | 212 | 1966 |

Blood Transfusion - Significant Events

Departmental Achievements

- Turnaround Times (TAT's) of Blood Transfusion specimens have been maintained in accordance with Hospital Laboratory User Guide to aid in the provision of blood products in a timely manner.
- Blood Track continues to be streamlined throughout the hospital. In 2017 The Blood Transfusion Department rolled out Bluetooth printing for specimen and transfusion labels for all users. The Operating Theatre remains the final department for roll out of the devices in 2018 following WiFi installation. As of year ending 2017 greater than 90% of Type and Screen (T&S) specimens were taken using the Blood Track PDAs and over 85% of blood components transfused using the device.
- The Blood Transfusion Department continues its role as a member of the Blood Transfusion Support Team for the National MedLIS Project Phase 1.
- The Blood Transfusion Department maintained their accreditation to ISO15189:2012 following the surveillance visit in March 2017.
- Janice O'Shaughnessy has commenced a MSc in Healthcare Management. Stephanie Baker and Caoimhe Brady have commenced a MSc in Biomedical Science
- In October 2017 Ann O'Loughlin retired from the Department. In November 2017 Brendan Branigan resigned as Haemovigilance Officer. Antoinette Derham has taken up a post in the Department as a Haemovigilance Officer.

Clinical Immunology Department

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

Clinical Service

The clinical immunology service continues to provide care to patients with significant allergy, anaphylaxis, immunodeficiency, and autoimmune diseases. Between 2012 and 2015, there was a 46% increase in referrals received by the department. There was no further significant increase in new patient referrals

in 2016 and 2017 (> 600 new patient referrals / year), which likely reflected the development in service of another immunology centre located in south of Dublin. Ongoing care was provided for over 500 patients with immunodeficiency of which 105 require immunoglobulin replacement therapy. A high proportion of these patients were trained to give their immunoglobulin treatment at home.

Towards the end of 2016, the clinical service obtained access to a new area which allowed us to consolidate our allergy daycase activities and simultaneously run a parallel clinic in the adjacent consultation rooms. This initiative led to the Immunology Team successfully achieving local PTL targets for Day case Immunology patients of <18 months in 2016 and at the end of 2017 patients on the allergy dayward were offered their first appointments within 12 months. In 2017 there was also a significant increase in the numbers of new patients seen in the clinics compared to 2016 with more than 290 new referrals seen in the parallel clinic in the new area.

Clinical Immunology Laboratory

The department provides a service for Beaumont Hospital, general practitioners and external hospitals and has a focus on improving the clinical effectiveness of laboratory testing. User education continued with interpretive reporting and clinical liaison.

Figure 95 Clinical Immunology - Workload

| Request Item | Patient requests |
|------------------|------------------|
| Test sets | 114,798 |
| Individual tests | 143,368 |
| Specimens | 52,765 |

Overall the number of specimens received increased by 3.5% (Figure 95). Test Sets & the Total Tests performed had negligible changes in 2017. Data excludes Skin & Renal Biopsy workload. Figure 96 summarises workload for the last 7 years (Figure 96).

Figure 96 Skin and Renal Biopsy 2011-2017

| Year | Skin Bx | Renal | Total Biopsy |
|------|---------|-------|--------------|
| 2011 | 174 | 386 | 560 |
| 2012 | 243 | 427 | 670 |
| 2013 | 278 | 456 | 734 |
| 2014 | 354 | 460 | 814 |
| 2015 | 344 | 429 | 773 |
| 2016 | 386 | 466 | 852 |
| 2017 | 356 | 514 | 870 |

Clinical Immunology - Significant Events

Two Senior Medical Scientists returned from maternity leave in Jan & July respectively. Their retraining & the training of 4 junior members of scientific staff & ongoing training of the other scientists & MLA involved considerable additional work alongside an already significant specimen workload & accreditation/quality tasks. MedLIS & Laboratory Modernisation projects also required significant demands on staff time.

- Avril Madden left the department in July 2017 as her locum post had ended.
- Evan Brennan left his MedLIS locum post in November 2017 to take up a permanent post in the Immunology Department in SVUH.
- Eva Desmond resigned her permanent Basic Grade Medical Scientist post in December 2017 & left in Jan 2018.
- Assessment by the Irish National Accreditation Board was conducted in May 2017. The extension to scope included anti-TRAB antibodies. Four minor findings were made in Immunology.

Luiza Hanrahan successfully completed the Organisational & Personal Skills Development Programme (OPSDP) programme in 2017:

Ms Fiona Paolozzi, candidate ANP in Immunology, successfully completed the Graduate Certificate in Advanced Health Assessment from UCD, Belfield.

Clinical Immunology – Lectures

- Anne Clooney was invited to Chair the ACSLM HSCP Joint CPD Event in Feb 2017.
- Anne Clooney presented at the Thermo Fisher, Phadia User Group Meeting in May 2017 on 'Immunology in Practice – TPO & TSH Receptor Antibodies'
- Two staff presented at the Annual IAAI Meeting held in March 2017:
 - An autoimmune cause of raised ICP Dr. Clare Harnett
 - Cooking up a stroke Dr. Jacklyn Sui
- In her capacity as National Clinical Lead for Pathology, HSE, Dr Mary Keogan spoke at the plenary session of LabCon on 'Value and Cost in Pathology - National Perspective'.

- The Dublin Allergy & Immunology Interest Group meets every few months and the department takes turns to host the meeting with the Immunology Department in OLHSC Crumlin and St. James' Hospital.
- Dr. Khairin Khalib presented on "Delayed anaphylaxis in NSAID hypersensitivity" in January 2017 & "Citrus seed allergy and cross-reactivities" in May 2017
- Dr. Clare Harnett presented a case of "Erythrodermic eczema – potential complication of ivlg replacement therapy" in April 2017
- Dr. Jacklyn Sui presented "A case of possible adult onset autoinflammatory disorder" in July 2017
- Dr. Jacklyn Sui presented at the Medical Grand Round in January 2017 - "Granulomatous inflammation in CVID"

National Histocompatibility and Immunogenetics Service for Solid Organ Transplantation (NHISSOT).

The NHISSOT provides a nationwide transplant immunology service for solid organ transplantation. The department is accredited by the European Federation for Immunogenetics (EFI). NHISSOT offers a national service for HLA typing and crossmatching of deceased donors and living donors, urgent HLA antibody screening for cardiothoracic patients and HLA antibody screening for both pre-transplant and post-transplant monitoring. We also provide a service for HLA typing for disease association studies, diagnosis and pharmacogenomics. We provide an on-call service 365 days a year and a consultant immunologist is available for all clinical advice relating to transplant immunology. We wish to acknowledge the humanity, courage and generosity of the donors and their families and the immense benefit their gift is to our patients (Figure 97).

Figure 97 NHISSOT – Workload

| Test Requests | Number of tests | | |
|---|-----------------|------|------|
| | 2015 | 2016 | 2017 |
| HLA Antibody Screening-Single Antigen Bead (SAB) assays | 6951 | 8703 | 8867 |
| HLA Antibody Screening – Serology trays | 145 | 126 | 94 |
| HLA typing-Molecular | 6548 | 7022 | 6008 |
| HLA typing-Serology | 747 | 432 | 562 |
| Crossmatching-Flow cytometry | 268 | 264 | 241 |
| Crossmatching-Serology | 118 | 144 | 139 |

| Living Donor Work-up | Number of patients | | |
|--|--------------------|------------|------------|
| | 2015 | 2016 | 2017 |
| Review/reassess | 14 | 17 | 12 |
| 1st work-up | 119 | 241 | 151 |
| 2A work-up: full clinical evaluation and immunological assessment | 49 | 56 | 65 |
| 2B work-up: full clinical evaluation and immunological assessment | 25 | 43 | 20 |
| 3 rd and final work-up: proceed to donation and transplantation | 35 | 54 | 54 |
| Total referrals for work-up for the transplant evaluation clinic | 242 | 411 | 302 |

| Solid Organ Transplants | Number of patients | | |
|---|--------------------|------------|------------|
| | 2015 | 2016 | 2017 |
| Deceased Donors | 81 | 77 | 99 |
| Deceased kidney only transplants | 120 | 122 | 136 |
| Deceased kidney (from SPK donor) | 0 | 0 | 5 |
| Pancreas (from SPK donor) | 0 | 0 | 5 |
| Pancreas only transplants | 0 | 0 | 0 |
| Living Donor transplants | 33 | 50 | 51 |
| Total Renal/Pancreatic transplants | 153 | 172 | 197 |
| Paired Kidney Exchange (PKE) | 8 | 7 | 3 |
| Heart transplants | 16 | 15 | 16* |
| Lung transplants | 36 | 35 | 36* |
| Heart/Lung transplants | 1 | 0 | 2 |
| Liver Transplant Support | 61 | 58 | 62 |

*including 2 from Heart/Lung transplant

| Renal/Pancreatic transplant waiting list Figures from 31 st December | Number of patients | | |
|--|--------------------|------------|------------|
| | 2015 | 2016 | 2017 |
| New patients activated | 177 | 219 | 141 |
| Total patients suspended due to clinical/personal reasons | 84 | 70 | 63 |
| Total patients suspended due to NHISSOT workup | 21 | 20 | 15 |
| Total patients active on list | 463 | 461 | 404 |
| Total patients on waiting list - Suspended and NHISSOT workup | 568 | 551 | 482 |

| Other solid organ waiting lists Figures from 31 st December | Number of patients | | |
|---|--------------------|------------|------------|
| | 2015 | 2016 | 2017 |
| Total patients on heart waiting list | 17 | 28 | 23 |
| Total patients on lung waiting list | 30 | 41 | 42 |
| Total patients on heart/kidney waiting list | 1 | 1 | 1 |
| *Total patients on liver waiting list | *N/A | 40 | 36 |
| Total patients on waiting list | 48 | 110 | 102 |

*Figures from 2016

Figure 98

| Tissue Establishment | Number of vessels | |
|----------------------------|-------------------|------|
| | 2016* | 2017 |
| Total vessels banked | 31 | 35 |
| Total vessels transplanted | 0 | 2 |

*From June 2016

Figure 99

| | Number of patients | | |
|--|--------------------|------|------|
| | 2015 | 2016 | 2017 |
| Total number of patients being maintained and monitored on the solid organ waiting lists for the different transplant programmes | 616 | 661 | 584 |

NHISSOT - Significant Developments

EFI Accreditation:

- Received accreditation status in July.
- New Techniques/Equipment studies
- Cell separator: Robosep™ for isolating and purifying lymphocytes for HLA typing and crossmatching.
- Light cycler: Real time PCR to reduce the TAT for HLA typing of donors.
- HNA typing by SSP.

Continuing education:

Chief medical scientist completed HMI Leadership and Management Development programme with distinction.

- Medical scientist completed Beaumont's Organisational and Personal Skills Development programme.

Presentations:

- May: Donor TAT report. Anaesthetic Dept. Beaumont Hospital. Geraldine Donnelly
- November: Transplant Urology Nephrology Conference, Dublin. Catherine Taylor
- December: Patient Educational Session. Beaumont Hospital. Grainne Harmon
- July: EFI report for the BSHI newsletter. Geraldine Donnelly
- September: National Transplant Society Conference, UCD. Geraldine Donnelly
- Lectures:
- January. MSc Molecular Medicine, Trinity. Lecture by James Kelleher
- February: MSc Biomedical Sciences, DIT. Lecture by James Kelleher

- May: Post Graduate Nursing Diploma, Beaumont Hospital. Lecture by Patricia Mullany
- December: Post Graduate Nursing Diploma, Tallaght Hospital. Lecture by James Kelleher

NHISSOT educational sessions hosted for user groups:

- November: NHISSOT Educational Day. Beaumont Hospital.

Conferences attended:

- January: Neqas AGM. Birmingham.
- May: EFI. Mannheim, Germany.
- May: BSHI Antibody Special Interest Group. Birmingham.
- September: BSHI. Leamington Spa.
- September: National Kidney Transplant Meeting. Beaumont Hospital.
- October: National Transplant Society Conference. UCD, Dublin.
- November: Transplant Urology Nephrology Conference. Dublin.

Haematology

Department Overview

The Haematology Laboratory provides a range of routine Haematological Diagnostic services for patients at the behest of clinicians and an around the clock emergency service. The Coagulation Department is involved in the management of anticoagulant therapy, Coagulopathies, Thrombophilia Screening and required Molecular diagnosis. The Flow Cytometry Department provides a service for Immune-monitoring, and the diagnosis and monitoring of the treatment of Haematological Malignancies.

Significant Developments with an impact on patient care:

- INAB Accredited Status maintained to ISO standards: ISO15189:2012
- New Flow Cytometry platform and Molecular tests inspected, and all tests accredited.
- Significant input to MEDLIS & Laboratory Modernisation Projects
- Introduction of scanning system for cytogenetic and molecular referral reports into Lab Archive/ PIPE.

Continuing Education:

All staff participate in Continuous Professional Development.

- Morphology case seminars provided by the Haematology Consultants are on-going in Haematology.
- Sarah Grace and Sinead Moran completed the Management and Leadership Development Programme.
- Ms. PeggyAnn McGonagle was awarded a MSc in Biomedical Science
- RCSI Hospital group Haematology Study Day September 29th
- The department has been involved in the following publications and presentations during 2017 as detailed in table 17.

Table 100 Presentations

| Name | Date | Detail |
|-----------------------------|--|---|
| Stephen Bergin | 12 th May. | Use of BD Oneflow system to aid diagnosis of B cell Chronic Lymphoproliferative Disorders. Presented at BD Biosciences Irish Clinical Meeting |
| Fiona Crotty | 2 nd Oct 18 th Sept | Lecture in Haematopoiesis to the HDU & Oncology Nurses in the School of Nursing, Beaumont Hospital Lecture in Haematopoeisis to 2 nd year Biomedical Science Students, DIT, Kevin St. |
| Sinead Moran Sarah Grace | 28th -29 th March Sept | Facilitated the GEM2 lab set-up and demonstrations for malaria, RCSI |

Posters

Detection of MYD88L265P and CXCR4S338X in an Irish cohort of Waldenström Macroglobulinemia and IgM-MGUS patients. PeggyAnn McGonagle, Paul Kennedy, Dr Aisling Barrett and Dr John Quinn. Beaumont Hospital, Dublin. Poster was presented at Haematology Association of Ireland Annual meeting 2017.

- Weekly Cybord-Dara Is a Safe and Effective Upfront Treatment for Newly Diagnosed Multiple Myeloma. Preliminary Results of the Early Phase 1b 001/Ctrial(ICORG) 16-02 Study. Cian McEllistrim, Mary R Cahill, Philip Murphy, Vitaliy Mykytiv, John Quinn, Amanda Bray, Jessica Walsh, Elizabeth Lenihan, Tara Kenny, Grace Hirakata, Imelda Parker, Andres Hernando and Michael O'Dwyer – American Society of Haematology 2017
- On-going distribution of the Beaumont Hospital GP Newsletter.

Figure 101 Haematology Activity 2013-2017

| Request Item | Patient Requests | | | | | %+/- 2016/2017 |
|-----------------------------------|------------------|----------------|----------------|----------------|----------------|-------------------|
| | 2013 | 2014 | 2015 | 2016 | 2017 | |
| FBC + RetFbc | 306,039 | 321,372 | 339,455 | 350,874 | 363,922 | +3.7% |
| Special Haematology | 2063 | 1,919 | 1,662 | 1,858 | 2,023 | +8.8% |
| Bone Marrows | 337 | 398 | 467 | 473 | 407 | -14% |
| Blood Films | 10,083 | 9,970 | 11,439 | 12,377 | 12,227 | -2% |
| Total Haematology Activity | 336,916 | 352,668 | 375,206 | 386,890 | 400,252 | +3.4% |
| Coagulation Screen | 57,487 | 58,227 | 63,892 | 63,106 | 63,626 | 0.8% |
| Warfarin Clinic | 26,806 | 26,211 | 24,375 | 23,459 | 22,554 | -4% |
| TPSC | 160 | 189 | 182 | 155 | 205 | +32% |
| Lupus only request | 248 | 281 | 251 | 241 | 372 | +54% |
| EX_TPSC (CHB) | | | | | 51 | +100% |
| Total Coagulation Activity | 112,889 | 113,459 | 116,788 | 112,787 | 109,718 | -3%* |
| F V Leiden | 19 | 21 | 39 | 37 | 32 | -14% |
| Prothrombin Mutation | 139 | 153 | 195 | 149 | 119 | -20%** |
| Jak2 V617F | | 99 | 92 | 129 | 152 | +18% |
| Total PCR Activity | 158 | 273 | 326 | 315 | 303 | -4% |
| Total Immune Monitoring | 2100 | 2112 | 1950 | 1,876 | 1,857 | -1% |
| Total Immunophenotyping | 100 | 176 | 180 | 234 | 314 | +34% |
| Total Laboratory Activity | 449,805 | 466,127 | 494,450 | 502,102 | 512,292 | +2% |
| Of Which, Total GP Requests | 95,284 | 97150 | 106,270 | 102,939 | 116,725 | +13% |
| | 21% | 21% | 21% | 21% | 22.8% | +1.8% |

Most Significant Changes to Workload

In 2017, a business case was submitted to develop the Myeloid sequencing panel as part of the Pan Pathology Cancer panel and allow us to expand our service to the North East RCSI grouping for Flow Cytometry and Thrombophilia Screening. This not only is a significant improvement for our clinical service but has resulted in income generation for the Hospital.

In quarter three of 2017, we became the referral centre for Connolly Hospital Blanchardstown (CHB) for Thrombophilia Screens and Lupus. As a result, there has been a marked increase in these specialised Coagulation tests. Flow Cytometry testing for CHB commenced in October.

Overall the Haematology department workload has increased 14% in the last 5 years. In 2017 there has been a 34% increase in Immunophenotyping performed by the Flow Cytometry department compared to 2016. In addition, PCR JAK2 V617F requests increased by 18% last year. These dramatic

increases are in more time-consuming speciality tests which require additional training and supervision. This shows the current and future nature of the work which is required to diagnose monitor and manage patients with Haematological disorders (Figure 101).

** As part of our annual service review, it was decided to withdraw the Prothrombin Mutation assay in Quarter three as part of the Thrombophilia Screen, due to its limited clinical value and to otherwise invest our Molecular resources into the Myeloid Sequencing Panel.



Medical Directorate



Professor Peter Conlon
(Senior Clinical Director and Medical Directorate, Clinical Director, Jan - 31st Nov. 2017)

Professor Christopher Thompson
(Clinical Director for Medicine 31st Nov 2017)

Patrick Clerkin
Business Manager Medical Directorate

2017 was an extremely busy year for the Medical Directorate. There has been a sustained reduction in Medical LOS primarily due to continued focus on quality service, continuous improvements and constant vigilance by Medical, Administrative and Nursing personnel. The Medical Model for Medicine continues to reap dividends in terms of improving access for patients and alignment of patients with most suitable speciality. Furthermore the Medical model proves most effective in terms of Core ward occupancy rates, which has proven to greatly assist in LOS reduction. Supporting the Emergency Department in terms of timely access to beds and services has been a primary focus and will continue moving forward. The Medical Directorate has keenly supported appropriate usage of the Transit Care Unit to enable timely patient flow through the hospital. This has shown a continued reduction in ED wait times / PET times. In terms of protracted LOS within the hospital the DMT has continued to support patient flow and social work in reducing delays and expediting discharge.

Another key improvement saw progression across multiple services in sustained reduction in wait times for Out Patient services. There has been a keen focus by the Directorate Management team on all specialities to reduce wait times to below National targets and beyond. The response from all specialties has been particularly positive. There have been multiple clinical initiatives to support this reduction; such as consultant led improvements, Advanced Nurse Practitioners and Clinical nurse specialists reducing waits and administrative inventiveness; some of which will be detailed below. Additional OPD

clinics on St. Joseph's campus are one such example whereby access for patients has been improved, which we intend to increase in 2018. The Directorate Management team are under no illusion that this work needs to continue in 2018, as a priority.

The latter end of 2017 saw the Medical Directorate focus on the development of Ambulatory Medicine within Beaumont Hospital. The consultant body, directorate management team and nursing staff are most focused on developing such services with a particular emphasis on syncope, care of the elderly, respiratory, TIA service and infectious diseases. The Directorate Management team has continued to support the integrated acute and community care of the elderly services, with collaboration and collegial relationships continuing to grow. It is anticipated the appointment of a new 0.5 acute and 0.5 Community post in January 2018 will enhance operational workings further.

The DMT in collaboration with RCSI Hospital Group business leads have continued to reduce wait times for patients attending the Endoscopy department for urgent, routine and surveillance procedures. This has shown a sustained improvement in wait times, coupled with an increased emphasis on a group approach to achieving success. The Gastrointestinal consultants in collaboration with the DMT have worked tirelessly to continually improve the Endoscopy Department in Beaumont. The advent of Clinical Nurse Manager dedicated to triaging Endoscopy referrals has paid dividends in terms of appropriateness of referral along with type of procedure required.

Significant improvements were also made in relation to wait times for In-patient and day case cardiology lists. By year end all patients were waiting <1 year; and while acknowledging that this far from desired waits by both staff and patients, it is an improvement, with a dedicated emphasis to reduce further and extend Cath Lab capacity and Cardiology Day ward operations moving forward.

Support for Infusion services continues through our relationship with Community Intervention team. We have also improved quality and safety of services by enhancing and improving ITC capabilities and management of patients. Space and appropriate facilities continues to be a rate limiting factor in further developing services and expanding, which ultimately reduce LOS and increase capacity within the hospital.

Finally the Clinical Director has continued to support and work collaboratively with NCHD groups across the Directorate to improve education, training, facilities and overall working conditions for all trainees. This has been shown to be most effective in terms of engagement with wider hospital initiatives, projects and priorities. It is of paramount importance to the Medical Directorate that we continue to attract the best staff across all specialities, disciplines and grades.

Key Personnel Changes

Professor Christopher Thompson commenced his role as Clinical Director for Medicine in December 2017. Dr. Laura Durcan commenced her role as Associate Clinical Director in December 2017. Mr. Patrick Clerkin commenced as Business Manager in September 2017 and Ms. Fiona Markey commenced as Directorate Nurse Manager in February 2017. We like to acknowledge the contributions of previous incumbents of these posts, respectively Professor Peter Conlon, Professor Diarmuid Smith, Ms. Patricia King and Ms. Bernadette Lynch.

The Consultant Team

Clinical Director: Professor Christopher Thompson
Associate Clinical Directors: Dr. Alan Martin and Dr. Laura Durcan

CARDIOLOGY

Prof. David Foley
Dr. Thomas Gumbrielle
Dr. Brendan McAdam
Dr. Richard Sheahan
Dr. Mark Kennedy
Dr. Hafiz Hussein

RESPIRATORY

Prof. Richard Costello
Dr. Cedric Gunaratnam
Prof. Gerry McElvaney
Dr. Ross Morgan
Dr. Seamus Linane
Dr. Killian Hurley
Dr. Dorothy Ryan

GASTROENTEROLOGY

Dr. Gavin Harewood
Prof. Frank. Murray
Prof. Stephen Patchett
Dr. Aoibhlinn O'Toole
Dr. McEnroy-Mullins
Dr. Danny Cheriyan

EMERGENCY MEDICINE

Dr Abel Wakei
Dr. Patricia Houlihan
Dr. Peadar Gilligan
Dr. Micheal Quirke

INTERNAL MEDICINE

Dr. Deepak Gopinathan
Dr. Cora McNally
Dr. Peter Branagan
Dr. Dorothy Ryan
Dr. Laura Durcan

ONCOLOGY

Dr. Oscar Breathnach
Dr. Liam Grogan
Dr. Brian Hennessy
Dr. Patrick Morris

RADIATION ONCOLOGY

Dr. Clare Faul
Dr. Brian O'Neill
Dr. David Fitzpatrick
Dr. Orla McArdle
Dr. Jerome Coffey

RHEUMATOLOGY

Dr. Donough Howard
Dr. Grainne Kearns
Dr. Paul O'Connell
Dr. Laura Durcan

HAEMATOLOGY

Dr. Philip Murphy
Dr. John Quinn
Dr. Jeremy Sargant
Dr. Patrick Thornton

INFECTIOUS DISEASES

Prof. Sam McConkey
Dr. Cora McNally
Dr. Eoghan De Barra

DERMATOLOGY

Dr. Gillian Murphy
 Dr. Martina O’ Kane
 Dr. Emma Shudell
 Dr. Muirreann Roche
 Dr. Siona Ni Raghallaigh

ENDOCRINOLOGY

Dr. Amar Agha
 Dr. Diarmuid Smith
 Prof. Chris Thompson
 Prof. Mark Sherlock

PSYCHIATRY

Prof. Mary Cannon
 Prof. David Cotter
 Dr. Odile Hally
 Dr. Siobhan McHale
 Prof. Kieran Murphy
 Dr. Selena Pillay
 Dr. Helen Barry

GERIATRIC MEDICINE

Prof. Ciaran Donegan
 Dr. Alan Martin
 Dr. Alan Moore
 Dr. Linda Brewer
 Dr. Carmel Curran
 Dr. Barry Moynihan (Stroke)
 Prof. David Williams (Stroke)
 Dr. Karl Boyle (Stroke)

New Consultant appointments 2017

| Consultant | Speciality |
|-------------------------|---------------------|
| Professor Mark Sherlock | Endocrinology |
| Dr. Mark Kennedy | Cardiology |
| Dr. Hafiz Hussein | Cardiology |
| Dr. Killian Hurley | Respiratory |
| Dr. Michael Quirke | Emergency |
| Dr. Laura Durcan | Rheumatology |
| Dr. Carmel Curran | Care of the Elderly |
| Dr. Karl Boyle | Stroke |
| Dr. Eoghan De Barra | Infectious Diseases |

Figure 102: Patients waiting > 1 year for OPD appointment

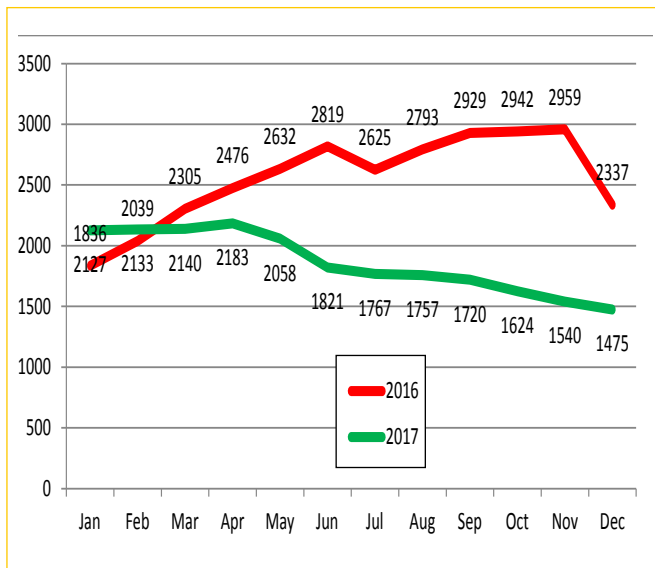


Figure 103: Endoscopy total inpatient and OPD Referrals 2017

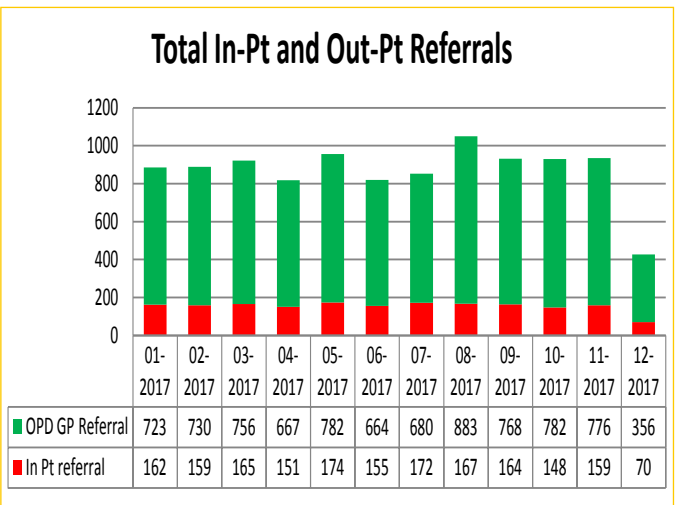
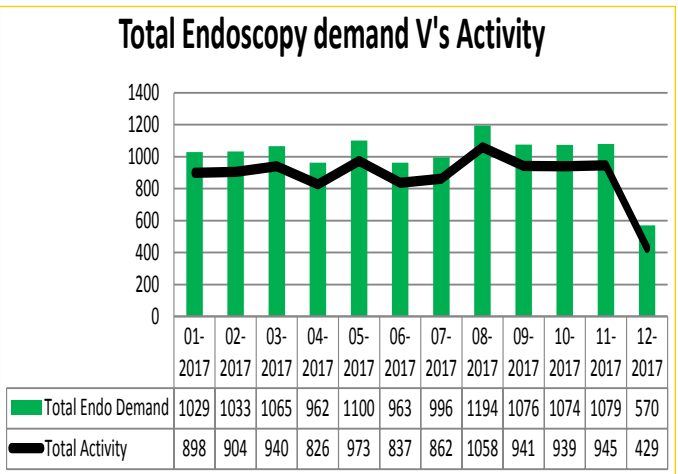


Figure 104: Total Endoscopy demand vs. activity 2017



Gastroenterology

Endoscopy

Beaumont’s Endoscopy suite continues to meet the National KPI for all Category 1 / Urgent patient referrals having their procedure performed in less than 28 days.

The reduction of routine procedures being performed in Beaumont (insourcing) has allowed for more acute and complex ERCP and EUS procedures. 2017 has seen a 30% increase in ERCP/EUS activity.

Triage Nurse

This year has also seen the introduction of a CNM 2 Triage Nurse. The role's primary focus has been on triaging all direct access colonoscopy referrals. Assessing referrals, reviewing patient history and communicates directly with patients to establish appropriate course of action. This has seen what would have been previously categorized as urgent colonoscopies reduced by 23% in the last 6 months. Certain patients are being redirected back to GP / OPD / for follow up. The remaining 77% are re-categorized as a less invasive procedure 'OGD or left colonoscopy only'. The triage role is having a positive impact in reducing the urgent colonoscopy demand for the Unit with an average of 158 referrals per month since July.

In sourcing

2017 has been a progressive year for gastroenterology patients. The RCSI Hospital Group insourcing initiative has continued to grow where 2,276 routine and surveillance patients have had their procedure performed in Cavan and Connolly Hospitals. This has allowed Beaumont to achieve the national KPI for routine patients whereby 75% have their procedure performed in less than 13 weeks with regards to surveillance. Procedures were performed on all patients waiting.

During 2017, both Cavan and Connolly hospital received access to the Beaumont "on Demand Portal". This allowed for almost instant and seamless transfer of patient referrals within the group and removed the risk and inefficiencies associated with sending referrals via the postal system. This has greatly assisted in creating an RCSI HG approach to the effective management of endoscopy waiting lists across multiple sites. The Histopathology pathway has been redesigned to allow for a more proactive approach to follow up. A monthly email containing all the previous months' reports is sent to the Insourcing Co-Ordinator who ensures results are reviewed with the scope report in a safe and timely fashion.

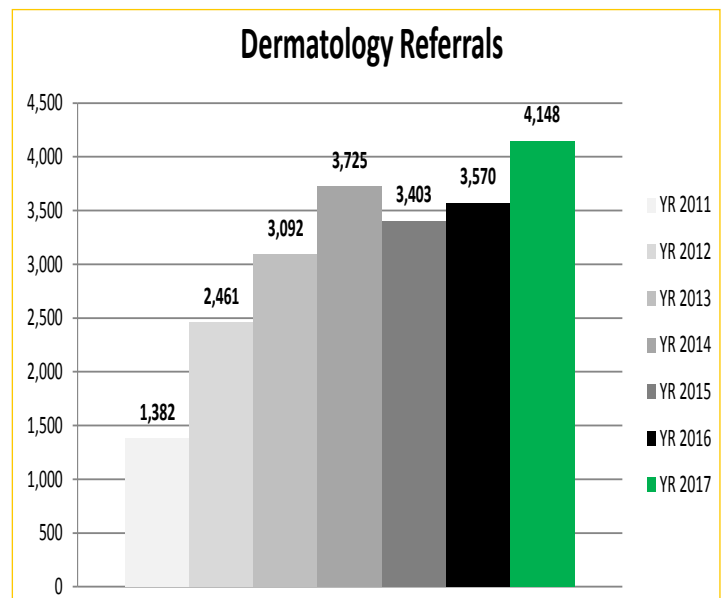
Dermatology

The Dermatology Department in Beaumont Hospital is a well-established service meeting the needs of local catchment area of approximately 300,000. Currently there are a total of 2.7 WTE consultant dermatologists. There is increased demand on the service year on year with 4,148 referrals received in 2017; a 69% increase comparative to five years ago.

2017 saw an operational focus on the reduction of waiting lists for both out-patients and day procedures. Introduction of extra day theatre / minor procedure sessions, coupled with nurse-led biopsy ensured that 3,501 patients had day procedures in 2017, an increase of 141% comparative to 2015.

Outpatient Clinics have been streamlined to provide weekly dedicated clinics for inflammatory skin disease, psoriasis, skin cancer and monitoring of patients on systemic immuno-suppressants and biologics. A dedicated "long waiter" clinic, thanks to Dr. Gillian Murphy's has increased the new patient activity by 16% with almost 3,000 new patients reviewed by the Dermatology Service. 21% of all new patients reviewed were patients who had been waiting greater than 18 months.

Figure 105: Year on Year Increase in Dermatology Referrals



Cardiology

Intervention Cardiology

In 2017 the Cardiac Cath Lab continued to run at 60% capacity. Despite this reduction in capacity the team managed to maintain high levels of activity throughout the year. A Business case has been submitted to expand this to 100% in 2018. The In-patient and day case waiting list has been maintained with all patients having intervention in less than 12 months. The target is to reduce this to 6 months in 2018.

Out-patients

Cardiology has reduced their out-patient waiting list from 2 years to < 15 months over 2017. This was achieved by having a team approach with particular focus on facilitating long waiting patients. Several areas were targeted i.e. appropriate triage of referrals, pooling of referrals, sharing longest waiting patients over shorter waiting lists, week on week interaction with admin staff to consistently identify limiting factors for productivity.

Figure 106: Cardiology In-patient and Day case

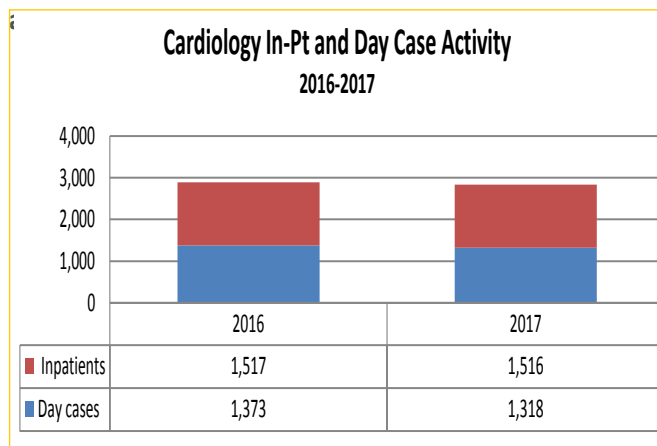
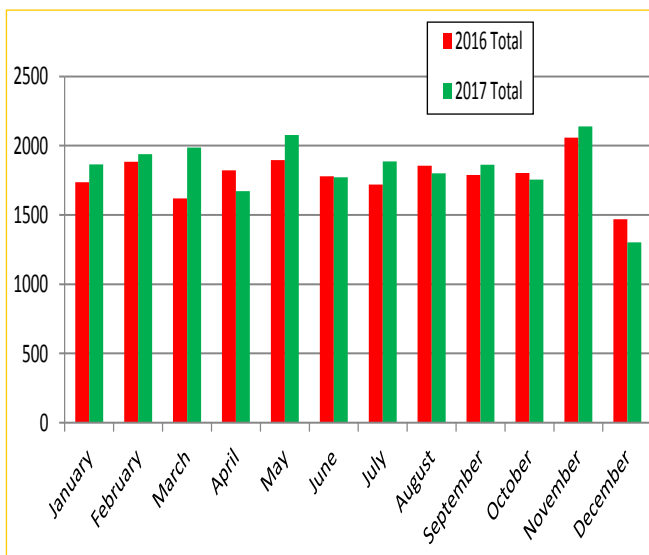


Figure 107: Cardiology OPD

| Cardiology | 0-3 Mts | 3-6 Mts | 6-9 Mts | 9-12 Mts | 12-15 Mts | 15-18 Mts | 18-21 Mts | 21-24 Mts | Total |
|------------|---------|---------|---------|----------|-----------|-----------|-----------|-----------|-------|
| Dec 2016 | 604 | 272 | 160 | 42 | 60 | 52 | 40 | 13 | 1243 |
| Dec 2017 | 616 | 301 | 169 | 113 | 6 | 1 | | | 1206 |
| Difference | +12 | +29 | +9 | +71 | -54 | -51 | -40 | -13 | -37 |

Figure 108: Cardiology OPD Activity 2016-2017 Comparison

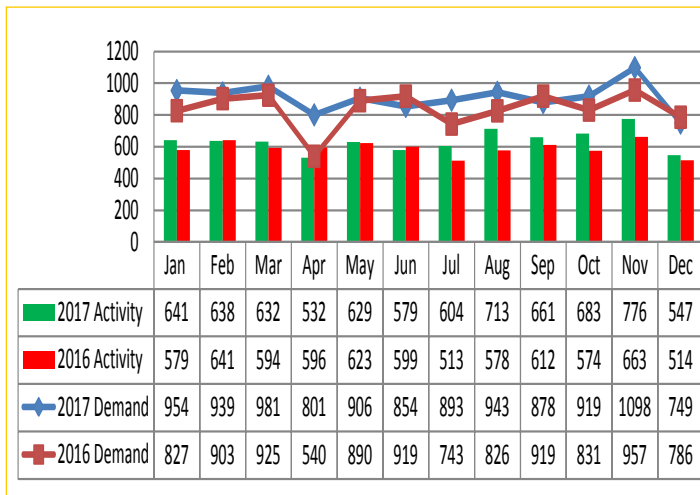


Non Invasive Cardiology

2017 echo demand increased by 8%. There were 849 additional procedures requested in 2017 comparative to 2016. Activity increased by 7% (549) procedures in 2017 reducing the overall waiting list by 296 patients. This was achieved by carrying out a third echo list daily. This increase in capacity worked in two ways: (1) it allowed for new OPD patients to receive diagnostics at their visit, have films reviewed

and be safely discharged directly back to the GP. (2) Patients are now receiving appointments for their routine echo appointment in < 3 months. Although the non-invasive team has made huge inroads with addressing the echo waiting list and providing a 'one stop shop' for new OPD patients, the echo demand continues to increase year on year. A strict ordering criterion is adhered to, but the demand continues to grow.

Figure 109: Echo Demand vs. activity 2016 vs. 2017



Advanced Nurse Practitioners

There are 3 Advance Nurses Practitioners in Beaumont. They reviewed 2,894 patients on the acute floor in 2017 and discharged 1527 directly (53%). Coupled with this they now provide Rapid – Access Virtual Clinic for low risk cardiac patients. Previously the approach was ‘admit, wait and watch’ which often took an average of 2.4 acute bed days per patient. In 2017 the service received 894 referrals from the ED and other medical teams. 28% (254) were deemed not to require any diagnostics and were discharged back to the GP directly. The other 72% were referred directly for out-patient diagnostics (stress tests/echo/holter).

Care of the Elderly and Stroke Service

2017 saw further expansion in the department of stroke and geriatric medicine.

Geriatrics developments this year include:

- Expansion of the day hospital at St Joseph’s Hospital campus to a 5 day service.
- Funding was secured for new Geriatrician with a special interest in Community Geriatrics to be appointed in 2018
- Recruitment of an integrated care team as a Joint project between Beaumont Hospital and CHO9. The team consists of a Clinical nurse specialist, Occupational therapist, Physiotherapist and Social worker based in the community with a role that connects primary and secondary care and tries to provide a more seamless integrated services for frail older people living in the local community. This helps them to avoid admissions and facilitate early discharges. The team will be led by the new Consultant Geriatrician to be appointed this year.
- The Frail Intervention Therapy Team (FITT) was recognised for their work at the HSE Service Excellence award winning in the category “Supporting a Healthy Community”.
- We also welcomed the appointment of Carol Lyons as a Candidate ANP. This post will help the development and expansion of specialist Geriatric services in the near future particularly in the areas of falls and syncope.
- In Ortho-geriatrics, the Irish Hip Fracture Database National Report 2016 was published this year; the first to compare individual hospital performances across six hip fracture clinical care standards. Beaumont Hospital performed very well, ranking in the top four nationally for four of the six care standards.

Stroke Developments

- Appointment of First Stroke Fellow in Ireland to the Beaumont Stroke Service.
- Appointment of a new CNS for stroke and thrombectomy as part of the National Thrombectomy Programme. Beaumont treated around 300 patients in 2017, an increase of over 30% from 2016.
- A successful Early Supported Discharge program pilot for stroke survivors was carried out this year which showed significant reduction in length of stay in appropriately selected patients by delivering specialist stroke rehabilitation in the patient’s home. This has led to support for funding to continue the service on a permanent basis.
- Ongoing involvement in International Stroke studies (ESCAPE-NA1, TEMPO-2, CONVINCe).
- A Quality Improvement Programme improved time to CT scans for acute stroke patients. Our thrombolysis rate increased from 6% to 16% which is amongst the highest in the country.

Figure 110: COTE & Stroke Inpatient Admissions 2016-2017 Comparison

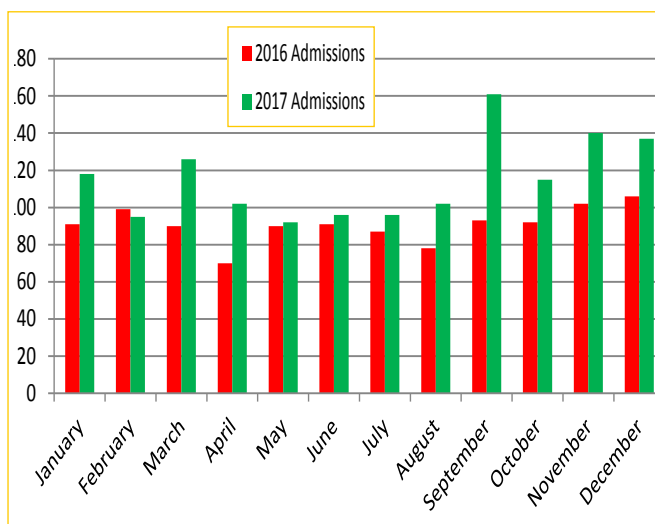


Figure 111: COTE & Stroke Average LOS 2016-2017 comparison

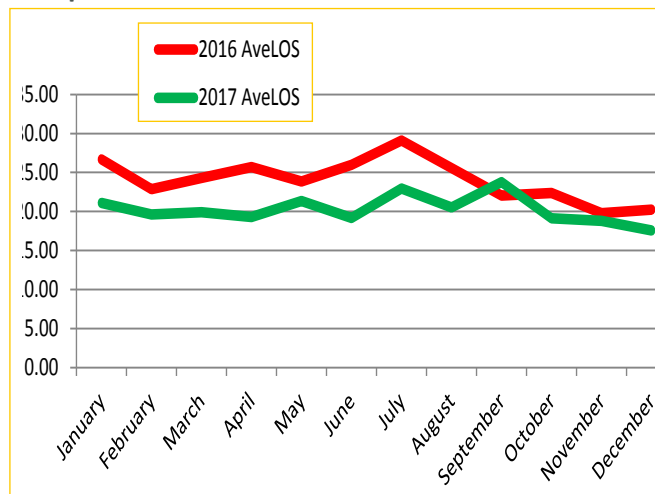


Figure 112: COTE & Stroke Average LOS 2016-2017 Comparison

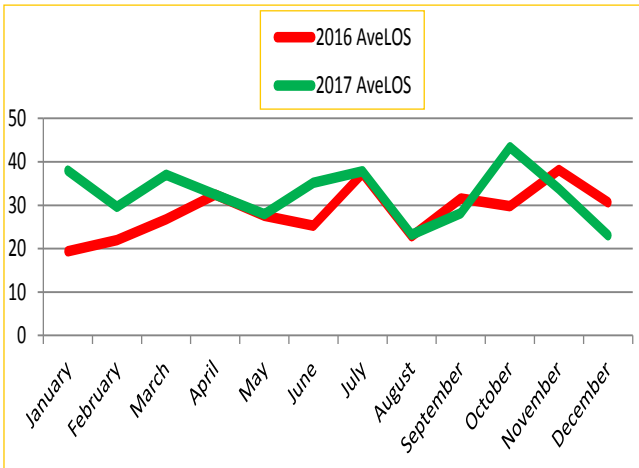


Figure 115: Medical Oncology OPD 2016-2017 Comparison

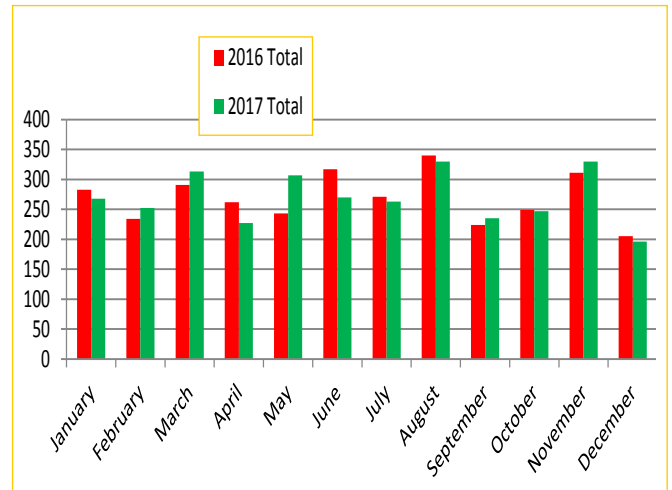


Figure 113: COTE & Stroke OPD 2016-2017 Comparison

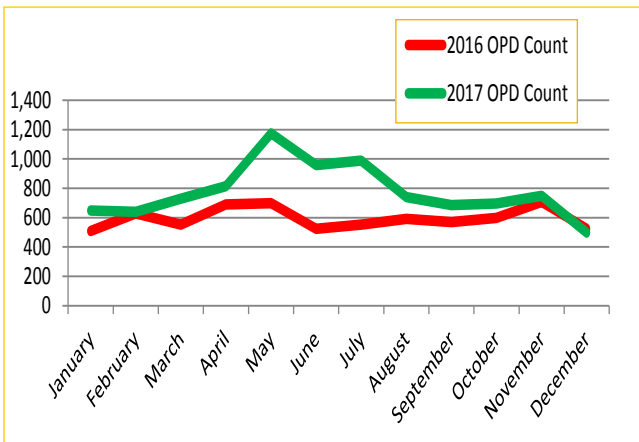
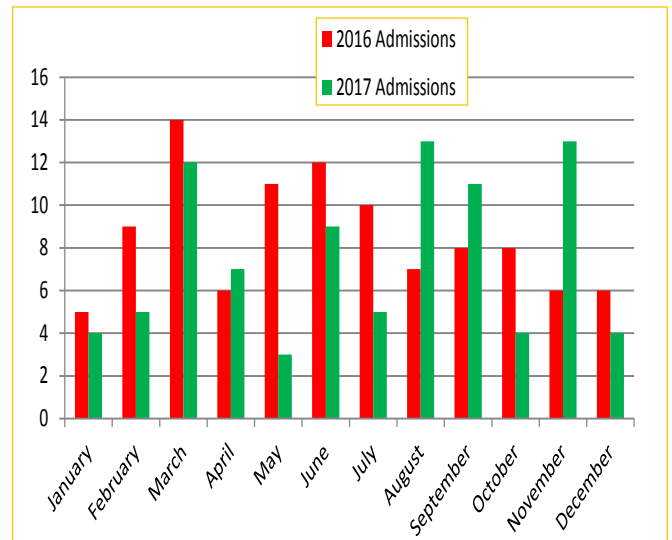


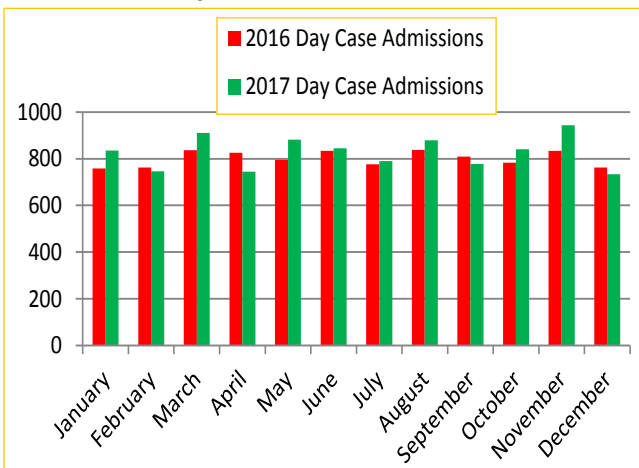
Figure 116: Radiation Oncology Admissions 2016-2017 Comparison



Medical Oncology and Radiation Oncology

2017 saw an increase in Beaumont Hospitals day case admissions to Day Oncology, coupled with OPD increases highlight the ever-growing demand on these essential services. The dedication and commitment of all staff in our Medical and Radiation specialities continues unwavering despite these increased demands.

Figure 114: Medical Oncology Day Case Admissions 2016-2017 Comparison



Psychiatry

A significant focus for the Liaison Psychiatry team in 2017 has been the expansion of the ED-psychiatry service. This has included additional CNS posts as part of the National Clinical Programme for the Management of Self Harm in the Emergency Department; implementation of the Parallel Assessment Pathway; regular staff education sessions; enhanced bridging pathways of care linking patients seen in ED with community supports: and regular ED-psychiatry meetings. These processes have contributed to both improved patient flow and enhanced quality of care in the Emergency Department.

Following the very successful introduction of the BH Psychiatry Electronic Patient Record early in 2017, an enhanced phase 2 launch was delivered in September, allowing immediate access to patient information and improved communication between daytime and out of hours psychiatry cover. Our gratitude to Gavin

McEvoy (IT Department) for his design and support of the EPR was reflected in his receipt of the BH Innovation Staff Award.

Finally, all 4 of the Liaison Psychiatry protocols on the Management of Alcohol Withdrawal, Acute Behavioural Disturbance, Anorexia Nervosa and Delirium were uploaded to the BH Clinical Guidelines App.

2017 saw a month on month increase in activity in our Psychiatry service comparative to 2016.

Figure 117: Psychiatry OPD 2016-2017 Comparison

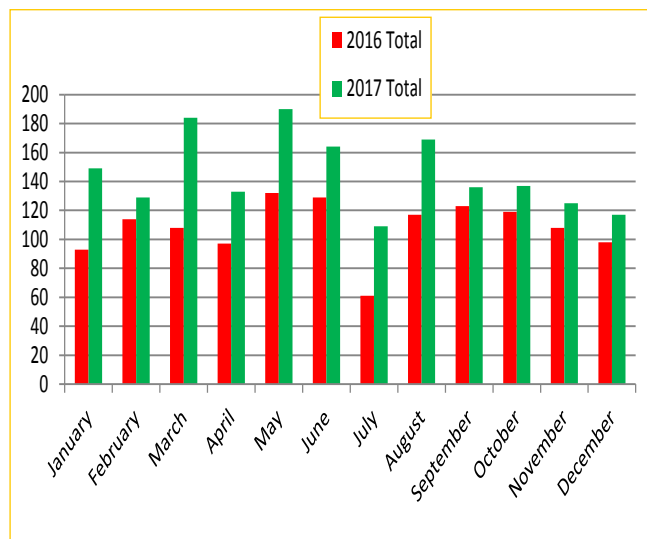
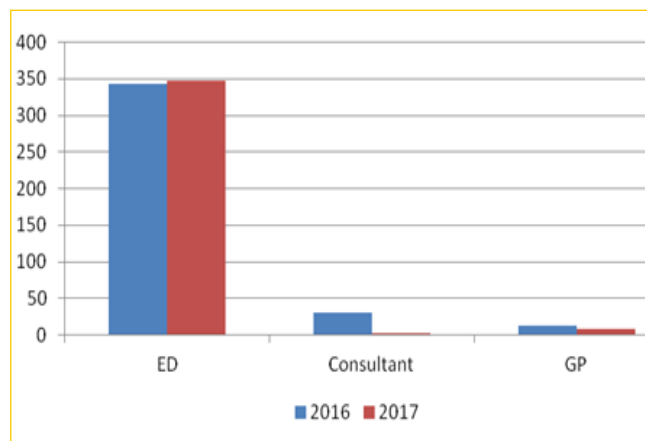


Figure 118: Referrals to psychiatry 2016-2017



Endocrinology

Endocrinology saw a number of changes and challenges over 2017.

Professor Mark Sherlock was appointed as Consultant Endocrinologist / Associate Professor, with a half time academic contract with the RCSI. Professor Sherlock is an alumnus of the RCSI and trained in Beaumont before moving to Birmingham to complete his MD and PhD doctorates, and returning as consultant to Tallaght Hospital. Professor Sherlock will contribute to the National Pituitary service and will set up a

specialised adrenal service for cancers, adenomas and adrenal dysfunction.

Professor Thompson moved to half time RCSI, and was appointed Visiting Professor by the Clinical Endocrinology Trust for 2018.

The pituitary investigation unit underwent challenges to throughput after moving temporarily to St Martin's ward, before relocating to the core unit on Jervis ward; despite these changes, day case activity was maintained at 2016 levels.

A major change in diabetes practice occurred, with the GP primary care contract causing an expansion in diabetes services in the community. As a result, discharge of type 2 diabetes to the community expanded significantly; this allowed an increase in the number of new patients seen.. The plan for 2018 is to continue the policy of discharge of uncomplicated patients with type 2 diabetes to the community; this will free up clinic slots for new patients in order to allow a substantial reduction in current waiting times for new patient appointments

Figure 119: Endocrinology Admissions 2016-2017 Comparison

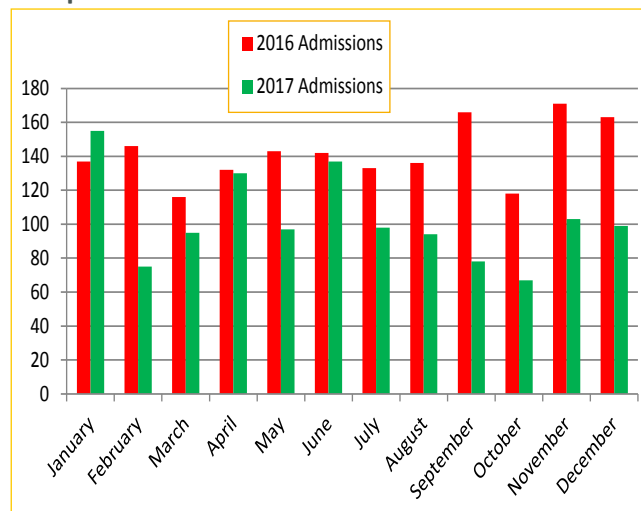


Figure 120: Endocrinology OPD 2016-2017 Comparison

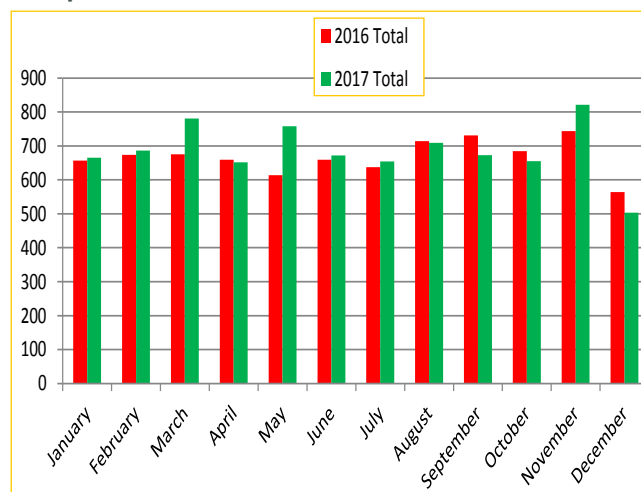


Figure 121: Diabetic Day Centre 2016-2017 Comparison

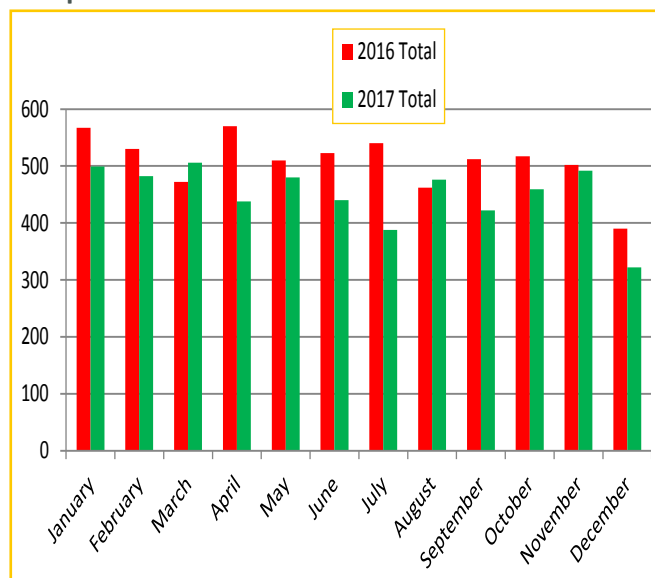
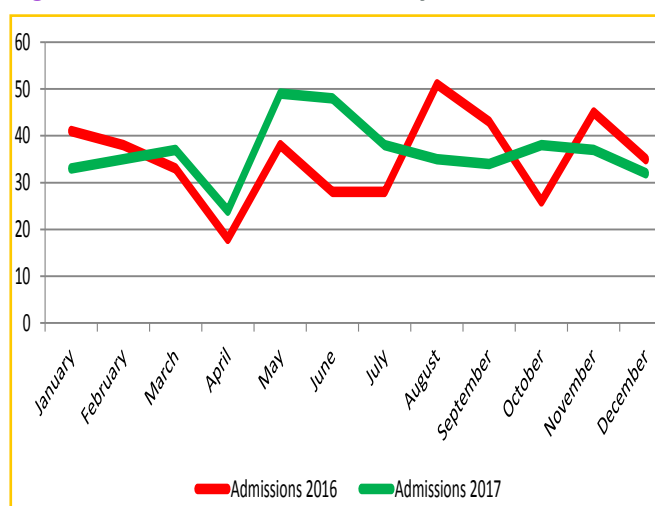


Figure 122: Endocrine DW activity 2016 vs. 2017

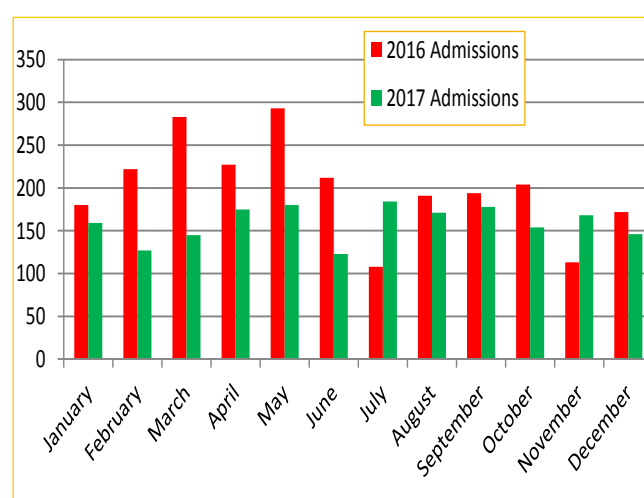


Internal Medicine

In 2017 Dr. Durcan, consultant rheumatologist was welcomed to the group of consultants contributing to the internal medicine service. The group continues, as part of the recently revised medical model, to provide an internal service in addition to contributing to their respective specialities. Dr. Brannigan, consultant respiratory physician, in addition to providing both an internal medicine and respiratory service, continues to run the SHO teaching programme which has seen the pass rate for the medical memberships soar in Beaumont in recent years. This has resulted in a huge increase in our ranking for SHO posts. Dr. Ryan, consultant respiratory physician, also running internal medicine and respiratory services, has been appointed as Clinical Audit Programme Director, a role central to the maintenance and further development of quality in clinical care in Beaumont.

Dr. Gopinathan, consultant physician and nephrologist, continues to provide a large and busy internal medicine service and outpatient facility. Dr. McNally, consultant in infectious diseases, contributes to both infectious diseases and internal medicine, in a role central to the development of OPAT services and ambulatory care pathways for patients with chronic infections, in addition to the provision of treatment for patients with chronic hepatitis C and HIV. Dr Durcan, also contributing to internal medicine and rheumatology inpatient services, has taken the role of Associate Clinical Director and has developed an app for the NCHDs to enable standardisation of care in common medical scenarios, in addition to the development of rheumatology outpatient services to impact upon the rheumatology waiting lists.

Figure 123: GIM Admissions 2016-2017



Haematology

2017 saw increase in-patient admissions. This increased activity is particularly admirable with limited clinical resources, comparative to other Haematology sites of similar catchment and case complexity.

Figure 124: Haematology Admissions 2016-2017 Comparison

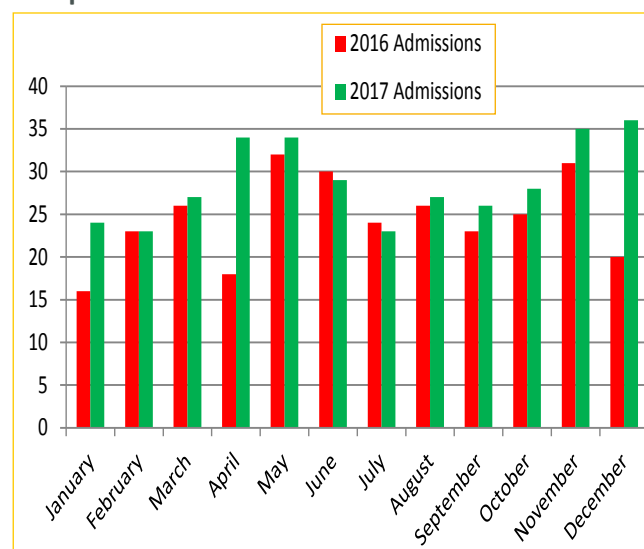


Figure 125: Haematology OPD 2016-2017 Comparison

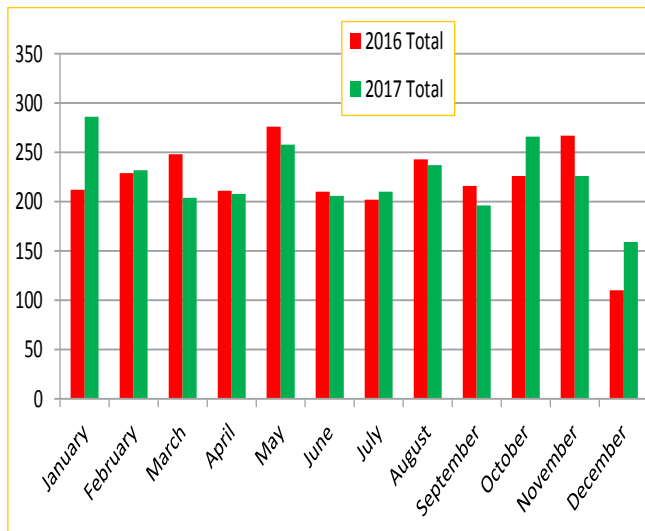
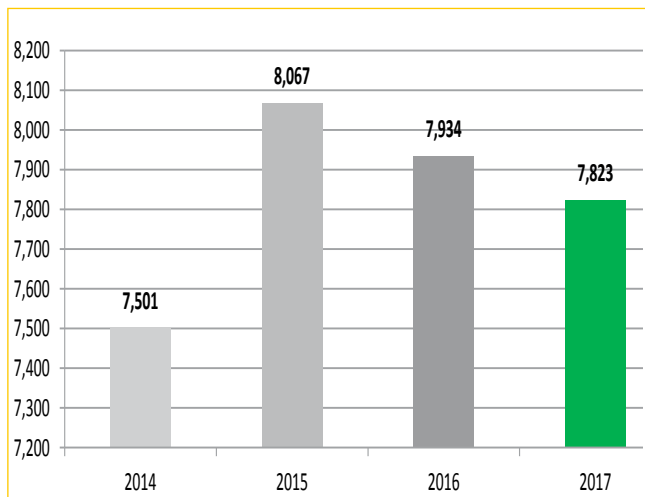


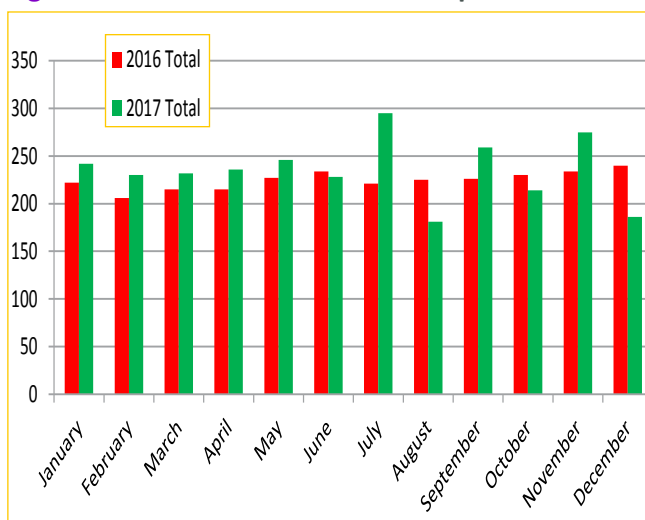
Figure 126: CKB activity 2014-2017



Infectious Diseases

2017 saw an increase in OPD activity in most months.

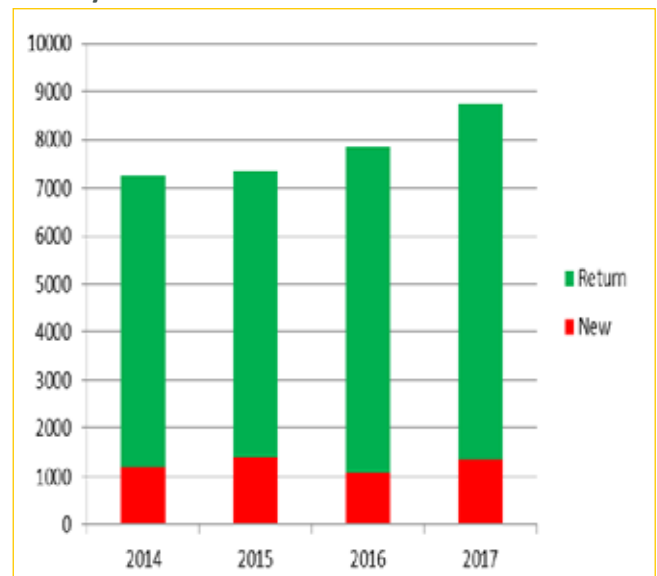
Figure 127: I.D. OPD 2016-2017 Comparison



Respiratory

During 2017 the Respiratory Department outpatients activity increased with 902 (11% increase) additional patients assessed (29% new patients). Following collaboration with our GI colleagues, bronchoscopy lists now commence and finish one hour earlier and the Friday list has been shortened to facilitate GI endoscopy demands. Bronchoscopy activity was maintained with 1,053 procedures (1,021 in 2016). Respiratory day centre activity was reduced in early 2017 due to refurbishment; however this facilitated development of a pathway of care for BiPAP patients.

Figure 128: Increasing respiratory out-patient activity



Grace McKee was appointed as COPD senior physiotherapist in April 2017. Dr. Ian Counihan commenced as a Respiratory Consultant in Drogheda in August 2017 and delivers Endobronchial Ultrasound alternate weeks at Beaumont Hospital. Dr. Killian Hurley commenced as Respiratory Consultant replacing Prof Shane O'Neill, in October 2017.

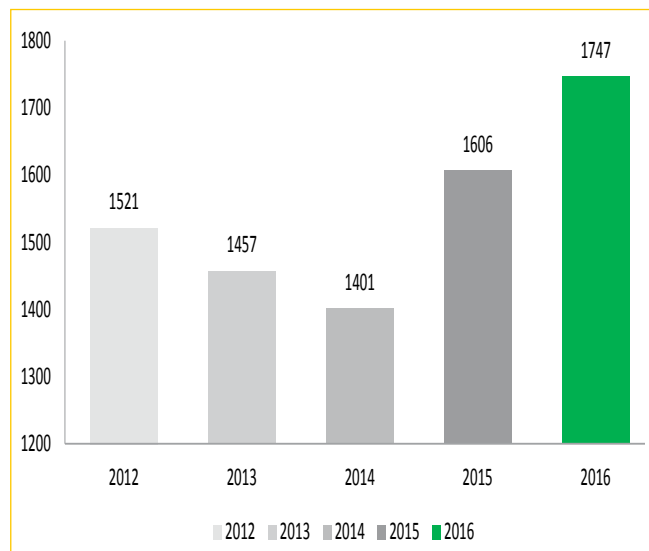
Achievements

BiPAP pathway. Following an audit of BiPAP service delivery at Beaumont Hospital, the Respiratory team implemented a new BiPAP pathway in April 2017 to improve quality of care for COPD patients receiving BiPAP therapy. Re-audit shows a significant impact on quality and safety of BiPAP care at Beaumont and a 50% reduction in average length of stay from 28 to 14 days. 70% of patients on BiPAP are now being managed on St Paul's respiratory ward as compared to 33% in 2015.

Advanced nurse practitioner posts secured. In June 2017 the Respiratory team secured two respiratory Advanced Nurse Practitioner (ANP) posts in the

areas of chronic respiratory disease and lung cancer. Deirdre Long has commenced as candidate ANP for chronic respiratory disease. Her role will focus on ANP led clinics for advanced lung diseases including severe asthma and BiPAP dependent COPD patients. This will facilitate an increase in the new : return ratio in the general respiratory out-patients.

Figure 129: Increasing burden of chronic airway disease admissions



OPD wait time reduced by 50%. From September 2017 there was an increased focus on reducing the general respiratory OPD wait list. This has been successfully reduced from over 2 years to a 12 month wait list across all Respiratory Consultant clinics with the addition of a new clinic at St Joseph’s hospital Raheny run by Dr Dorothy Ryan. To maintain progress strategies include a pooled general respiratory waiting list and optimising clinic capacity through consultant-only and ANP-led clinics.

New clinics and services: Dr. Seamus Linnane has commenced a nodule surveillance clinic using an MDT approach with consultant radiologist, Dr. Neasa Ni Mhuircheartaigh. Dr. Linnane commenced a survivorship clinic for long term follow-up of lung cancer survivors. Dr. Dorothy Ryan has commenced a new patient general respiratory clinic and a severe asthma clinic. Dr. Killian Hurley will commence Beaumont’s first dedicated interstitial lung disease clinic in March 2018. The Beaumont Pulmonary Rehabilitation Programme for COPD was recommenced in 2017 after a gap in service due to staffing shortages.

Figure 130: Respiratory Admissions 2016-2017 Comparison

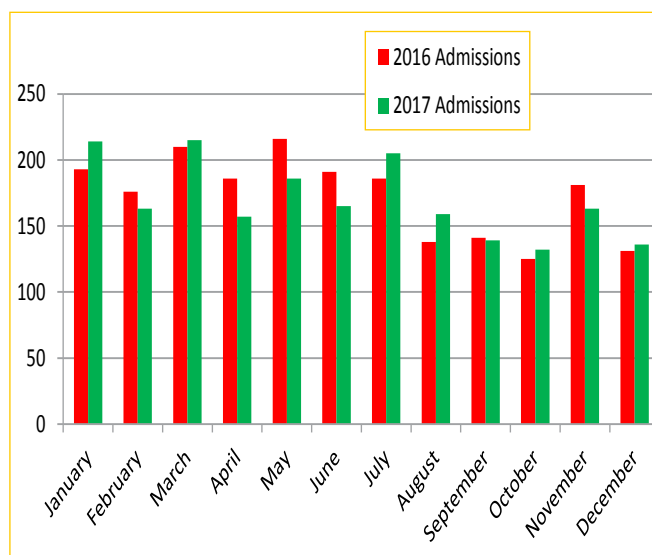


Figure 131: Respiratory OPD 2016-2017 Comparison

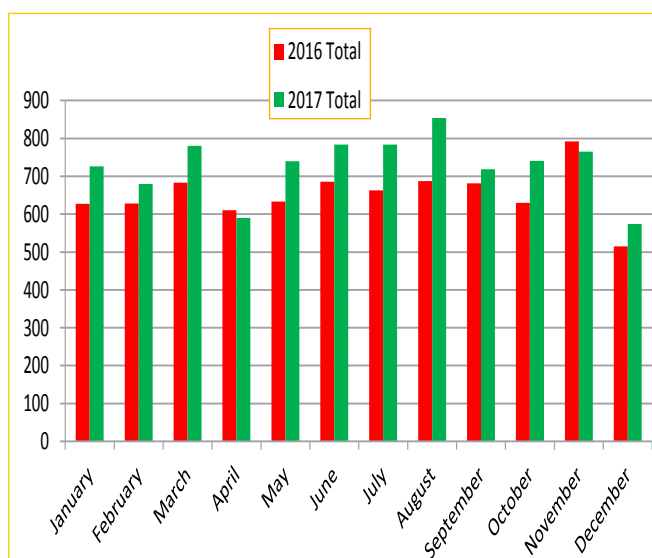
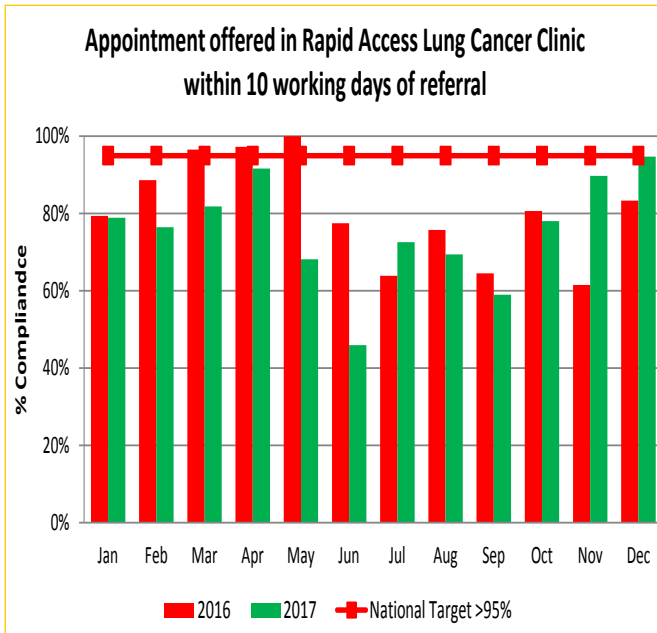


Figure 132: CF unit

| CF Unit | 2016 | 2017 |
|--------------------|--------------|--------------|
| Dietician | 1657 | 2104 |
| Doctor | 1558 | 1870 |
| Nurse | 4047 | 3689 |
| Physiotherapist | 4112 | 4387 |
| Psychologist | 609 | 1154 |
| Pulmonary Function | 747 | 821 |
| Social Worker | 570 | 731 |
| Totals | 13300 | 14756 |

Figure 133: Rapid access lung cancer access



Rheumatology

Rheumatology services saw a number of developments in 2017.

Consultants

In the past year we welcomed Dr Laura Durcan to the rheumatology and internal medicine service. Dr Durcan is presently working on helping to clear the rheumatology waiting list.

Approval has also been granted for a 0.5 locum rheumatologist in an effort to impact further upon the waiting list.

NCHDs

Inpatient staffing allocations have been changed to facilitate giving an NCHD to the stroke service in July 2017.

Nursing

Two ANP positions have been approved and 2 ANP candidates are in position. This will facilitate the development of outpatient services to allow stable patients with inflammatory arthritis, on therapy, to be followed in the ANP clinic which will run in parallel with the general outpatients. In the coming weeks, the CNS role vacated by Martina Corbett will be advertised and a staff nurse is due to start.

Physiotherapy

We have continued our MSK physio clinics with 2 physios seeing musculoskeletal referrals twice per week. They take suitable patients from both ends of the waiting list. We plan to develop this service further with a number of physiotherapists returning from leave in the coming months.

Education

Helen Dunne and Martina Corbett are being mentored by Drs Durcan and O’Connell to the ANP position. Our NCHDs now have an office and appropriate work space on Hamilton ward, an issue previously highlighted by the Royal College of Physicians which has been resolved. Dr Durcan has developed an app for NCHDs to facilitate the delivery of protocol driven care and audit. Research projects in psoriatic arthropathy and systemic lupus erythematosus are ongoing.

Figure 134: Rheumatology Admissions 2016-2017 Comparison

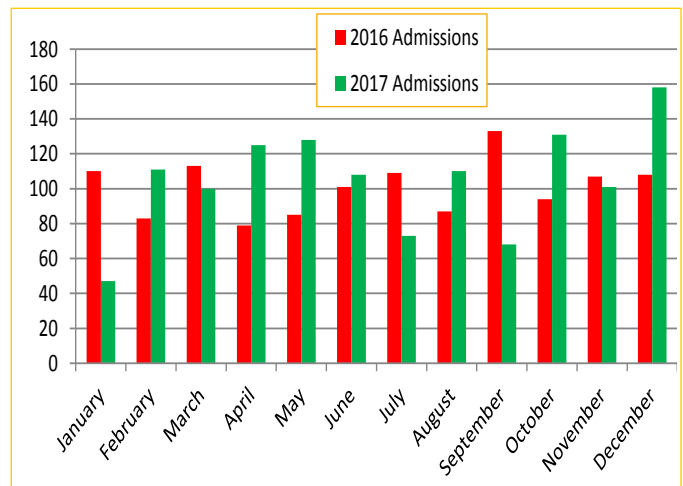
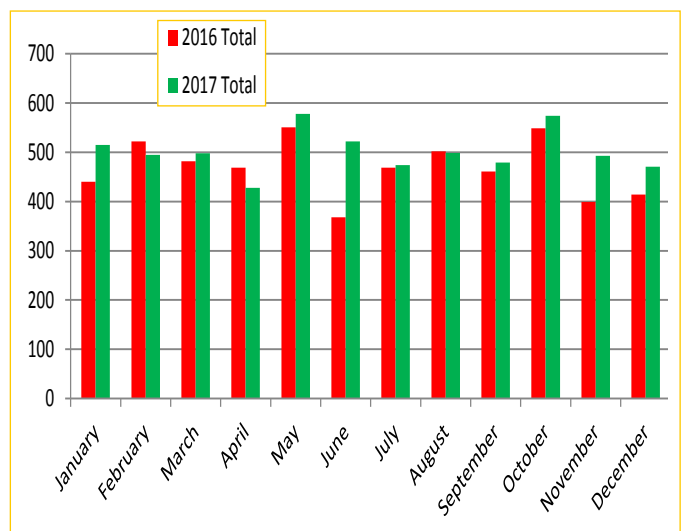


Figure 135: Rheumatology OPD 2016-2017 Comparison



MRCPI Teaching Programme

The MRCPI Teaching Programme is directed by Dr Peter Branagan, Consultant Respiratory Physician, Dean of Postgraduate Medical Education and continues its huge success rates. This year 40 Beaumont candidates successfully achieved MRCPI during 2017, and were conferred with their degrees in the Royal College of Physicians of Ireland, ranking Beaumont at the top nationally for MRCPI Teaching and MRCPI Exam Results.

Beaumont Candidates from 2017's MRCPI Graduation Ceremonies.



April 2017



July 2017



October 2017



NeuroCent Directorate



Clinical Director:
Mr Mohsen Javadpour

Directorate Nurse Manager:
Ms Sharon Trehy (replaced Ms Denise Fahy)

Business Manager:
Ms Ciara Ni Fhlathartaigh

Overview

The Neurocent Directorate fosters world renowned excellence in patient care and research and sets a high healthcare standard for efficient interdisciplinary teamwork. We embrace a culture of patient centred care, while cultivating an environment of value and respect for the talented and committed workforce that make up our directorate.

The Neurocent Directorate is comprised of the following specialties:

- Neurosurgery
- Neurology
- Otolaryngology
- Neurophysiology
- Cochlear Implant
- Ophthalmology
- Paediatrics (ENT & Neurosurgery)
- Oral and Maxillo Facial Surgery

New appointments to the management team

Sharon Trehy commenced in her new appointment of Directorate Nurse Manager in 2017. We would like to acknowledge the significant legacy left by her predecessor Denise Fahy and wish her well in her new role.

Nursing update

Overview

2017 has been a very busy year for both nursing and healthcare assistant staff in the Neurocent Directorate. Throughout 2017, 38 new staff members were recruited into the nursing team. There were also several new graduate nurses and with the support of the Clinical Practice Support Nurse and the ward staff, they have integrated into the service and provide a welcome boost to the directorate. The number of new staff and the loss of more experienced nurses

has brought new challenges around skill mix, but the overall complement has improved and demonstrates significant progress. The learning needs of the newly appointed nurses have been varied and therefore a blended learning approach was adopted to ensure the diverse needs were met. The learning outcomes were met through a combination of both clinical and classroom learning in addition to online learning. The educational team in the Neurocent Directorate have undertaken numerous internal study days throughout the year focusing on a range of levels from new entrants to clinical nurse managers. The study days were very successful with large numbers of nurses attending both from the directorate and from the overall hospital.

To facilitate additional support to the nursing team from an educational perspective, a career pathway has been designed to guide the nurses starting in the directorate from their first year. In addition to this, a new personal development plan (PDP) has been designed to focus discussions between CNMs and staff nurses and encourage feedback, enhance morale and provide staff with an opportunity to get involved in initiatives and service developments. It is hoped that the career pathway initiative and the new PDP's will help to address the significant retention challenges that have been experienced over recent years. During the summer months there were various educational sessions provided to enhance knowledge and aim to support the skill mix issue we have faced. Criteria nurse led discharge for lumbar discectomy patients has been implemented on the neurosurgical floor and has been very successful. Another area of development has been task transfer - specifically venepuncture and cannulation has been ongoing with a total of 110 nurses trained in this area.

Post Graduate Education in Neuroscience Nursing

A new clinical course co-ordinator was appointed to the directorate in July 2017. The Post-graduate Diploma in Neuroscience Nursing ran from 2016 to 2017 and the directorate had three students graduate from the Post Graduate Diploma in Neuroscience Nursing with two students' graduated from the Post Graduate Diploma in Nursing. The Postgraduate Diploma course 2017/2018 commenced in September 2017 and currently has four students from the directorate undertaking the Post Graduate Diploma in Neuroscience Nursing and two students undertaking the Post Graduate Diploma in Nursing.

The implementation of the national sepsis guidelines and sepsis screen forms in all clinical areas in the directorate coincided with the organisation of world sepsis day celebration in the hospital. The directorate clinical course coordinator has been involved with various initiatives – these include organisation of ENRICH2 conference, peer to peer vaccinations programme for flu and development of the SSKIN bundle education within the directorate.

2017 saw the continuation of the critical care foundation course which was provided across both neuro and general intensive care units. The aim of this course is to help nurses to develop their skills and knowledge in caring for the critically ill patient in ICU. This 6 month course is run across two directorates, namely critical care and neuroscience intensive care units. It had a total of 12 nurses this year that attended study days both in Beaumont Hospital and also in UCD towards the end of the year. We would like to acknowledge the departure of Gillian O Leary to GITU as their Clinical Course Coordinator. Gillian has played a vital role in the commencement and development of the critical care foundation course at Beaumont Hospital.

Department of ENT - Otolaryngology / Head and Neck Surgery 2017

The Department of Otolaryngology in Beaumont Hospital is the largest single provider of otolaryngology surgical primary procedures in the country. We also have a separate National Cochlear Implant Department which is one of the largest in the British Isles. Through clinical experience, research, and didactic lectures we strive to increase knowledge of otolaryngology disorders and their treatments for students and postgraduate surgeons at all levels of training

The Department of Otolaryngology is a mix of subspecialty ENT interests including lateral and anterior skull base surgery, rhinology, paediatrics, facial plastic and head and neck cancer surgery. We are the national leaders in post graduate ENT education, organising weekly national teaching lectures for our trainees, grand round video conferencing, and ENT surgical skills courses running all year round.

There are 300 – 350 undergraduate students being taught every year by dedicated surgical and medical lecturers. We offer essential surgical care for many of our allied specialties both in malignant tumour extirpation and benign disease of the head, neck and skull base. Our departmental colleagues have leadership roles nationally and internationally in their respective fields namely lateral skull base surgery and head and neck cancer surgery.

Consultants - Department of Otolaryngology, Head and Neck Surgery



Professor James Paul O'Neill
FRCSI, MMSc, MD, MBA, ORL-HNS

Beaumont Hospital
Chairman of the Medical
Executive Board, Beaumont
Hospital

**Special Interest Head and Neck
Surgical Oncology**



Professor Rory Mc Conn Walsh
Chairman of ENT Department
FRCSI, MD, ORL-HNS

Beaumont Hospital
Special Interest Lateral Skull
Base Surgery

Mr Robert Gaffney
FRCSI, ORL-HNS



Beaumont Hospital & James Connolly
Special Interest Otolgy, Paediatrics and Facial Plastic Surgery



Mr Peter Lacy
FRCSI, MD, ORL-HNS
Beaumont Hospital
Special Interest Paediatrics, Rhinology & Anterior Skull Base Surgery

Consultants - Department of Cochlear Implantation



Mr Peter Walsh
FRCSI, MD, ORL-HNS
Beaumont Hospital
Special Interest Cochlear Implantation



Mr Fergal Glynn
Beaumont Hospital
FRCSI, MD, ORL-HNS
Special Interest Cochlear Implantation



Professor Laura Viani
Beaumont Hospital
FRCSI, ORL-HNS
Special Interest Cochlear Implantation

Nursing Team

Ms Emma Devoy Flood is the Head and Neck Cancer Nurse Specialist and has been with the team since 2014. Due to the nature of head and neck cancer often extensive surgical intervention is required followed by other treatment modalities. The CNS in Head and Neck Oncology works closely with these patients and their families at their initial point of contact and throughout the treatment pathway, disease surveillance and palliation.

Ms Sarah Hogan is the Neuro-Otology & Skull Base Clinical Nurse Specialist and has been with us since December 2017.

Clinical Team

In 2017 we also said goodbye to some of our clinical team after 12 months:



Dr Tonye Onye Melukwe
Dr Éadaoin Ó Catháin
Dr Conall Fitzgerald
Dr Jane O Connor
Dr Jared Penario



Dr Éadaoin Ó Catháin was awarded the gold medal at the recent intercollegiate exam.

The inaugural Henry Osborne Prize was held on Friday 19th May in the Albert Theatre, RCSI. This was a very successful night, with a very proud Henry Osborne in attendance. The nine presentations were of a very high competitive standard .

The winner was Mr Conall Fitzgerald, SPR from the Department of Otolaryngology in Beaumont Hospital with his abstract entitled ‘Soft tissue Sarcoma of the Head & Neck .

We welcomed our new clinical team of:

- Dr Anel Naude
- Dr Robbie Woods
- Dr David Brinkman
- Dr Sherif Mamdouh
- Continued service:
- Dr Tonye Onyemelukwe
- Dr Jared Panario

Dr Tonye Onyemelukwe was appointed as Clinical Lecturer in 2016 and continues in 2017 for another year lecturing for SC1 students in the Otolaryngology Head and Neck Surgery Programme in Ireland.

New appointments



Mr Neville Shine Consultant ENT Surgeon Mr. Neville P. Shine FRCS (ORL-HNS) Senior Lecturer in Otolaryngology / Head & Neck Surgery / Consultant Head & Neck / Thyroid & Parathyroid Surgeon has been appointed to join the department. He will commence in early 2018.

Retirement

Ms Kay Walsh Neuro-Otology & Skull Base Clinical Nurse Specialist retired after many years of service and we will miss her greatly. Ms Sarah Hogan has taken her place and we all wish her the best in her new role.

Figure 136

Departmental activity

| Outpatient Activity | | |
|---------------------|--------|--------|
| 2015 | 2016 | 2017 |
| 11,314 | 11,592 | 11,169 |

| ENT In-Patient & Day Cases | |
|----------------------------|-------|
| Year | Total |
| 2015 | 1188 |
| 2016 | 1168 |
| 2017 | 1316 |

| OPD Referrals | | | |
|---------------|-------------|-------------|-------------|
| | 2015 | 2016 | 2017 |
| Total | 8609 | 8461 | 9899 |

Departmental Academic Activities

JCIE

In November 2017 Prof Rory McConn Walsh was involved in the Joint Committee on Intercollegiate Examinations – Intercollegiate Specialty Board in Otolaryngology which took place in the RCSI ERC Building and Beaumont OPD department. This was a great success examining over 30 candidates with approx. 40 examiners.

The Joint Committee on Intercollegiate Examinations (JCIE) organizes, administers and is responsible, in line with the statutory requirements of the GMC Postgraduate Board, to the four surgical Royal Colleges of Great Britain and Ireland, for the supervision of standards, policies, Regulations and professional conduct of the Specialty Fellowship Examinations.

The JCIE is the parent body for its ten surgical Specialty Boards.



Academic Medal

The academic medal in honour of Prof Walsh - “Michael Walsh” Medal is an essay on contemporary Head and Neck surgical Oncology and presentations took place at the Irish Otolaryngology Society Meeting 2017.

Dr Justin M Hintze won the Michael Walsh medal for 2017.

Skull Base Society (BSBS)

Professor Mc Conn Walsh acted as the convenor for the British Skull Base Society meeting 2017. The British Skull Base Society (BSBS) is the multidisciplinary, multi-professional body whose membership is the clinical specialists responsible for the treatment of patients in the UK and Ireland with skull base tumours and other disorders of the skull base.

IFHNOS

The IFHNOS appointed Professor O’Neill as Chairman of Examinations. IFHNOS (The International Federation of Head and Neck Oncologic Societies) is a global organization established through cooperation of national and regional Societies and Organizations in the Specialty of Head and Neck Surgery and Oncology with membership from national and regional multidisciplinary organizations, representing

65 countries. The purpose of the Federation is to provide a common platform for Specialists in the field of Head and Neck Cancer to interact in professional matters of mutual interest.

IFHNOS – World Tour Programme

This year Prof James Paul O’Neill was involved in the IFHNOS World Tour Programme which was organised by the Founder and CEO of IFHNOS Prof Jatin Shah of Memorial Sloan Kettering Cancer Centre, New York. The program will provide state-of-the-art knowledge and explore the frontiers of head and neck cancer diagnosis and treatment through introductory lectures, intense interactive discussions with regional specialists through case presentations, and demonstration of operative techniques through video sessions.



World Head and Neck Cancer Day

The International Federation of Head and Neck Oncologic Surgeons (IFHNOS) had their annual ‘World Head and Neck Cancer Day’ on July 27th 2017. Over 50 countries around the world held free clinical screening clinics and public lectures etc. It was unanimously supported by the attendees at the 5th World Congress on Head and Neck Cancer and was endorsed by numerous governmental and non-governmental agencies throughout the world.

The aim is to bring awareness, early diagnosis, prevention and continuing Medical Education for the benefit of current generation of clinicians and patients as well as those who are at risk of becoming Head and Neck Cancer patients in the future. Beaumont Hospital ENT department provided Head and Neck Screening for the general public and staff. This was a great success with just under 100 people turning up on the day. Patients were required to answer a questionnaire and were then examined by a member of the ENT team. Any patients that required a more detailed examination were brought back for a follow up.

Head and neck cancer is more common than you think” was the title of the Irish Times supplement July 2017



Irish Otolaryngology Society 2017

The 58th Annual Meeting of the Irish Otolaryngology Head and Neck society took place in Knockranny House Hotel in Westport Co Mayo. This annual meeting is considered a key event in the Irish Otolaryngology calendar, and proves hugely successful. We had the privilege this year of welcoming Professor Valerie Lund CBE as this year’s Wilde discourser. Valerie Lund is a Professor of Rhinology at the Ear Institute University College London, and is a world renowned expert in endoscopic sinus surgery with a particular interest in sinonasal tumours

7th Annual Head & Neck Surgical / Oncology Conference 2017

The conference this year was entitled “Innovations in Head & Neck Oncology” and took place at St. Vincent’s University Hospital, Elm Park, Dublin 4. Guest Speaker was Professor Patrick J. Gullane (Hon), Professor and Chair of Department of Otolaryngology / Head and Neck Surgery at the University of Toronto

Temporal Bone Course

The 18th National Temporal Bone Dissection Course took place in May 2017 for the Specialist Registrars in Otolaryngology. Prof Rory McConn Walsh was the course director.

SpR Examinations

The SpR examination took place on the 27th May 2017. Involving 12 candidates. Ms Emma Keane received the highest mark on the day and Conall Fitzgerald (Beaumont Clinical Team) received 2nd place.

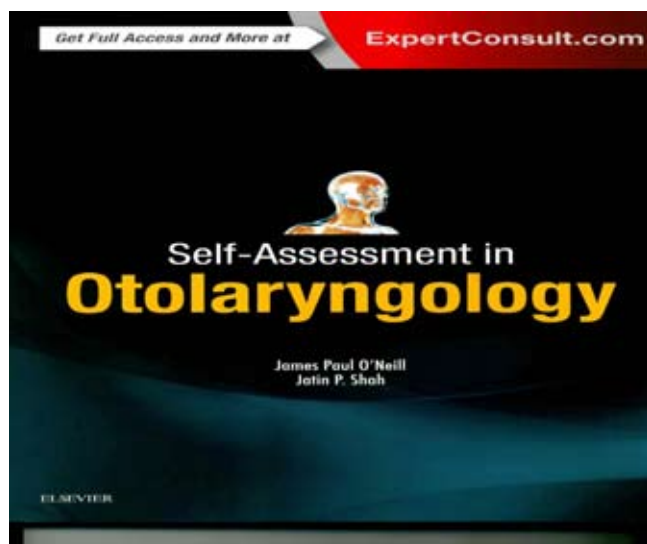
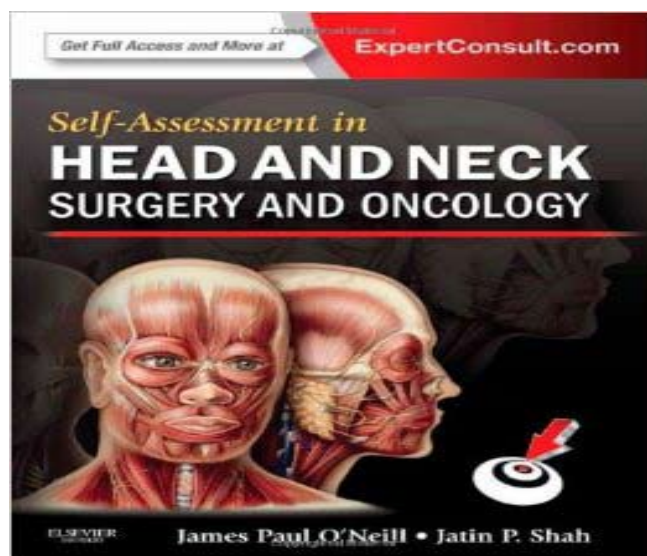
The Head and Neck Anatomy Course took place on the 10th November. This provided presentations from over 8 consultants to include Dr Luc Morris and Dr Ian Nixon from Memorial Sloan Kettering in New York in examining candidates on head and neck anatomy and dissection skills.

Irish Emergency Medicine Trainees Association Spring Scientific Meeting

The IEMTA hosted a training day that was targeted at junior trainees in EM but open to all.

Prof James Paul O’Neill was one of the speakers on the day covering the topic of: **“Non spinal Neck Trauma – Updates, perils and pitfalls”**

Books Self-Assessment in Head and Neck Surgery and Oncology’ medical reference textbook published by Elsevier. This text showcases international, expert knowledge and judgment in the practice of head and neck surgery and oncology. The second textbook ‘Self Assessment in Otolaryngology’ was published in 2016. These two texts are a collaborative project between Professor O’Neill and Professor Jatin Shah, MSKCC.



Cochlear Implant

Overview of the Cochlear Implant Programme 2017

The National Cochlear Implant Programme comprises the adult cochlear implant programme and the paediatric cochlear implant programme. To date 1261 patients with cochlear implants have been managed by the cochlear implant department. There is a dedicated Clinical Nurse Specialist in this area responsible for both adults and children’s programmes. This programme now provides paediatric bilateral and sequential implants and the CNS began a process of strategic planning and development around this. In 2017 there were a total of 133 cochlear implants performed with both adults and paediatrics. Direct care at ward and outpatient level and indirect care involving assisting colleagues in their provision of patient care at ward and out-patient level has been provided by the CNS in this area. The cochlear implant patient population comes from all over Ireland.

After 22 years, The National Cochlear Implant Programme continues to develop its services, up-skilling the team and progressing with the advances in cochlear implant technology to deliver a standard of care in keeping with other Cochlear Implant Centres in the UK and Europe.

Plans have started for renovations and expansion of the department, which are due to be completed by the end of 2019. While waiting for the additional space to accommodate the expansion of the team and the service delivery, the team continues to provide excellent care to both the adult and the paediatric programme.

Clinical activity for 2017 in National Cochlear Implant Programme.

Figure 137

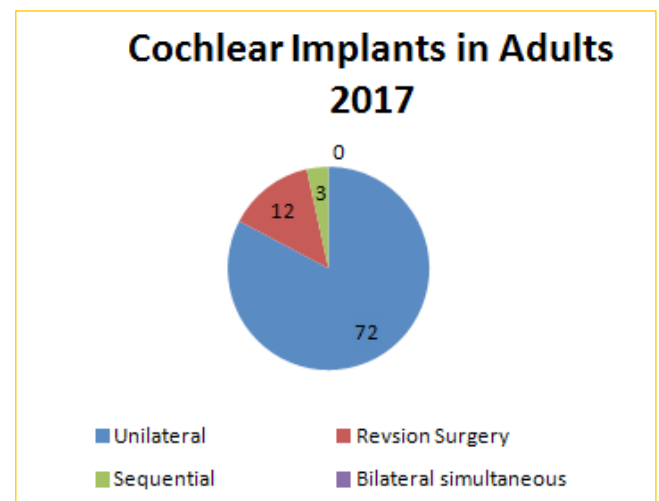
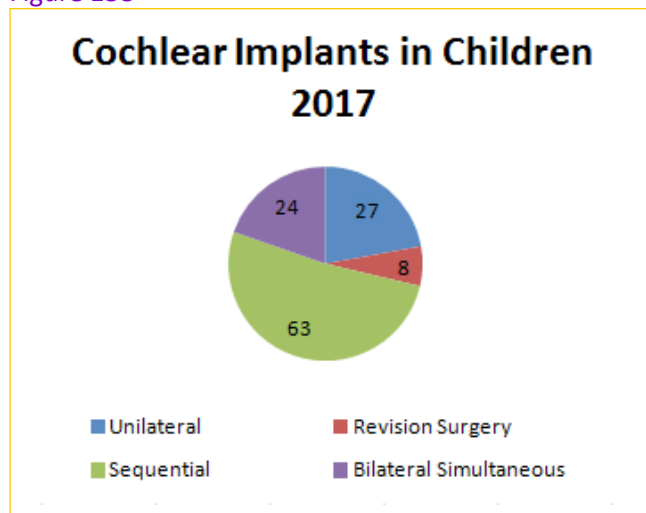


Figure 138

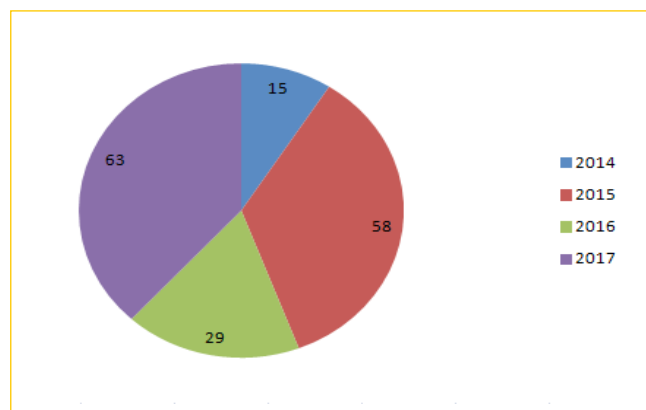


Bilateral Programme update

Following the roll out of the bilateral programme in 2014, all children diagnosed with bilateral profound hearing loss are now offered bilateral implantation. Children who had received one cochlear implant prior July 2014 have been receiving their second implant. We have been chronologically working through these surgeries to give children their second implant, we estimated it would take 4 years and we are very happy we are on target.

Figure 139

Number of children receiving sequential implant:



Achievements and Developments

Research, Development and Education

Translational and basic hearing research continues to be of major importance at the National Cochlear Implant Programme. The Viani Hearing Research Centre strives to conduct high quality basic and translational research on hearing, hearing loss and auditory implants, and to improve quality of life and educational outcomes of people with hearing loss. During 2017, research work conducted within the Cochlear Implant Department was presented at several national and international conferences in

several fields including Otolaryngology, Speech and Language therapy and Bioengineering.

Furthermore, the team are highly involved in the several education projects, including lectureships and seminars in Royal College of Surgeons, Trinity College Dublin and University College Cork. Several medical, bioengineering, speech and language and audiology students attended the department throughout the year to have practical experience in the field of cochlear implantation.

Team members gave oral presentations and presented posters at the following national and international conferences:

- Speech in Noise Workshop. Oldenburg. Germany. January 2017.
- British Cochlear Implant Group Meeting, London, UK. March 2017.
- Irish Association Speech and Language Therapists Biennial Conference. Dublin, Ireland. May 2017.
- European Symposium in Paediatric Cochlear Implantation. Lisbon, Portugal. May 2017.
- 88th Annual Meeting of German Society of Otorhinolaryngology, Head and Neck Surgery. Germany. May 2017.
- 8th International IEEE EMBS Neural Engineering Conference. Shanghai, China. May 2017.
- ENT World Congress. Paris, France. June 2017
- Conference in Implantable Auditory Prostheses. Lake Tahoe, California. July 2017.
- Beaumont Hospital Translational Research Awards. Dublin, Ireland. October 2017.
- Irish Society of Physiotherapy. Galway, Ireland. October 2017.
- 58th Annual Meeting of the Irish Otorhinolaryngology / Head and Neck Society. Westport, Ireland. October 2017.
- Advanced Difficult Cases Workshop, Mexico City, Mexico. Oct-2017
- Hearing Restoration. Royal society of Medicine, London, UK. Dec 2017
- Cochlear Symposium *Leading Change Together*. Edinburgh, UK. Dec 2017.

Awards

- **Best E-Poster Presentation** - Rosemary O’Halpin State Examination for Paediatric CI users in Ireland: Junior Certificate
- **Best E-Poster Presentation** - Cristina Simoes Franklin Sequential Bilateral Implantation in Older Children: Inter Implant Map Differences and their Effects on Functional Outcomes

- **Best Overall Presentation / RCSI Summer Student**
- Melissa Mae Gabriel
Impact of Universal Newborn Hearing Screening (UNHS) on Cochlear Implanted Children in Ireland
- **Shane O’Neill Medal** – Cristina Simoes-Franklin
Sequential Bilateral Implantation in Older Children: Inter Implant Map Differences and their Effects on Functional Outcomes

Beaumont Hospital foundation - **Honour your heroes**
In 2017, Beaumont Hospital celebrated the fifth year of the *Honour Your Heroes* reception. As is the case every year, we were given the unique opportunity to hear the often very raw and emotion-filled tales of what caused some of our former patients to need the help of Beaumont Hospital and its staff. This year, two of our team members have been honoured; Mr Peter Walshe, Consultant ENT Surgeon and Ms. Jenny Robertson, Clinical Specialist Speech and Language Therapist.

Patient Support Activity

Every year the National Cochlear Implant Programme holds several patient support activities. Information days are held for adult candidates and parents of children prior to implantation. This gives patients and family members an opportunity to meet other cochlear implant users and to discuss any issues in a very informal manner. Feedback from these sessions is extremely positive and something the team will continue providing in the forthcoming years.

As per previous years, the annual Christmas party for younger cochlear implant users took place in December. The event is always good fun with over 200 children and families attending the party and another excellent opportunity for the children, families and team to meet in an informal and relaxed setting.



Department of Neurology

Overview

The neurology department have had a particular focus on reducing out-patient/day case waiting lists and reducing the wait time for patients accessing the services. There were several initiatives implemented over the last 2 years that have had a significant impact on wait times. These include the migraine pathway initiative for non complex primary care referrals, the pooling of long waiting patients across all members of the team, transfer of patients from Drogheda area to be seen in Our Lady of Lourdes OPD clinic and implementation of the transition clinic for epilepsy patients.

2017 saw the appointment of a new Consultant Neurologist to Beaumont Hospital, Dr Aine Merwick who will work full time in Beaumont and has a specialist interest in Metabolic Disorders. Dr. Albi Chalissery has recently been appointed in Connolly Hospital and will be integrated with the Beaumont Hospital team as part of the RCSI Hospital Group Neurology service.

Figure 140

Neurology OPD waiting list 2015 to 2018

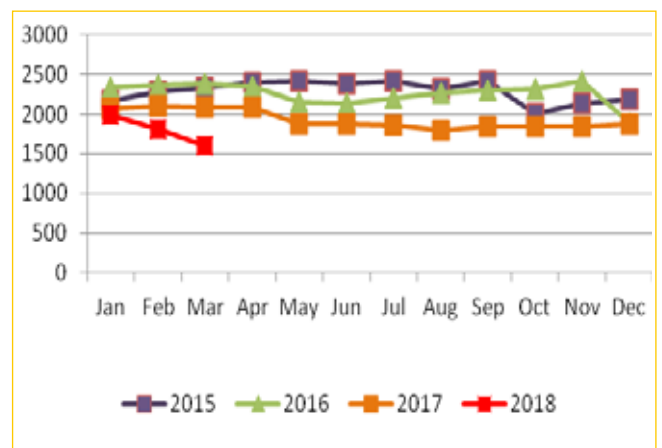


Figure 141: Neurology Activity

| Outpatient Activity | | |
|---------------------|------|-------|
| 2015 | 2016 | 2017 |
| 9214 | 9545 | 10124 |

| Neurology OPD Referrals | | | |
|-------------------------|--------------|--------------|--------------|
| | 2017 | 2016 | 2015 |
| Total | 6,093 | 5,837 | 6,475 |

| Neurology In-Patient & Day Cases | |
|----------------------------------|-------|
| Year | Total |
| 2017 | 663 |
| 2016 | 708 |
| 2015 | 599 |

Epilepsy Programme

The epilepsy programme continues to progress with many new initiatives across the service. Some of the key developments during 2017 include the following:

- The surgical and complex epilepsy programme continues to expand. 195 patients were monitored in the Epilepsy Monitoring Unit during 2017. 111 patients were discussed at our multi-disciplinary epilepsy surgery review meeting. There were 79 epilepsy surgery resective operations, including eight invasive monitoring patients. 14 patients had insertion of a new vagal nerve stimulator (VNS) device, while 34 patients had a VNS battery change. The invasive programme continues to develop under the guidance of Dr. Ronan Kilbride and team.
- Prof. Norman Delanty started his half time commitment to RCSI research in April 2017.
- Dr. Hany El Naggar, previously Epilepsy Fellow, started as consultant neurologist in April 2017, and is now covering Prof. Delanty's half time clinical commitments.
- Dr. Carme Vila Sala started as Epilepsy Fellow in July, joining the team from Barcelona.
- The Beaumont-initiated Epilepsy Electronic Patient Record has clinical data on over 8,000 patients, and is now used on a national basis.
- Prof. David Henshall and Prof. Gianpiero Cavalleri, epilepsy research collaborators at RCSI, led a successful bid to Science Foundation Ireland to launch a new FutureNeuro Centre, with a focus on complex and rare neurological disorders, including epilepsy and ALS. This secures funding of circa 9 million euros over the next five years, with an expectation of matching industry funding.

- A new innovative epilepsy genomics review meeting began on a fortnightly basis. It is envisaged that this research-based meeting will gradually translate and develop into a clinical service meeting. A new genomics module on the Epilepsy EPR has been developed to facilitate this.
- The development of new diagnostic procedure for epilepsy led by Dr. Widdess-Walsh - ictal SPECT, due to start in next number of weeks after >12 months of planning and coordination with radiology, nuclear medicine, radiation safety, neuro physics – this involves injections of radioactive tracer at onset of a seizure in the EMU with subsequent SPECT imaging co-registered with MRI to localise epilepsy focus
- We are also a clinical sites for a large scale multi-centre study entitled Human Epilepsy Project (genotyping/phenotyping of recent onset epilepsy), and an international study on SUDEP (sudden unexplained death in epilepsy).
- The Temple St-Beaumont paediatric/adolescent epilepsy transition clinic with preparatory clinics in Temple St, education sessions in Beaumont, transfer of records followed by transition clinic appointments in Beaumont
- New diagnostic procedure for epilepsy - ictal SPECT, due to start in next few weeks after >12 months of planning and coordination with radiology, nuclear medicine, radiation safety, neurophysics - injections of radioactive tracer at onset of a seizure with subsequent spect imaging co-registered with MRI to localise epilepsy focus
- Increased throughput of diagnostic and pre-surgical admissions through epilepsy monitoring unit, and leading to second highest epilepsy surgery volume by centre in Europe (Ronan Could give you up to date figures)
- We are also clinical sites for multicentre large scale studies Human Epilepsy Project (geno/phenotyping of recent onset epilepsy) and a study on SUDEP (sudden unexplained death in epilepsy)
- Prof. Norman Delanty and Dr. Mark McCormack (RCSI) received the 2017 IICN Sanofi Genzyme Fellowship Grant award worth 50,000 euros for a project entitled "Sequencing the mitochondrial genome in adult patients with unexplained epilepsy".

Regional Epilepsy Centre Dublin North East – Nursing Service

As an Regional Epilepsy Centre, the cohort of Advanced Nurse Practitioners (ANPs) and Candidate

ANPs complement the current medical expertise to run the chronic disease management of epilepsy and integrate it with primary care. Their aim is to provide the best value care for all people with epilepsy in the right place at the right time, sharing the best available information. 2017 saw the successful achievement of converting 4 cANPs to ANP. The new ANP's are Annette Breen, Noddy Dempsey, Niamh Colleran and Brenda Liggin. The new ANPs are complemented by ANP Maire White. Yvonne Owens is currently on secondment to the Children's Hospital Group. Sinead Murphy is also an integral part of the team as Community Epilepsy Nurse Specialist operating OPD, outreach clinics and a telephone advice line 4 days per week. The epilepsy telephone advice line provides clinical and general advice on epilepsy related issues to patients, families, GPs and other hospitals. During 2017 this advice line increased from 3 to 4 days per week with a total of 4,000 telephone calls received. The epilepsy nurses provide expert care at many out-patient clinics and nurse led clinics.

Outreach epilepsy clinics are also delivered from this service to intellectual disability services in Louth and Dublin and to the maternity services in Dublin and Drogheda. During 2017 there was 107 patients attended a rapid access seizure clinic and this with many benefits. Other services provided by this service include Vagal nerve stimulator clinics, group education clinics, home visits, inpatient services, epilepsy electronic patient record (EPR) and staff education.

Presentation at the ENRICH conference by Brenda Liggin, and multiple posters are various events. The epilepsy nurses have continued their participation in audit and research both locally and nationally.

Epilepsy Surgery

This area has 1 WTE nurses whom currently job share and undertake the coordination of the National Epilepsy surgery programme for children and adults. They coordinate the Epilepsy surgery review meetings between Beaumont Hospital and Temple Street. Along with this there is a variety of areas that require coordination including neuropsychology, Wada, surgery, invasive monitoring and vagal nerve

stimulation. There has been an increasing number of patient's attending Beaumont Hospital for epilepsy surgery including invasive cases. These CNS's also operate nurse led clinics and ambulatory clinics and facilitate a telephone service for dedicated to epilepsy surgery.

Stroke Service

The stroke service in Beaumont Hospital is continuing to expand and develop each year. There have been a number of positive changes during this expansion. As per the National Stroke Database (HIPE) the stroke service in Beaumont Hospital saw 400 patients in 2017. This number has increased from 2016 figures - a key part of this increase is the increase in thrombectomy admissions both locally and nationally. In 2016 Beaumont Hospital performed thrombectomy on 176 patients – by comparison in 2017, the number had increased to 247.

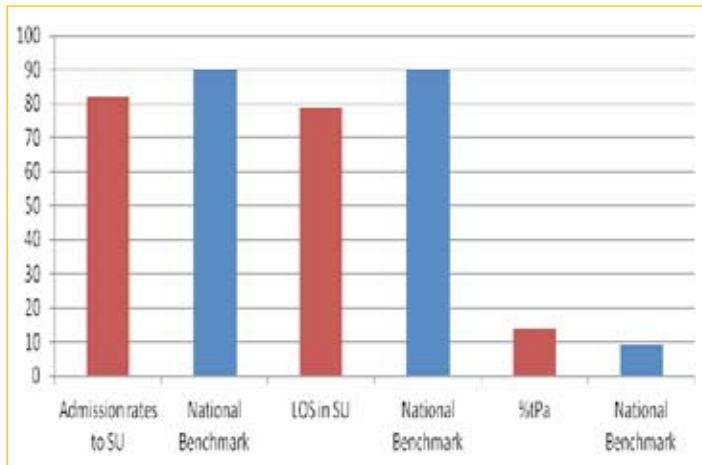
Beaumont Hospital is now the National Referral Centre for Thrombectomy procedures. Cork University Hospital is currently accepting thrombectomy referrals also but this is only within normal working hours. Due to this, a large proportion of patients referred for thrombectomy stay in Beaumont Hospital for a minimum 24 hours post procedure.

There are 24 allocated stroke beds within Beaumont. There are 12 hyper acute/acute beds on St. Brigid's ward and 12 step down/rehab beds on Hamilton ward. In September 2017, a new stroke consultant (Dr Karl Boyle) was appointed. This brings the number of Stroke Consultants to three.

There are three Key Performance Indicators (KPI's) for stroke that are reported nationally. These are

1. Admission rate to stroke unit (national benchmark 90%, Beaumont 82%)
2. Length of stay within a stroke unit (national benchmark 90%, Beaumont 79%)
3. Percentage of patient's thrombolysed (national benchmark 9%, Beaumont 13-15%)

Figure 142



The stroke service continues to meet the national benchmark of 90% for admission rates to the stroke unit and length of stay with the stroke unit. One way of doing this is ensuring an acute stroke unit bed is kept available at times.

We welcome the addition of Julie Lynch as the CNS in thrombectomy. In 2017 the thrombolysis (tPa) rate and thrombectomy rate has almost doubled compared to 2016 figures. In 2016 Beaumont Hospital had a tPa rate of 8% and our thrombectomy referrals were 19. In 2017 our tPa rate was between 13-15% and our thrombectomy referral numbers were 43. One main reason for this significant increase was due to a local quality improvement (QI) project that was taken on by the stroke team and CNS's. It was a multi system approach looking at improving the door to CT times for all FAST positive stroke patients who would be potentially suitable for intervention.

This method improved our door to CT times dramatically and we have managed to maintain these also from constant feedback. Our median in hour's door to CT time is 23 minutes and our median out of hour's door to CT time is 33 minutes. This QI project has been so successful for patient outcomes that the RCSI and RCPI have provided funding to develop this method nationally for all hospitals.

Many hospitals throughout the country have only newly developed a nurse led bedside swallow screen for all stroke patients in 2017. Beaumont was at an advantage as we have a well-established nurse led bedside swallow screen assessment for all stroke patients since 2010. Prior to 2017 the national benchmark for carrying out a bedside swallow screen

was 24 hours which the Beaumont stroke service was meeting continuously. This was changed to 4 hours. Generally, within working hours all stroke patients were getting their bedside swallow assessment but out of hours we were not consistently meeting this target due to no CNS on duty and delay in patient being admitted to the acute stroke unit. In collaboration with the speech and language therapists we have begun training the senior staff nurses in the ED to carry out the bedside swallow screen. This already has made an impact on our 4-hour target.

A national Thrombectomy study day was organised by Dr John Thornton (Consultant Neuro-interventionist) with the help of the stroke CNS which was held in the RCSI. This was a very successful day and had a large attendance of colleagues from all hospitals around Ireland and the president of the Irish Heart Foundation.

The stroke service in Beaumont also embarked on a number of thrombectomy road shows throughout the country. A team including a consultant neuro interventionist, consultant stroke physician, stroke CNS and lead radiographer have visited a number of hospitals.

Another major improvement to the stroke service in 2017 was the commencement of a trial of Early Supported Discharge (ESD) for stroke patients. With the successful trial of the ESD in 2017 our goal is to establish a full/part team in 2018.

Multiple Sclerosis Service

The MS service has had an extremely busy year seeing the resignation of Jane Roche (CNS) after many years and the appointment of Bindu Joseph to the CNS post. The number of patients attending the service totals 1,280 with an additional 82 new patients placed in 2017.

This year an additional MS audit and research nurse was sponsored by Novartis. Damien is compiling a database of all the MS patients which will facilitate patient care and audit /research in the future.

The Fampyra clinic has also been expanded following a pilot clinic in 2016. It now runs once per week allowing MS patients access and assessment to commence oral Fampyra and allow for the follow up specific to same.

Motor Neurone Disease Service

There are approximately 350-400 patients in Ireland at any one time with MND/ALS with 140 new cases diagnosed each year. The life expectancy is 3 years from presentation of initial symptoms. 80% of these patients attend the Beaumont MND/ALS service. NICE guidelines and American/European Academy's of Neurology recommend management of this patient group in specialist MND/ALS clinics with the relevant speciality leads available such as neurology/respiratory/palliative care/neurophysiology/neuropsychology and the Allied Healthcare Professional Team.

The Beaumont Hospital MND service (Led by Prof. Hardiman) provides a weekly 7 hour clinic aligned with the above guidelines and the hospital has recently been endorsed as a National Centre of Expertise by the RCPI/HSE Rare Disease Programme due to expertise in the service provided and contribution to international research on MND/ALS related topics. This is a significant achievement by the Beaumont MND team. The service works closely with the voluntary sector (IMNDA). The IMNDA fund 3 nurse specialists that cover Ireland providing integrated care in conjunction with the Beaumont based service. The centre also participates in large phase 2 and 3 trials for disease modifying therapies for MND.

Support provided by the service is primarily by out-patient MDT review or via the outreach service provided by the MND Clinical Nurse Specialist with an ethos of supporting the patient in the home where possible. The relevant specialities as listed in the first paragraph above provide support for the Beaumont Hospital clinic. Admissions are minimised but at times necessary for nutritional or respiratory interventions.

Figure 143

| Description of Total Activity | | | | |
|--|--------|--------|--------|--------|
| Number of: | 2014 | 2015 | 2016 | 2017 |
| New consultations | 140 | 145 | 180 | 200 |
| Follow up consultations | 1240 | 1300 | 1382 | 1430 |
| Inpatient admissions | 20 | 24 | 25 | 15 |
| Average length of stay of inpatient admissions (outliers not included) | 8 days | 8 days | 8 days | 8 days |
| Day case consultations | 0 | 0 | 20 | 24 |
| Home visit consultations (approximation) | >400 | >400 | >500 | >500 |
| Initiation of home based non-invasive ventilation | 33 | 35 | 40 | 50 |

Neurology Day Unit

The Neurology Day Unit has expanded its services provided and increased its OPD service by support several additional clinics in 2017. These include a neurology clinic, a botox clinic for patients with spasticity run by neuro-physiotherapists in conjunction with neurophysiology and a famprya clinic. A Huntington's Disease research clinic has also commenced as has an additional migraine clinic.

The Famprya clinic has been set up following a pilot clinic the year before. It will run twice a month allowing MS patients access and assessment to commence oral famperidine and allow for the clinical follow up following the treatment as it requires close monitoring. The migraine, Rapid Access Seizure Clinic, Emergency Registrar Review Clinic and Fingolimod

pre-assessment clinics were all new initiatives in 2016 that continued for 2017 with increased numbers of attendances.

A significant volume of day case procedures are carried out in the neurology day unit. These procedures have saved a total of 938 bed days in 2017 for having procedures completed here rather than in-patient beds or day ward trolleys.

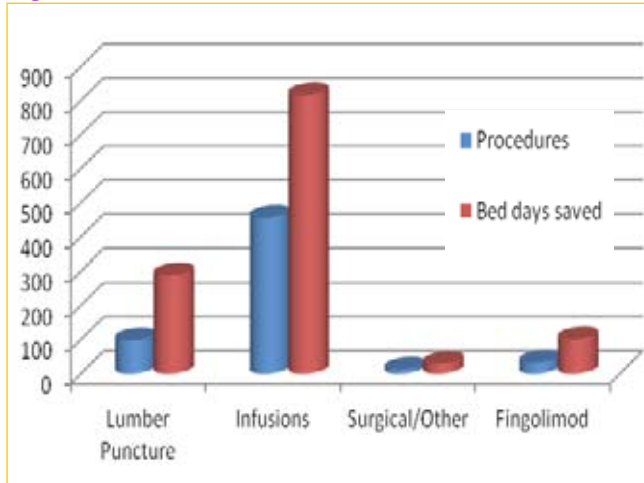
Day Case Procedures

In 2017 we carried out 609 day case procedures – these included multiple lumbar punctures, carpal tunnel release, muscle biopsy, various infusions and first dose of Fingolimod. In total there have been 1234 in patient bed days saved by carrying out these day case procedures in the NDU.

Figure 144

| PROCEDURE | ADMISSIONS | BED DAYS SAVED |
|-----------------------|------------|----------------|
| INFUSIONS | 466 | 816 |
| LUMBAR PUNCTURE | 98 | 288 |
| FIRST DOSE FINGOLIMOD | 33 | 101 |
| SURGICAL AND OTHER | 12 | 29 |

Figure 145



Towards the end of 2016 we introduced a new infusion service for primary progressive MS patients whereby we will administer IV Rituximab on a six monthly basis. This is a service which will expand in 2018. Meanwhile the number of patients requiring admission to the NDU for IVIG is increasing. These patients need their infusion on a regular basis throughout the year.

OPD services in the NDU

There were 1146 clinic patients seen in the NDU in 2017. The Emergency Reg Review clinic continued in its aim of preventing attendances to the ED. We saw in total 123 patients for Emergency Reg Review in the NDU. We continue to take patients who meet the criteria from the ED department on a daily basis with a plan to D/C and re admit to the NDU should they require further input.

The migraine service runs a headache clinic on Thursday mornings in the NDU. Towards the end of 2017 and extra migraine clinic was also started on Tuesday afternoons where Dr Rutledge and the migraine CNS see patients. Greater occipital nerve blocks and botox injections are also done at these clinics. There were a total of 210 migraine patients seen in the NDU.

Figure 146

| Clinic | Total Patients |
|--------------------------------|----------------|
| RASC | 102 |
| Epilepsy ANP R/V (all clinics) | 327 |
| Emergency Reg R/V | 123 |
| Dr Merwick | 89 |
| Ms Nurse | 67 |
| Community Epilepsy Nurse | 26 |
| Consultant review | 50 |
| Migraine Clinic | 210 |
| Fingolimod Pre Ax | 9 |
| Famperidine clinic | 11 |
| Huntingtons | 11 |
| Physio Botox | 75 |
| Dr Widdess Walsh | 43 |
| Genetic Blood test | 3 |
| Total | 1146 |

The Multiple Sclerosis CNS team also run a Fingolimod pre assessment clinic and a Famperidine clinic twice a month in the NDU. Patients are brought in and pre assessed to determine suitability to start on oral po Fingolimod or Famperidine, 20 patients were seen at these clinics. The NDU also supports the weekly RASC (Rapid Access Seizure Clinic). The aim of the RASC is to provide patients who attended ED with a rapid OPD appointment so that they may be discharged from ED and avoid admission. The RASC is run by the epilepsy ANP's and last year 102 patients attended the clinic. Lastly we also would provide Consultants with a room should they need to see one of their patients urgently outside of their usual clinic times. Last year 53 Patients were facilitated with consultant reviews in the NDU.

Department of Clinical Neurophysiology

Electroencephalography (EEG)

Routine, sleep deprived, prolonged and portable EEGs are performed in our busy department with 50% of the work load being in-patients. The demand on the EEG service continues to grow. A 'Rapid Access Seizure Clinic' provides a diagnostic EEG service for patients presenting with new onset seizures or with refractory seizures. The demand for Wada tests is also increasing- this service has increased two fold in the past year. Our team have worked tirelessly to get our waiting list down to 4 months even with an increase in referrals.

The Epilepsy Monitoring Unit (EMU)

The 4 bed EMU at Beaumont Hospital is a state of the art facility, staffed with experienced epileptologists, clinical neurophysiology consultants, neurophysiology clinical scientists, an epilepsy fellow and trained epilepsy monitoring nurses. The EMU is an integral component of the national epilepsy and surgery programme. This is a specialized unit for diagnosing patients with seizures, epilepsy, and related disorders. Patients are admitted and investigated by continuous EEG and video monitoring to record typical events in a safe and controlled environment under medical supervision. The data gained from both video and EEG recordings has implications for further treatment options including surgery where indicated. A total number of 195 patients were admitted to the unit in 2017 with 8 of these being invasive cases.

Nerve Conduction Studies and Electromyography (NCS /EMG)

Dr Molloy and Dr Mullins co-direct this service. There are two EMG laboratories in the Department which are in use every day for outpatient clinics and inpatient studies.

The consultants supervise a clinical neuroscientist delivered carpal tunnel clinic and peripheral neuropathy screening in one room while performing more complex studies in the other room. Complex studies such as single fibre EMG, and screening for neurological conditions such as myopathy, neuropathies, radiculopathy and motor neuron disease are performed by the consultants. Referrals are accepted from Hospitals in the RCSI Hospitals groups as well as from general practitioners in the catchment area of Beaumont Hospital.

There has been a marked increase in referral rates from Beaumont outpatient clinics, Beaumont inpatient services as well as an increased demand for outpatient and inpatient studies from within the RCSI Hospital Groups.

Intraoperative Neurophysiology Monitoring (IONM)

The Beaumont hospital IONM service has been established for four years. Directed by Dr Ronan Kilbride, the service is growing each year catering for a host of complex neurosurgical endeavours ranging from spinal and cortical tumour removal to acoustic neuroma removal and refractory non-lesional epilepsy surgeries to name but a few. Working closely with the surgical teams of Mr Donncha O'Brien, Mr David O'Brien, Mr Darrach Crimmins, Mr John Caird, Mr

Steven MacNally, Mr Steven Young and Mr Mohsen Javadpour the Neurophysiology department provide dynamic real time information to the surgical teams intra-operatively. This aids the surgical teams in the intraoperative neurosurgical approach to tumour removal, helps prevent direct damage to the central nervous system and adds prognostic information to post surgical outcomes. As the service continues to grow, approximately 50 cases in 2016 and 2017, IONM has become an essential part of neurosurgical procedures where the central nervous system is at risk in Beaumont Hospital.

The IONM staff remain on the cutting edge of worldwide advancements in the IONM area attending and presenting at international education conferences throughout the year.

Botulinum Toxin Clinics for Neurological Disorders

Dr Molloy directs this weekly clinic and demands for the service are increasing as indications for the toxin are expanding. Ms Ryan, clinical nurse specialist, co-ordinates and organises the clinics and is actively involved in the annual workshop. Botulinum toxin intramuscular injections are an approved and very effective treatment for painful muscle spasms associated with both spasticity and dystonia. Beaumont Hospital supports the training of physiotherapists to perform this procedure and Dr Molloy supervises a monthly physiotherapy lead Botulinum Toxin Clinic for the treatment of patients with spasticity. Ms Vance and Dr Deirdre Murray currently provide a comprehensive service to these patients. A combined clinic with Mr Lacy ENT Consultant continues to expand for treatment of patients with laryngeal dystonia. There is no formal training for botulinum toxin injecting in Ireland and in 2017 the department invited international speakers to co-direct a work shop aimed to further support the education of both physicians and health care providers interested in developing this service.

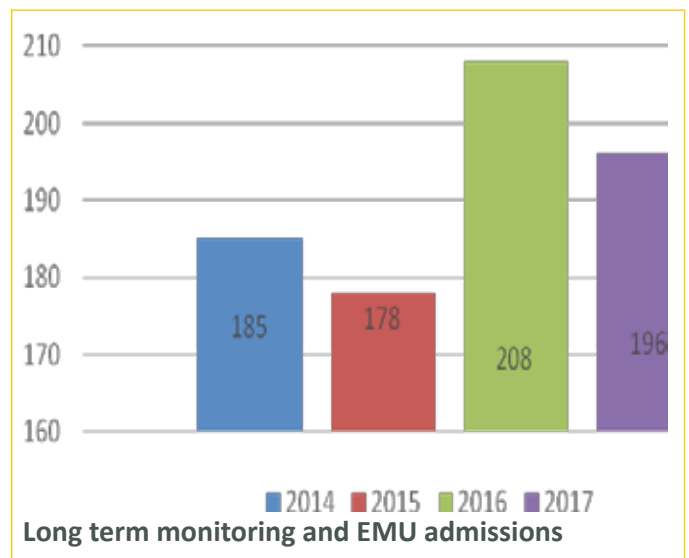
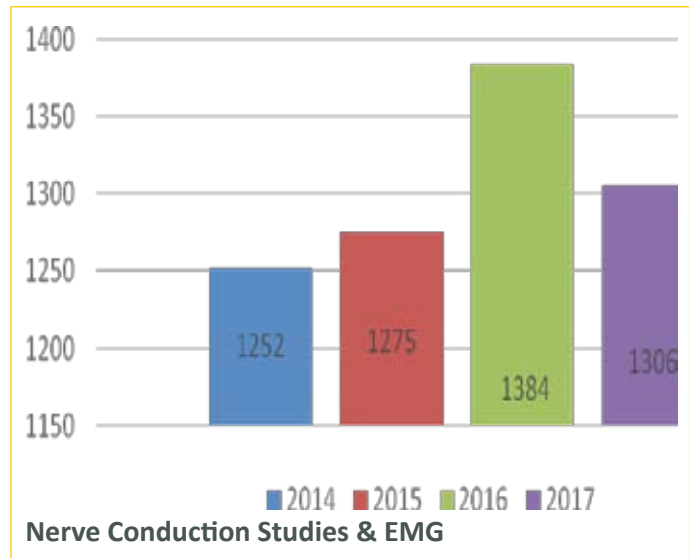
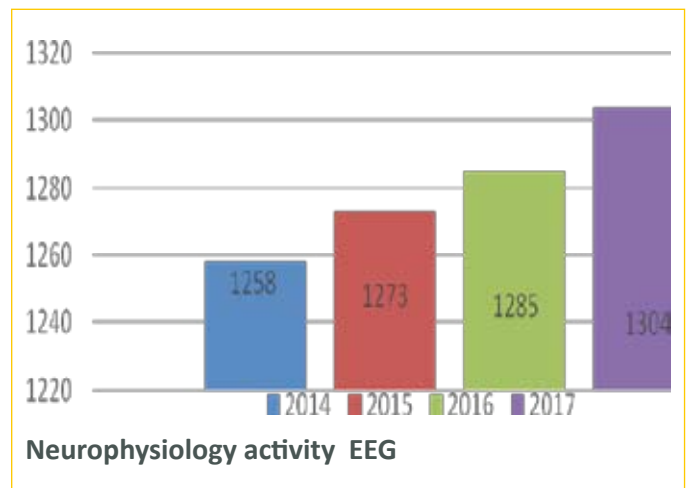
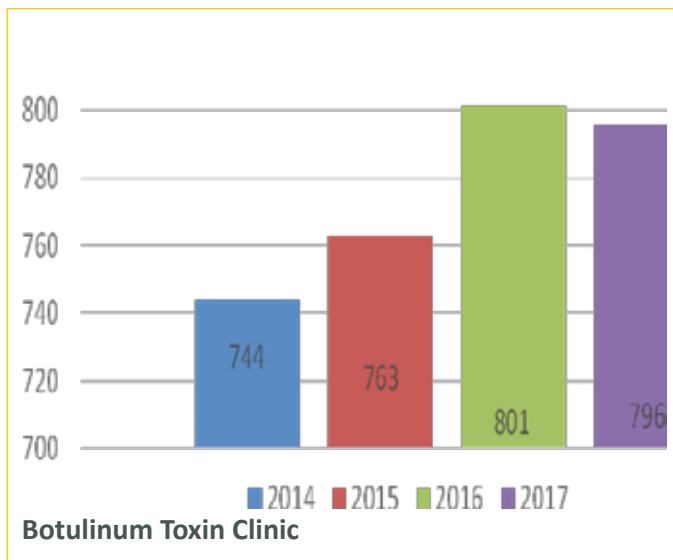
Research and Development

Continuous learning and development through research, audit, teaching and career progression are an integral part of the Clinical Neurophysiology department. Physiologists attend and present at both national and international meetings as well as sharing their learning at a more local level to their peers. Geoff Haughton attended and presented at an International Society of Intra-Operative Neurophysiology meeting in Seoul, Korea as well as the European Congress on Neurophysiology, Budapest. Kate O'Brien carried out research on EMU

based patients and presented these findings at the AES in Washington. Sheila O’Connell successfully completed the Beaumont Hospital Organisational and Personal Skills Development Programme. Kate Flynn and Emma Irving received funding from the IICMS to sit the internationally recognised ABRET exams in EEG and EP studies. Alma O’Donnell and Jill Behan attended a Research Educators Day in DIT. Emer Murphy attended the International Epilepsy Congress in Barcelona. Bi-monthly, physiologist lead review meetings continue to be a valuable learning tool in the department.

The department is a teaching centre for Clinical Measurement Physiologist students attending DIT. Averages of 5 students per year complete a practical work placement within the department. With guidance, they undertake a project on one aspect they found interesting over their placement. They present this project to their fellow students and lecturers as part of their overall final exams.

Figure 147 - Clinical Activity



Ophthalmology Department

The multi-disciplinary team in the ophthalmology department has the following members:

- 2 Consultant Ophthalmic Surgeons
- 1 Community Ophthalmic Physicians (reduced from 2 in 2015 year)
- 1 SpR, 1 Registrar, and 2 SHO (rotating scheme with the Mater Hospital)
- 2 Orthoptists
- 1.4 Clinical Nurse Specialist
- 3 Secretaries

The ophthalmology department continues to provide a very busy service to both catchment area patients and also to national specialities such as neurosurgery. Services provided within the department include both general ophthalmology out-patient clinics and also specialist ophthalmic clinics:

- Neuro-ophthalmology service
- Oculoplastic and orbital service
- Shared care Glaucoma Clinic
- Ocular Toxicity Clinic

Specialist Orthoptic clinics include the following:

- Visual field testing
- Inpatients consultation service
- Botulinum toxic clinics
- Oculoplastic operating list
- Day Surgery Theatre List
- Laser clinic (Argon and Yag Laser)
- OCT
- Fundal Photography

As no intra-ocular surgery being performed at present in Beaumont, intra-ocular and major lid surgery continues to be transferred to the Mater Hospital under Ms. Logan or Mr. Fulcher.

Ophthalmology activity

There was a marginal increase in both consult and outpatient appointments in 2017 with a significant increase in day procedures (up 17%).

Figure 148

| Day Cases | |
|-----------|-----|
| 2015 | 327 |
| 2016 | 495 |
| 2017 | 520 |

| OPD Activity | | |
|--------------|------|------|
| 2015 | 2016 | 2017 |
| 7277 | 6926 | 7001 |

National Neurosurgical Department

The Neurosurgical Department at Beaumont Hospital is the National Centre for Neurosurgery in Ireland. It provides general neurosurgical care for a population of 3.5 million people but for certain conditions it provides care for the entire 4.7 million population of the Republic of Ireland (e.g. epilepsy surgery, complex neurovascular conditions and paediatric neurosurgery in conjunction with Temple Street Children's University Hospital). As such, the department is a provider of neurosurgical care to one of the largest catchment populations amongst UK & Ireland Neurosurgical centres.

The Department is led by 10 consultant neurosurgeons and is awaiting the replacement appointment of an 11th colleague following the retirement of Mr. David Allcutt. The department provides a broad range of neurosurgical subspecialties including neuro-trauma, neuro-oncology, epilepsy, anterior and lateral skull base, pituitary, neurovascular, hydrocephalus/CSF disorders, trigeminal neuralgia, stereotactic radiosurgery and complex spinal surgery. We continue to provide and contribute to national multi-disciplinary programmes in the above fields.

In addition to providing neurosurgical care in a busy department, the neurosurgery department at Beaumont hospital strives to remain at the forefront of academic neurosurgery through education and research.

Consultants – National Centre for Neurosurgery

Mr Mohsen Javadpour; Clinical Director NeuroCENT
 Mr David O'Brien; Chairman Department of Neurosurgery
 Professor Ciaran Bolger
 Mr Daniel Rawluk
 Mr Donncha O'Brien
 Mr Steven Young
 Mr Stephen MacNally
 Mr John Caird
 Mr Darach Crimmins
 Mr Taufiq Sattar

Figure 149

| Neurosurgery OPD Referrals | | | |
|----------------------------|-------|-------|-------|
| | 2015 | 2016 | 2017 |
| Total | 8,826 | 8,381 | 8,465 |

| Neurosurgery OPD Activity | | | |
|---------------------------|-------|-------|-------|
| | 2015 | 2016 | 2017 |
| | 13493 | 13924 | 13488 |

Neurosurgery Inpatient Activity

| | 2015 | 2016 | 2017 |
|--------|------|------|------|
| Totals | 2485 | 2527 | 2712 |

Neurosurgical Training

The National Neurosurgical Centre at Beaumont Hospital provides an excellent postgraduate training opportunity for Neurosurgical Specialist Registrars (SpRs) in Ireland. There are 6 SpRs and 4 registrars in Beaumont, and 1 registrar at Temple Street Children's University Hospital.

In addition, neurosurgical residents from Washington University School of Medicine in St Louis, USA rotate to work in the Neurosurgical Department at Beaumont Hospital every 6 months to gain clinical experience at our centre.

Neurosurgical NCHDs receive regular teaching, operative training, elective and emergency neurosurgical experience, and are required to take part in research and audit. They regularly present papers at international neurosurgical conferences.

Neuro-Oncology

The neuro-oncology service is supported by a specialised interdisciplinary team and continues to adapt to changing health service demands while providing a quality and innovative service. The neuro oncology adult malignant service is co-ordinated by a CNM III, and 1.5 CNS (job sharing) and 1 CNS in paediatric and benign brain tumour service. The team traditionally focus on the daily management of malignant, high grade glioma patients. However, changing demands has caused the CNS to take on expanding roles of managing low grade glioma patients and those with benign tumours and metastatic brain tumours. This can be attributed to better treatment and longer overall survival in this patient cohort.

2017 saw the development of a combined adolescent and young adult clinic to enhance the quality of care and improve outcomes for the adolescent and young adult patient transitioning from the paediatric to the adult service. The combined element has improved efficiency by eliminating multiple single speciality visits and collaborative decision making has reduced confusion and inconsistencies in care.

The Brain Tumour Bio Bank is a large collection of biological data, medical data and tissue samples, collected for research purposes. It is a joint collaboration between Beaumont Hospital and RCSI,

this is now up and running with the first sample banked in April 2017. The ongoing development of the Brain Tumour Bio Bank will provide opportunity for advancement in research and treatments while providing some degree of hope to the individual diagnosed with a brain tumour and their families. In response to changes in patient needs, ongoing service development, healthcare reform and reconfiguration programmes, Beaumont Hospital in conjunction with RCSI saw the introduction of the first Beaumont based Neuro-oncology stand alone module in 2017.

Acquired Brain Injury (ABI)

2017 has proven to be another busy year for the Acquired Brain Injury service with a total of 237 patients supported by the CNS in ABI. The ABI CNS is a member of the benchmarking group 'ABI HSE Group' and also the lead nurse on the rehabilitation medicine clinical care programme. This year saw the introduction of an ABI outpatient's clinic for Beaumont Hospital which is currently running at one per month with plans to expand to two over the coming months. This clinic will also have a representative from Headway Ireland in attendance to ensure patients are integrated with the appropriate support network from an early stage in their pathway. The ABI nurse has also taken on the responsibility for co-ordinating planning of cranial plates for patients on the cranioplasty waiting list. There are currently patients awaiting a number of years to have this surgery completed and the purpose of reviewing the list is to ensure that patients will have access in a timely manner for surgery and this will continue through 2018. There has been significant improvement in access to this service as an outcome of the improved co-ordination and planning.

Neurosurgery Research and Development Department

The Neurosurgery research and development department is run by Paula Corr and Deirdre Nolan. They are responsible for data collection, and reporting of audits carried out within the NeuroCent Directorate. They also help in developing patient information booklets and assist staff with various research projects.

Current audits include those for HIQA, Sino nasal outcome test for Pituitary tumours, Meningioma monitoring, Nursing Audit and standards Committee and the UK and Ireland National Sub Arachnoid Haemorrhage database. Completed audits include Infection rates following Cranioplasty over a 5-year period, Meningioma, outcomes following Spinal

Ependymoma over a 10-year period, risk factors for post-operative CSF leak following endoscopic transphenoidal surgery and skull base surgery and CJD consent form compliance.

A poster was presented at the annual Beaumont Quality Day entitled: "Transfer and treatment times in Aneurysmal Subarachnoid Haemorrhage: Are we achieving national and international targets?"

This SAH data was also presented at the Society of British Neurological Surgeons (SBNS) in Liverpool.

Other departments we have contributed data to include; microbiology, trauma and Anaesthetics.

Neurosurgery Department Academic Activities – 2017

EuroSpine Conference 2017

Eurospine hosted its bi-annual meeting at the convention centre in Dublin in September 2017, with the local host and co-ordinator being Professor Ciaran Bolger. This was a highly successful meeting, attended by 3684 delegates and industry representatives. There were 155 presentations, 2 pre-Day courses, and 142 E-posters. The welcome message was delivered by the president of Ireland, Michael D Higgins.

<http://www.eurospine2017.org/dublin2017>





Surgical Directorate



Clinical Director:
Daragh Moneley

Directorate Nurse Manager:
John Walsh & Bernie Lynch

Business Manager:
Des O'Toole (Jan-May 2017)
Gary Keenan (from October 2017)

The Surgical Directorate in Beaumont Hospital provides a number of key services for North Dublin and the wider geographic area. Services include Upper GI, Colorectal, Breast & General Surgery, as well as Gynaecology, Orthopaedic, Vascular and Plastic Surgery.

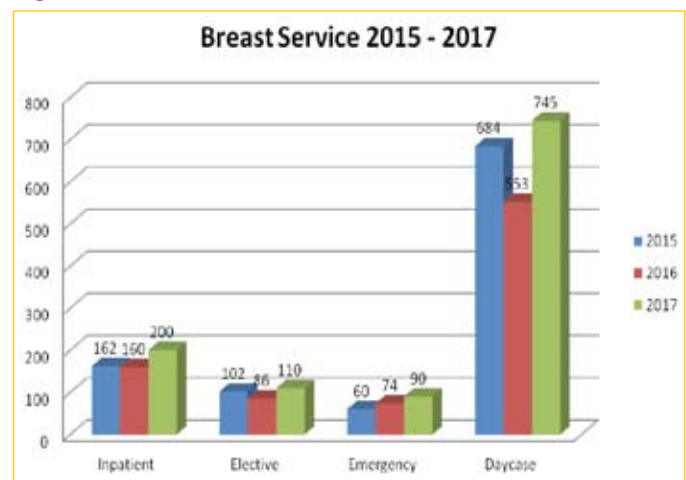
The Surgical Directorate aims to foster a culture of excellence in patient care and research and live up to the values of achieving a better experience for the patients who use our service. Notwithstanding the many challenges in the healthcare environment locally and nationally, the Surgical Directorate's strong focus on improving quality and safety of care delivered to patients has continued during 2017.

Breast Service

The Symptomatic Specialist Breast Unit (SSBU) currently has a complement of three full-time Consultant Surgeons who run six out-patient clinics a week. Three of these are rapid access clinics (Triple Assessment Clinics) which aim to provide, in partnership with our Radiology colleagues, accurate and timely diagnoses of urgent breast conditions. There is an additional Family History Clinic which occurs once a month and is designed to assess and counsel patients who have a significant breast cancer risk profile. The latter is co-ordinated primarily by Ms Reema Salman.

Each surgeon conducts an operating list at least once a week which addresses the treatment of patients diagnosed with surgical breast problems. The range of conditions treated includes acute inflammatory/infective problems, cosmetic and/or implant issues, risk reduction surgery and most importantly, breast cancer surgery and reconstruction.

Figure 150



Surgical treatment of breast cancer has changed radically in the last twenty years. At one time all patients diagnosed with breast cancer underwent removal of the breast (mastectomy) and complete removal of the axillary lymph nodes under the arm. As surgeons we have refined our approach to breast cancer and try now to only remove the tumour whilst preserving the breast if possible and safe. We also avoid removing all the lymph nodes if none or very few are involved by the disease process. In addition all patients who do require a mastectomy are offered either immediate or delayed reconstruction to help in their recovery. The growing use of Neoadjuvant Chemotherapy has also allowed us to downstage patients pre-operatively and in many instances we can offer breast conservation therapy to patients who would otherwise require a mastectomy to treat their disease.

We have, in addition to meeting and exceeding the key performance indicators established by the NCCP, also introduced a number of innovative and exciting techniques to the Breast Unit's repertoire

of therapeutic procedures. In conjunction with our Radiation Oncology colleagues we have pioneered the use of intra-operative radiotherapy in the management of early small breast cancers, performing the first case in Ireland in 2016 and we have added a further 14 cases since its introduction. We have similarly recorded the country's first use of partial breast reconstruction using a laparoscopically harvested omental flap and continue to apply it in suitable circumstances having performed 15 of these procedures to date.

Upper GI Service

The Upper GI Service in Beaumont Hospital has a well-established surgical team that includes Mr Mayilone Arumugasamy, Mr Will Robb and Professor Tom Walsh (Connolly Hospital). Our team of upper GI surgeons are at the forefront of Minimally Invasive Surgery ("Keyhole Surgery") for the treatment of Oesophageal and Gastric Cancers. We also have extensive expertise in minimally invasive techniques for other upper gastrointestinal conditions including surgery for Gastrointestinal Stromal Tumours (GISTs), Severe Heartburn, Para-oesophageal and Hiatal Hernias and Other Digestive Tract Diseases.

As a centre designated for the care of patients with upper gastrointestinal cancers in Ireland our service is designed to provide all patients with rapid assessment in a multi-disciplinary environment.

Patients with oesophageal and gastric cancers benefit from the assessment through our Rapid Evaluation Clinics. Patients referred to the Rapid Evaluation Clinic are seen within one week of the hospital receiving the referral. The rapid Evaluation Clinic brings together Consultant Specialists in oesophageal and gastric surgery, gastroenterology, radiology, medical oncology, radiation oncology, otolaryngology and pathology. The service provides rapid investigation, medical and surgical management of oesophageal and gastric cancers.

As well as being a designated cancer centre, surgery is performed for benign upper GI complaints. Our team of surgeons provide general surgical consultations for gallstones, abdominal wall and inguinal hernias and other general surgical complaints.

Vascular Service

Consultants: Mr Daragh Moneley, Mr Peter Naughton, Mr Seamus McHugh & Mr Sayed Aly.

The Vascular Service in Beaumont have made a number of exciting developments in the past year. As part of a waiting list initiative the vascular service in Beaumont Hospital have facilitated outpatient and daycase services in Louth County Hospital throughout 2017. The Vascular Service have also expanded the services provided in St Joseph's Hospital in Raheny by expanding the volume of daycase and outpatients.

We provide on-site outreach services to Cavan Monaghan Hospital, Our Lady of Lourdes Hospital Drogheda, Louth County Hospital, Dundalk & Connolly Hospitals.

Our overall strategy is to provide a service based on a Hub and spoke model where the vast majority of Outpatient work and treatment of venous disease would take place at the spoke as is currently the case with St Joseph's Hospital Raheny, Louth County Hospital, Dundalk, Cavan General Hospital, Connolly Hospital and Major Arterial work at the Hub Beaumont Hospital which includes an emergency on call service.

Plastic & Reconstructive Surgery

Consultants: Mr. Brian Kneafsey, Mr. Nadeem Ajmal, Mr. Barry O'Sullivan & Mr. Paul Sullivan.

The Department of Plastic & Reconstructive Surgery in Beaumont Hospital continues to expand its regional services provided across the RCSI Group. The Department is spread across three hospitals with services provided for all the RCSI Group in Beaumont Hospital, St. Joseph's Hospital and Connolly Hospital. The specialty provides services for cancer, trauma, hand problems, facial deformities (including facial palsy and vascular malformations) as well as providing reconstructive services for many of the other surgical disciplines such as ENT Surgery, Breast Surgery, Colorectal Surgery and Orthopaedic Surgery. These services continue to be developed and activity significantly increased in 2017.

There has been a continued expansion in skin cancer and melanoma referrals with a well established bimonthly melanoma/advanced skin cancer MDM (Multi Disciplinary Meeting) with over 60 patients discussed per month in conjunction with General Surgery, Pathology, Medical Oncology, Radiation

Oncology, Dermatology and Radiology. Ms. Noreen Anderson, Clinical Nurse Specialist (CNS) in Melanoma and Complex Skin Cancers, continues to run a busy service supporting over 240 of our patients in 2017. The Department also provides expertise at many other multidisciplinary clinics including head & neck cancer, facial palsy/skull base and vascular malformations.

2017 was a busy year for the Plastic and Reconstructive Surgery department in Beaumont Hospital. There were 2747 referrals to our department in Beaumont Hospital, which represents a greater than 15% increase since 2016. OPD activity continued to increase with 9224 patients seen by plastic surgery, including 2204 new patients. The department welcomed Ms. Julie Jordan O'Brien to the new position of Plastic Surgery Advanced Nurse Practitioner (ANP). The trauma services provided by Plastic Surgery continues to have a major expansion within the RCSI Group, with over 800 emergency trauma patients (mainly hand injuries) treated by our team in Connolly Hospital.

Challenges with respect to Outpatient and Surgical waiting lists continue to be actively addressed with plans for further department expansion to keep up with demand from within the RCSI Hospital Group in 2018.

Gynaecology Service

Consultants: Mr Hasan Rajab & Mr Conor Harrity

The Gynaecology Service in Beaumont Hospital provides a wide range of services in general benign gynaecology, including pelvic floor reconstructive surgery and advanced laparoscopic surgery. The Gynaecology Department in Beaumont has seen a year on year increase in the number of patients requiring admission and overnight stay between 2015 and 2017.

Trauma & Orthopaedic Service

Consultants: Mr James Walsh, Mr Hannan Mullett, Mr Denis Collins & Mr Michael Donnelly.

The department of trauma & orthopaedic surgery in Beaumont hospital is currently staffed by 4 full-time consultant orthopaedic surgeons who provide a general orthopaedic service, which includes cover for basic trauma procedures (upper and lower limb fractures) and general elective upper and lower limb conditions (relating to bony and soft tissue orthopaedic problems). The Orthopaedic Department also provides subspecialty cover for shoulder and upper limb fractures, complex hip, knee and sports hip and knee injuries and foot and ankle trauma, along with subspecialty cover for elective conditions referred to the unit, relating to their relevant area of subspecialisation. In addition, the orthopaedic department accepts tertiary and quaternary referrals from hospitals across the state.

Figure 151

Surgical Directorate Activity (Incorporating Beaumont and Joseph's)

Obstetrics and Gynaecology

| Discharge Year | 2015 | 2016 | 2017 |
|-------------------------|------------|------------|------------|
| Inpatient | 116 | 131 | 144 |
| Inpatient Bed Days | 413 | 438 | 523 |
| Elective | 83 | 79 | 80 |
| Emergency | 33 | 52 | 64 |
| ALOS | 3.56 | 3.34 | 3.63 |
| Daycase | 857 | 700 | 521 |
| Total Discharges | 973 | 831 | 665 |

Orthopaedics

| Discharge Year | 2015 | 2016 | 2017 |
|-------------------------|-------------|-------------|-------------|
| Inpatient | 1089 | 1138 | 1086 |
| Inpatient Bed Days | 11498 | 11441 | 12344 |
| Elective | 171 | 176 | 136 |
| Emergency | 918 | 962 | 950 |
| ALOS | 10.5 | 10 | 11.3 |
| Daycase | 1302 | 1111 | 1489 |
| Total Discharges | 2391 | 2249 | 2575 |

Plastic Surgery

| Discharge Year | 2015 | 2016 | 2017 |
|-------------------------|-------------|-------------|-------------|
| Inpatient | 328 | 362 | 303 |
| Inpatient Bed Days | 1538 | 2057 | 1656 |
| Elective | 218 | 164 | 203 |
| Emergency | 110 | 198 | 100 |
| ALOS | 4.7 | 5.7 | 5.5 |
| Daycase | 3494 | 3997 | 4102 |
| Total Discharges | 3822 | 4359 | 4405 |

Breast Surgery

| Discharge Year | 2015 | 2016 | 2017 |
|-------------------------|------------|------------|------------|
| Inpatient | 162 | 160 | 200 |
| Inpatient Bed Days | 483 | 492 | 491 |
| Elective | 102 | 86 | 110 |
| Emergency | 60 | 74 | 90 |
| ALOS | 3.0 | 3.1 | 2.5 |
| Daycase | 684 | 553 | 745 |
| Total Discharges | 846 | 713 | 945 |

General Surgery

| Discharge Year | 2015 | 2016 | 2017 |
|-------------------------|-------------|-------------|-------------|
| Inpatient | 2249 | 2072 | 2147 |
| Inpatient Bed Days | 15050 | 12207 | 13870 |
| Elective | 391 | 364 | 422 |
| Emergency | 1858 | 1708 | 1725 |
| ALOS | 6.7 | 5.9 | 6.5 |
| Daycase | 2471 | 2621 | 2590 |
| Total Discharges | 4720 | 4693 | 4737 |

Gastro Intestinal Surgery

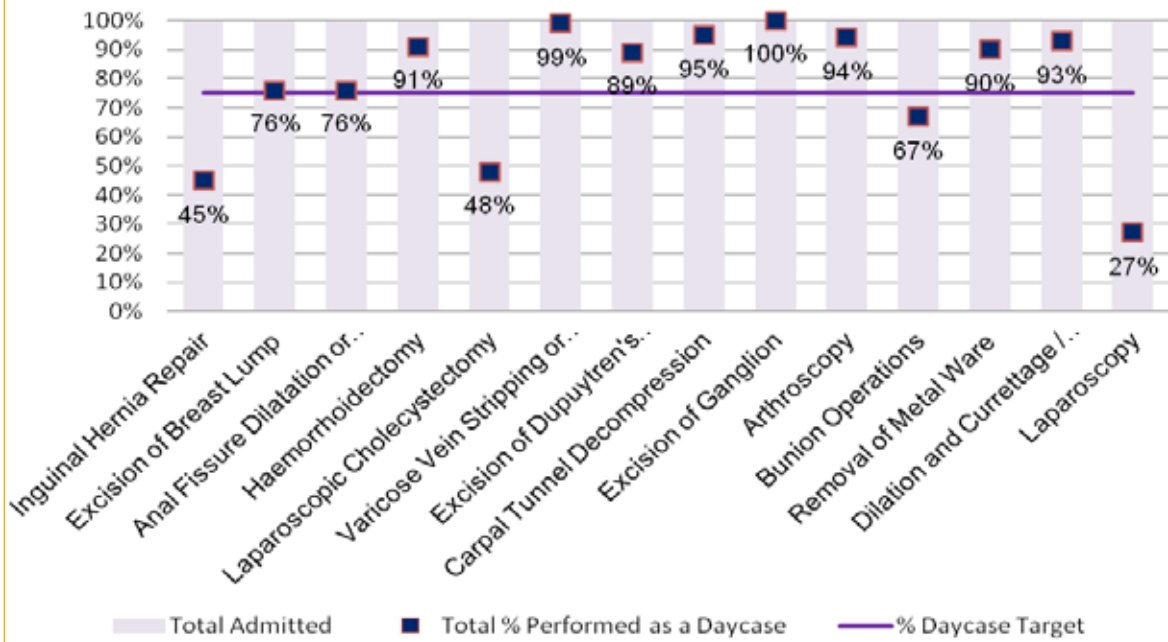
| Discharge Year | 2015 | 2016 | 2017 |
|-------------------------|-------------|-------------|-------------|
| Inpatient | 842 | 1130 | 1056 |
| Inpatient Bed Days | 8516 | 10092 | 8619 |
| Elective | 333 | 462 | 448 |
| Emergency | 509 | 668 | 608 |
| ALOS | 10.1 | 8.9 | 8.1 |
| Daycase | 1809 | 2413 | 2328 |
| Total Discharges | 2651 | 3543 | 3384 |

Vascular Surgery

| Discharge Year | 2015 | 2016 | 2017 |
|-------------------------|-------------|-------------|-------------|
| Inpatient | 524 | 1028 | 583 |
| Inpatient Bed Days | 6501 | 4791 | 5705 |
| Elective | 210 | 260 | 269 |
| Emergency | 314 | 226 | 314 |
| ALOS | 12.4 | 4.7 | 9.8 |
| Daycase | 1630 | 1937 | 1640 |
| Total Discharges | 2154 | 2423 | 2223 |

Figure 152

Surgical Directorate Basket of 24 Compliance 2017



Surgical Directorate Inpatient Activity 2017

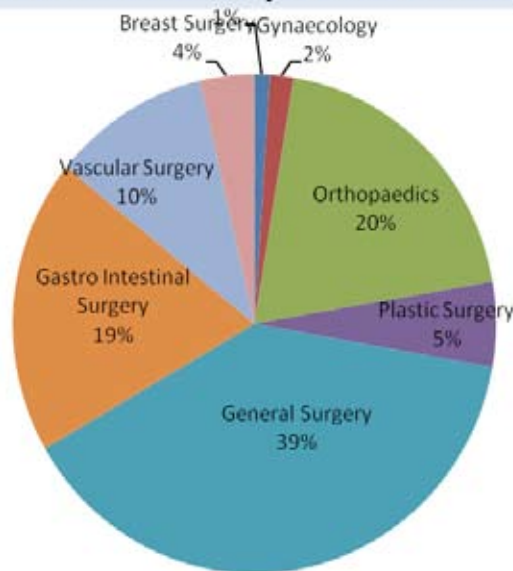


Figure 153

Surgical Directorate Daycase Activity 2017

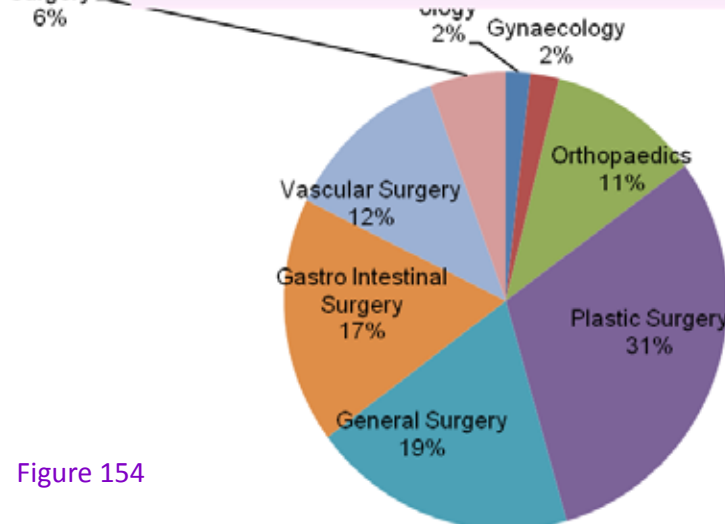


Figure 154



Transplant, Urology & Nephrology (TUN) Directorate



Transplant, Urology & Nephrology (TUN) Directorate

Miss Dilly Little
Prof. Conall O'Seaghda
Co Clinical Directors

Miss Catriona McDonald
Directorate Business Manager

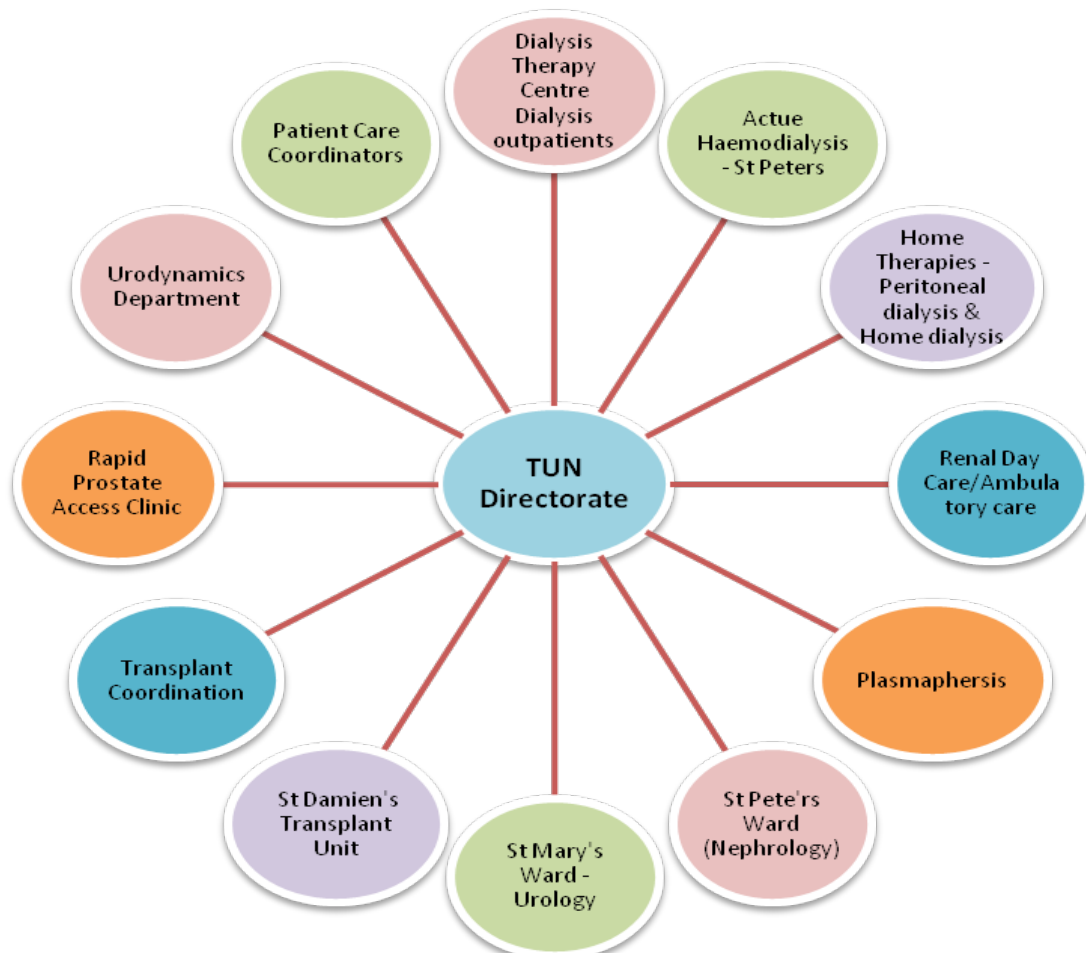
Ms Melanie McDonnell
Directorate Nurse Manager

Introduction

The Transplant, Urology and Nephrology Directorate incorporates these three specialities and in 2017 included the following wards at Beaumont Hospital - St Damien's ward, St Peter's ward including St Peter's Acute Haemodialysis Unit, Hamilton ward and St Martin's, Dialysis Therapies Centre as well as Home Renal Replacement Therapies, Renal Day Care (located in HDU and the St Martin's ward on lower ground floor) and Urodynamics.

In total the Directorate employs approx 250 staff, including 6 Consultant Nephrologists, 5 Consultant Urologists / Transplant surgeons, 4 Consultant Urologists, approx 175 wte Nursing and Healthcare Assistant Staff and approx 30 administration staff.

For further information please go to <http://www.beaumont.ie/kidneycentre-home>



2017 – TUN Directorate: Wards

The official opening of the **Dialysis Therapies Centre**, was performed by Minister F. McGrath in June 2017, however, the first patients had benefited from the new outpatient dialysis facilities in February 2017.



L to R : Ms D Little, Clinical Director TUN, Mr I Carter CEO Beaumont, Ms V Francis CNM3, Minister Finian McGrath, Ms S Hanavey, Dr C O'Seaghda Clinical Director TUN, Prof P Conlon, Beaumont Hospital Clinical Director

The renal unit had extremely humble beginnings in Jervis Street Hospital, Dublin – it was conceived in a single room on the 4th floor of the hospital. From this background came the impetus that was to lead to the first haemodialysis treatment with an artificial kidney in Ireland in May 1958.

November 1964 saw the commencement of a programme for regular dialysis therapy for end stage renal failure in Jervis Street hospital.

1970 was the year that the first patient commenced training for a home dialysis programme, again in Jervis Street and in 1982 the Peritoneal Dialysis Programme was developed.

The renal unit transferred from Jervis Hospital to Beaumont Hospital in 1987.

Today the Renal Unit at Beaumont Hospital is the largest and busiest unit of its kind in the Republic of Ireland. The facility provides for maintenance, acute, isolation dialysis treatments as well home therapy treatments (peritoneal dialysis and home haemodialysis) to patients from all over the country. There continues to be an increase in the number of people requiring dialysis treatments, this increase in demand for renal services is set to continue and is driven by Ireland's increasingly ageing population, combined with the high numbers of people with diabetes and high blood pressure.

In 2017, just over 22,000 outpatient haemodialysis treatments were performed and there were 75 patients on home therapies – 53 of whom were on peritoneal dialysis and 21 on home haemodialysis. In addition, approx 2700 treatments were performed in our acute haemodialysis unit on St. Peter's ward.

Beaumont Hospital recognised the need for development of renal services, particularly its outpatient haemodialysis services, and produced a detailed business case to develop the space on the 1st floor of the HSE Aislinn Centre on the Beaumont campus as a Dialysis Therapies Centre in 2011.

This new Unit would function at levels in line with the recommendations by National Renal Office of operating at around 2.5 shifts per day assisting to reduce / eliminate the need for patients to travel for dialysis treatment in the middle of the night.

The new Dialysis Therapies Centre opened and the first outpatient haemodialysis treatments occurred on **15th February 2017**.

The increased capacity in the 34 stationed outpatient haemodialysis unit (previously 20 stations) has allowed us to eliminate the early morning / late night dialysis sessions, ensuring that patients are now dialysed during more social hours between 7am to 11pm, thereby improving their and their family's quality of life and wellbeing.

The Home Therapies department at Beaumont Hospital facilitates both peritoneal dialysis (PD) and home haemodialysis (HHD), and is the largest provider of both therapies nationwide. The additional capacity in this unit will facilitate for patient training and the unique opportunity for patients to dialyse independently at home with minimal hospital contact.

The new facility offers a quality and comfortable personal space for patients not only meeting their medical needs. The increased comforts include their own individual television with integrated controls that includes the smart TV, reading light and nurse call system. The size, layout, and functions of the new space meet the diverse care needs of patients.

This includes the latest available enabled facilities for patients.

There are 4 purpose build single dialysis rooms that enhance both the patient's privacy and safety related to both infection control and risk.

There is a bright spacious comfortable waiting area and dining area that is adjacent to the pantry.

The design of the centre allowed for enhanced improvements to the work flow and infection prevention and control. In addition the structure of the

treatment areas facilitates better patient monitoring and care with overall improvement to both nursing processes and practices. The centre was also designed to improve facilities and work environment for staff making it a very positive environment to work in.

Other TUN Directorate in-patient and day beds in 2017 are located in the following wards -

Nephrology: St Peter's Ward including St Peter's Acute Haemodialysis Unit, Dialysis Therapies Centre - Out patient Haemodialysis Unit Dialysis Therapies Centre - Home Renal Replacement Therapies St Martin's ward - Renal Day Care (From Feb 2017)

Urology: St Mary's Ward - Urology Inpatient ward Outpatients Department. - Urodynamics Department St Finbarr's ward - Urology Day case St Joseph's Hospital: Urology Inpatient and Day case

Transplant: St Damien's ward - National Kidney Transplant ward St Martin's ward - Renal Day Care





Past and present nurse managers from Nephrology Department at the Official opening of Dialysis Therapies Centre

National Kidney Transplant Service (NKTS)

The National Kidney Transplant Service had an extremely active year in 2017 achieving a number of significant milestones. A total of 192 kidney transplants were performed, including 141 deceased donor transplants and a record number of 51 living donor transplants.

This equals the highest number of kidney transplants performed in one calendar year by the service, previously achieved in 2011. In addition to these transplant numbers, 3 kidney transplants were performed in the National Health Service, UK (2 in Coventry and 1 in Belfast) under the Shared Kidney Scheme.

The National Kidney Transplant Programme commenced in Jervis Street Hospital in 1964 and relocated to Beaumont Hospital in 1987. In September 2017, the 5000th transplant was performed since the Kidney Transplant Service commenced. This extremely significant milestone therefore coincided with the 30th birthday of Beaumont Hospital.

Since 2003, the kidney transplant team from Beaumont has also performed paediatric kidney transplants in Temple Street hospital and to date we have performed 129 transplants there. In recent

years, we have worked to expand our living kidney donor rates in line with international trends and over the last 6 years we have evaluated 705 potential living kidney donors and performed 244 living donor kidney transplants.

In 2010, we performed the first Hand Assisted Laparoscopic Donor Nephrectomy in the country and since then have been able to offer all potential living donors the benefits of minimally invasive surgery to facilitate their recovery. In 2017, 51 living kidney donor transplants were performed in Beaumont. 2017 also saw the fruits of collaboration with our renal transplant colleagues in the UK in the paired kidney exchange programme and a further 3 patients were transplanted in the UK in this programme with a living donor that was evaluated in Beaumont.

Approximately 2483 patients currently enjoy the benefits of a functioning kidney transplant and a large proportion of those patients receive their aftercare follow up here in Beaumont. The transplant team are extremely proud of our outcome data as our patient and graft survival rates compare favourably with the biggest and highest ranked transplant programmes, internationally.

However, it is important to remember that every single one of the nearly five thousand transplants that we have performed has been initiated by an extra-ordinary gift of one human being reaching out to another. Whether that gift comes at a time of deepest loss and tragedy when an individual or family can see beyond their own loss and grief and agree for their loved one to be a deceased organ donor, or when an individual can overcome their own fear of ill health and undergo major surgery as a living kidney donor to hopefully restore health to another person. Every one of us working on the transplant team, wish to acknowledge the tremendous generosity of all kidney donors.

Developments

In recent times, the transplant team have faced a number of challenges - like many international transplant services, we have experienced difficulties in recruiting consultant transplant surgeons. Last year, we established an Inter-collegiate Fellowship Training Program accredited by the Royal College of Surgeons of England and our 3 Fellows completed their training by July 2017.

In the deceased donor programme, we performed a total of 141 kidney transplants. Kidneys were retrieved from 7 non-heart beating donors and 77 deceased donors that were certified as brain dead.

The pancreas transplant program moved to St Vincent's Hospital and became fully active since December 2016 with approximately 10 patients wait - listed for simultaneous kidney pancreas transplant

- the collaboration with St Vincent's University Hospital on this project opens up new opportunities for a close working relationship that will benefit both our transplant centres and therefore our patients. In 2017, 5 simultaneous kidney pancreas transplants were performed by combined teams from Beaumont Hospital and St Vincent's University Hospital.

We have recently put in place a quality management system for the transplant service and following an inspection in July 2015 by the HPRA, the transplant service at Beaumont was authorised by the regulator and deemed compliant with the recent legislation governing kidney transplantation, living kidney donation and deceased donor vessel banking. A further inspection in August 2016 was performed by the HPRA and the Kidney programme was deemed to be compliant with the legislation. Patient information booklets on the process of living kidney donation were produced by the transplant team.

Increased collaboration with transplant centres in the UK have afforded patients with high levels of anti- HLA antibodies to be transplanted in the Shared Kidney Exchange Programme through living donors evaluated in Beaumont. A total of 12 pairs were evaluated in 2017 and 3 successful transplants were performed through this programme

The use of minimally invasive laparoscopic techniques for donor nephrectomy and the increase in expertise by the transplant urology surgeons in these techniques meant that laparoscopic donor nephrectomy was offered to all potential living donors facilitating their post-operative recovery and reducing significantly the average length of in-hospital stay.



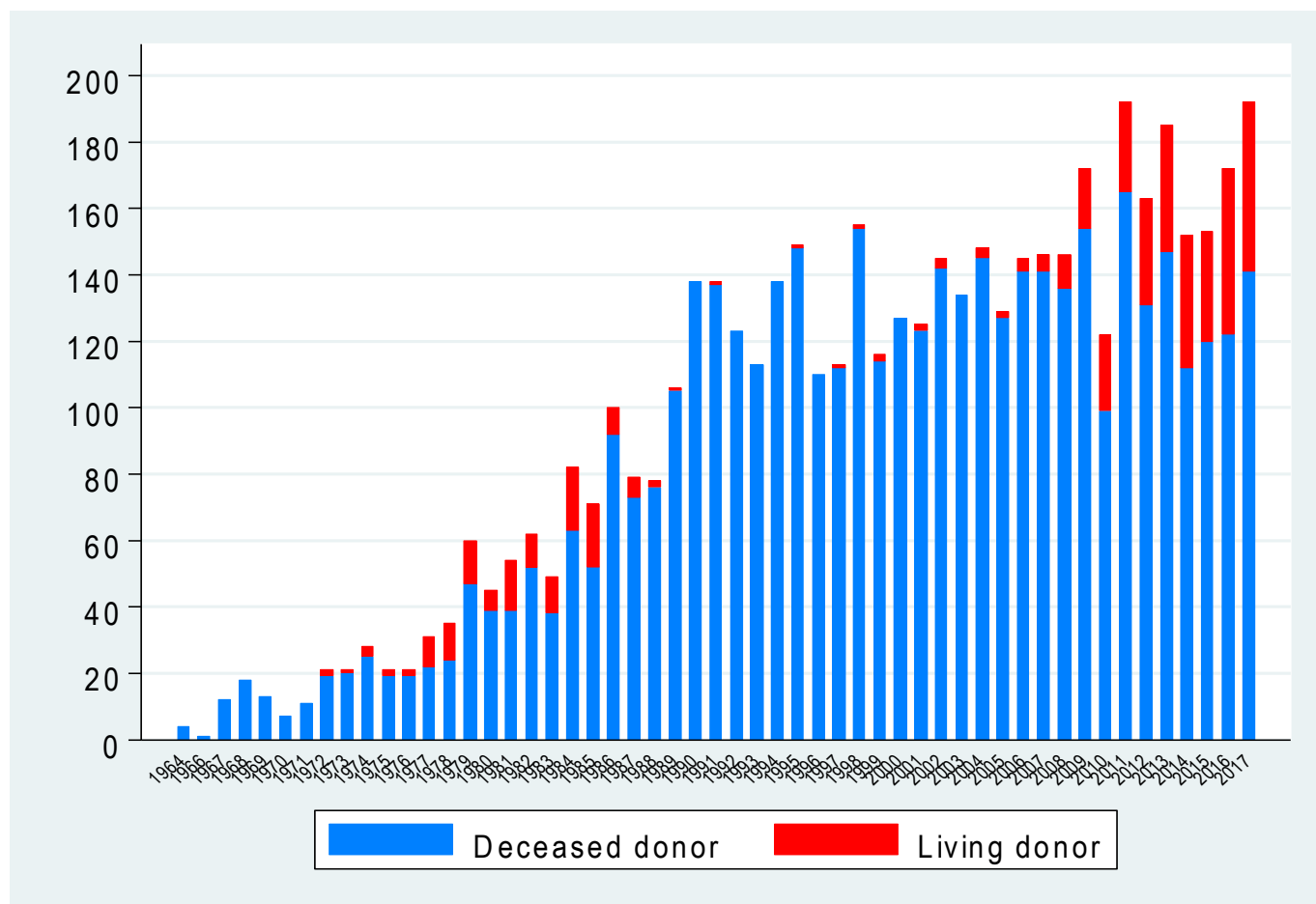
Ms Monica Cunningham was chosen by a patient that she had cared for over her many years in St Damien's ward at the annual Beaumont Foundation 'Honour your Heroes' day.

2017 Transplant Activity

A total of 248 new patients were evaluated for transplant in 2017 and 200 were activated on the transplant waiting list.

83 potential living donors were medically evaluated and a total of 156 interested potential donors underwent preliminary tissue typing.

Figure 155:



Number of deceased and living donor transplants per annum 1964 – 2017

| Category | Year 2012 | Year 2013 | Year 2014 | Year 2015 | Year 2016 | Year 2017 | Average for 6 years (rounded) |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-------------------------------|
| Total number of transplanted kidneys | 163 | 185 | 152 | 153 | 172 | 192 | 170 |
| Number of deceased-donor kidney transplants | 130 | 135 | 107 | 120 | 122 | 136 | 125 |
| Number of Living donor kidney transplants | 32 | 38 | 40 | 33 | 50 | 51 | 41 |
| Number of Simultaneous Pancreas/Kidney (SPK) | 1 | 12 | 5 | 0 | 0 | 5 | 4 |
| Number of Combined Kidney/ Liver or Heart | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| *Number of Living donor kidney paired program Transplants in UK | 3 | 1 | 5 | 8 | 7 | 3 | 5 |

Figure 156: Summary of transplant numbers 2012 – 2017

*not included in the total number of transplants

Summary of living donor transplants 2001 - 2017

In 2017, 51 direct living kidney donor transplants were performed in Beaumont Hospital. 252 people came forward for initial tissue typing and 107 underwent medical and or psychological assessment and or surgical assessment. All potential donors that were deemed suitable for surgery were discussed at a multi-disciplinary team meeting.

Twelve of the living donor recipients received completely matched kidneys. The majority (21) of the living kidney donors were siblings. There were 5 spousal transplants and the remainder were child to parent (5) or parent to child (n 13). Three friends donated their kidneys and there were 2 directed altruistic donors. One gentleman donated a kidney to his nephew. All but one donor underwent laparoscopic or hand assisted laparoscopic donor nephrectomy. The average length of stay in hospital for the donor was 4 days

Figure 157

| <i>Year transplanted</i> | <i>Number of LD recipients Beaumont</i> | <i>Number of LD recipients UK</i> | <i>LD recipients % of total for Beaumont transplants</i> | <i>Mean age of LD recipient (Std. Dev.)</i> |
|--------------------------|---|-----------------------------------|--|---|
| 2001 | 2 | 0 | 1.6 | 11.0 (7.8) |
| 2002 | 3 | 0 | 2.1 | 43.5 (14.8) |
| 2003 | 0 | 0 | 0.0 | - |
| 2004 | 3 | 0 | 2.0 | 20.8 (15.1) |
| 2005 | 2 | 0 | 1.6 | 2.7 (0.6) |
| 2006 | 4 | 0 | 2.8 | 20.8 (17.1) |
| 2007 | 5 | 1 | 3.5 | 34.1 (22.1) |
| 2008 | 10 | 0 | 6.8 | 32.6 (12.7) |
| 2009 | 18 | 3 | 10.5 | 38.9 (16.6) |
| 2010 | 23 | 0 | 19.2 | 39.6 (15.7) |
| 2011 | 27 | 1 | 14.1 | 37.6 (15.8) |
| 2012 | 32 | 3 | 19.6 | 39.6 (20.0) |
| 2013 | 38 | 1 | 20.5 | 41.3 (17.8) |
| 2014 | 40 | 5 | 28.7 | 35.7 (17.9) |
| 2015 | 33 | 8 | 26.3 | 40.6 (12.8) |
| 2016 | 50 | 7 | 33.1 | 38.9 (17.8) |
| 2017 | 51 | 2 | 26.6 | 38.3 (17.2) |

Living donor (LD) transplants 2001 – 2017

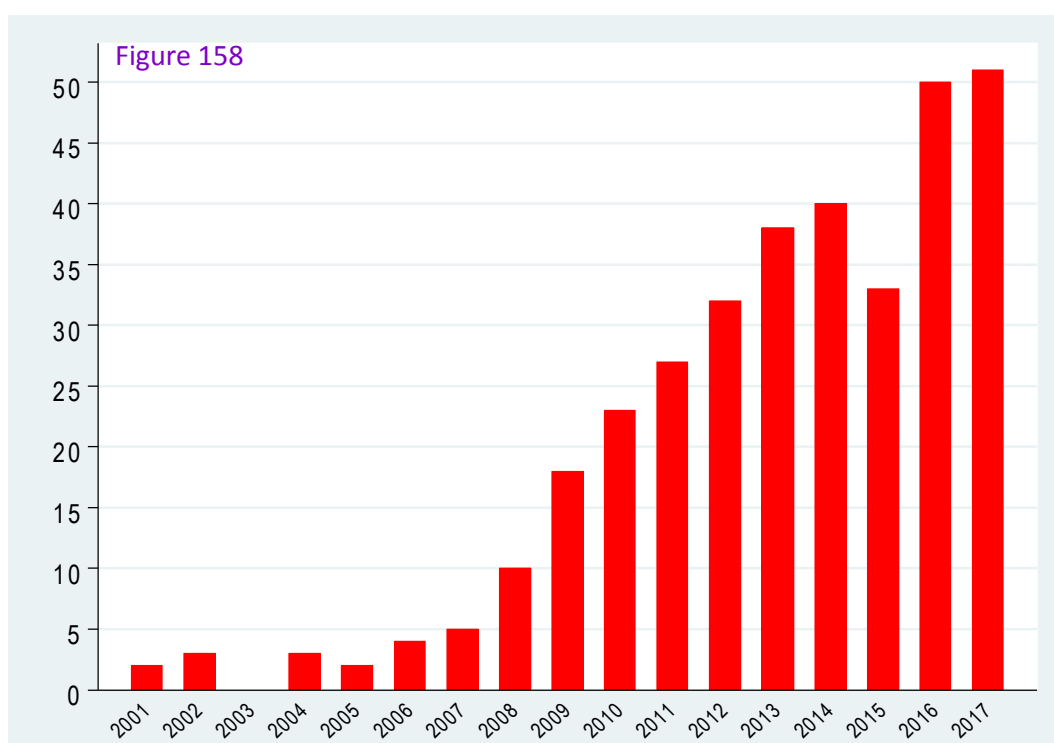


Figure 158: Number living donor transplants per annum 1964 – 2017



The 2016 Annual Report for Ireland’s National Kidney Transplant Service at Beaumont Hospital highlighted a greater than 10% increase in the overall transplant activity compared to 2015, primarily driven by a 50% increase in living donor kidney transplants. This substantial growth in activity confirms living kidney donation as an established option for patients living in the Republic of Ireland. Seven patients were transplanted in the UK via the paired kidney exchange programme with a living donor that was evaluated by the NKTS at Beaumont Hospital.

Regarding the transplant waiting list, there were 552 patients awaiting kidney transplantation at the end of 2016, which is a modest reduction, compared to the 568 people on the list at the same time the previous year.

As such, the active waiting list at the end of 2016 was approximately three times larger than the supply of donor kidneys. Although this ratio is improved compared with previous years, it represents a continuing challenge. The median waiting time to transplant in 2015 was 20 months, i.e., by 20 months after being wait-listed for a transplant, 50% of patients had received a transplant.

Waiting times for living donor transplants were significantly shorter than for deceased donor transplants, at 11 months and 24 months respectively. These figures show decreasing waiting times for living donor transplants but increasing times for deceased donor transplants, highlighting the importance of continued expansion of the living donor program.



Consistent with the NKTS 2015 data, transplant outcomes continue to be excellent. The overall median kidney transplant survival for deceased donors over the past 25 years is 13.7 years, with steady improvements in outcomes over time. The probability of one-year transplant survival for deceased donor kidney transplant recipients in the era 2011-2015 was 97% and patient survival at one year was 98%. The probability of one-year transplant survival for living donor transplant recipients was 94%, which was higher than that for deceased donor transplant recipients, and patient survival was 100%. Similar results were observed for paediatric recipients. For recipients of deceased donor transplants in 2010, the probability of five-year transplant survival improved from 83% to 87% compared to the prior 5 years. Five-year transplant survival for living donor transplant

recipients in 2010 was 89% and patient survival was 96%. These NKTS outcomes compare favourably to the Collaborative European Transplant Study at all time points post-transplant.

For further information of our Transplant outcomes please go to: <http://www.beaumont.ie/kidneycentre-annual4>

Every member of staff on the transplant team is fully committed to the best possible outcome for every single patient transplanted by our service. The patient and graft survival rates of the Dublin Programme bear testament to this commitment as our short, medium and longterm outcomes for patients undergoing their first time transplant compares favourably at every time point to European Transplant Centres participating in this Benchmarking Process.

Urology

The Urology Team at Beaumont Hospital continue to provide a regional urology service to patients for the RCSI Dublin North East Group. We are continuing to progress with our development of a 'Hub and Spoke' model with Connolly Hospital and St Joseph's Hospital Raheny. This will allow for the provision of complex, urology, uro-oncology and urological care of patients with a high level of clinical complexity in Beaumont Hospital while developing urological services within Connolly Hospital, Blanchardstown.

The Urology service has 9 Urology Consultants, 5 of whom are also transplant surgeons - Ms Dilly Little, Mr Gordon Smyth, Mr Ponnusamy Mohan, Mr Richard Power, Mr James Forde, Mr Ijaz Cheema, Mr Thomas Creagh, Mr Nicholas Hegarty.

In 2017, the Department of Urology welcomed the appointment of Ms Liza McLoren, Consultant Urological Surgeon to Connolly and Beaumont Hospital - who has contributed to the review of patients in the Rapid Access Prostate clinic and also has a speciality interest in endourology, stone disease and general urology. The appointment of this colleague will compliment the skill mix of the Department which provides the full range of Uro-oncology, Transplant related urology, Female Urology, Andrology, Stone and endourology, Laparoscopic and Open Urological techniques.

2017 Activity – Urology

The Urology Department in Beaumont and Connolly Hospitals receives approximately 250-300 and 80 - 100 new referrals, respectively per month.

Figure 159

| Urology | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| In patients | | | | | | | | |
| In Pt Bed Days | 8,111 | 8,639 | 8,644 | 8,533 | 8,711 | 7,932 | 7,675 | 8,026 |
| In Pt Discharges | 1,355 | 1,477 | 1,569 | 1,626 | 1,668 | 1,689 | 1,671 | 1,754 |
| | | | | | | | | |
| OPD attendances | 8,497 | 9,027 | 9,183 | 9,294 | 9,038 | 8,444 | 8,570 | 8,710 |
| Day Cases Total | 3,600 | 3,443 | 4,265 | 4,372 | 4,535 | 4,614 | 4,604 | 4,546 |

Rapid Access Prostate Clinic (RAPC)

Clinical Lead: Mr R Power, Consultant Urological Surgeon, Mr G Smyth, Consultant Urological Surgeon, Ms L McLoren, Consultant Urological Surgeon, Dr B O'Neill, Consultant Radiation Oncologist.

Apart from non-melanoma skin cancer, prostate cancer is the most commonly diagnosed cancer in men in Ireland. It accounts for 29% of all cancer diagnoses. Between 2005 and 2007, on average 2462 new cases were diagnosed each year, with an average number of 524 deaths each year during the same time period. It is expected that the total number of diagnoses will rise to 3500 in 2015, 4800 in 2025 and 6500 in 2035.

In 2017 there was

- 71 Rapid Access Prostate Clinics in Beaumont Jan to Dec 2017 with 313 new patients, reviewed.
- 92% of all patients referred were offered an appointment within 20 days (NCCP KPI)
- 321 TRUS biopsies were performed from Jan to Dec 2017. In addition 3 transperineal biopsies were performed.

- 195 new diagnoses of Prostate Cancer Jan to Dec 2017, 129 (66%) referred from Rapid Access Prostate Clinic either attending in or prior to 2017
- 50 Prostatectomy's in 2017 in Beaumont: 26 open radical prostatectomy and 24 Laparoscopic prostatectomy's. There were an additional 27 robot surgeries performed in Mater Private.

There are a number of Key Performance Indicators reported to NCCP. These are monitored and reported on by the Cancer Data Department.

Uro-oncology

The urology department had another busy year in 2017 providing a comprehensive uro-oncology service. 34 patients underwent radical nephrectomy. In line with international trends 23 patients had their surgery delivered by Laparoscopic techniques. 7 patients had a partial nephrectomy

17 Patients with invasive bladder cancer were treated in the Department by Radical Cystectomy in 2017. The department also resected 83 Bladder tumours cystoscopically and at the end of 2017 providing surveillance for approx 400 patients with superficial bladder cancers.

New Patients with testicular cancer were diagnosed and treated in the department and referred for surveillance or medical oncology treatment. Eight patients underwent salvage retroperitoneal node dissection, post chemotherapy.

In line with best practice guidelines, all newly diagnosed uro-oncology cases are discussed at a multi-disciplinary team conference.

Andrology Clinics

Clinical Lead: Mr P Mohan

The Andrology service provides surgical treatment for Erectile Dysfunction (including patients post pelvic oncology surgery or radiation) and offers the range or treatment up to and including penile implant surgery. This clinic also provides urological investigation for male infertility and vasectomy reversal surgery. Mr Mohan also offers advanced male incontinence surgery including placement of combined artificial urinary sphincter surgery in patients with combined erectile dysfunction and incontinence.

Urodynamics

The Urodynamic Department at Beaumont Hospital provides urodynamic testing, Uroflow/Bladder scans, urodynamics cover for Urology clinics 5 days per week, Manometry on a weekly basis and a Continence Promotion Clinic. Catheter management for out-patients in the community and patient education regarding self intermittent catheterisation also contributed to the increasing activity in the urodynamic department.

Figure 160: 2017 Urodynamic Activity

| Activity | Presentations |
|-------------------|---------------|
| Cystometry | 337 |
| Uroflows /Scans | 1141 |
| Rectal manometry | 184 |
| Continence Clinic | 827 |
| Total | 2489 |

Members of the Urodynamic nursing staff have created an excellent video on Urinary Catheter home care, which is available online on page (<http://www.beaumont.ie/kidneycentre-aboutus-urology-urinarycatheter>) which has started to be used as patient education resource.

Renal Stones.

With the new appointment of a subspecialist in surgical management of stones and our proposal to develop a 'hub and spoke model', we are in the early

phases of moving elective stone surgery to Connolly Hospital, thereby alleviating pressure on Beaumont. The operating theatre in Connolly is now fully equipped to deal with complex stone cases as day or overnight surgery and is already taking many referrals out of Beaumont. Higher risk procedures such as Percutaneous Nephrolithotomy are performed in Beaumont Hospital which has all interventional radiology support.

In 2018 we hope to move the mobile lithotripter (which treats kidney stones non-invasively) out from Beaumont to Connolly also. Patients are not only treated surgically in this unit, but also assessed medically and stone prevention initiated (dietary/pharmacologically) playing an important role in the long term management and prevention - which has important cost saving implications. All together this will establish Connolly as the primary stone treatment centre in the RCSI Hospital Group: one that manages stones surgically (invasive, non-invasive) and medically to prevent further acute episodes of kidney stones.

Nephrology Service

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

The medical staff includes 5 WTE nephrologists/transplant physicians: Prof Peter Conlon, Dr Colm Magee, Dr Mark Denton, Prof Declan de Freitas, and Prof Conall O'Seaghda. In addition, Dr Mark Little is appointed on a shared appointment between AMNCH and Beaumont hospitals. There are 4 nephrology registrars and 4 Nephrology Specialist Registrars, including the Transplant Fellow. The complement of junior doctors includes three senior house officers and four interns, undergoing a pre-registration year. Every year, we have 9 SHOs and 12 interns rotating through our department.

The Renal Unit at Beaumont offers a full range of therapies for renal failure including; Haemodialysis, Home therapies including Peritoneal dialysis and Home Haemodialysis, Plasma Exchange Therapy and Renal Transplantation.



Conall O Seaghdha, Clinical Director, speaking at official opening of Dialysis Therapies Centre (DTC)



Past members of staff attending official opening of DTC June 2017

2017 Developments

In Q1 2017 the opening of the newly commissioned 34 station out-patients haemodialysis unit in the Beaumont Hospital Dialysis Therapies Centre (DTC) on the first floor of the Aislinn Centre took place.

This also included the transfer of both the existing 20 station St Martin’s Out-patient Haemodialysis unit together with both Home Therapies Transfer and also the staff who also worked adjacent to St Martin’s such as three Consultant Nephrologists and their Secretaries and also TUN support nursing staff such as Patient Care Coordinators, Renal Technicians, Renal IT nurse. The first dialysis treatments commenced on Wednesday 15th February 2018.

Haemodialysis Service

The Haemodialysis Department provides a service for both acute and maintenance haemodialysis patients within Beaumont Hospital including in-patient, out-patient and the critical care areas. A support service is also provided for our haemodialysis patients dialysing within contracted dialysis units at Northern Cross , Drogheda and Sandyford. The department also provides a Plasmapheresis service to the nephrology, transplant, neurology, haematology specialties within the Beaumont Hospital campus and also as a support for other regions within Ireland as the need arises. In 2017 the total number of haemodialysis treatments carried out in all areas was 24,780, a decrease of 1148 treatments on the previous year of 2016.

Acute Haemodialysis Unit -: This unit is based on the fourth floor within the in-patient facility and also includes 3 isolation stations i.e. one single bedroom and a twin bay unit. This unit manages the new dialysis patients, acutely ill patients, in-patient dialysis patients and both in-patient and out-patient isolation dialysis patients.

Regular Haemodialysis unit - This unit is accessed via the new link corridor at Beaumont hospital main entrance and it manages all the out-patient haemodialysis patients. The nursing team in this area also provides an intermittent haemodialysis service to the three Critical Care Areas within the hospital. Both units also provide support to the Plasmapheresis service within the hospital.

Figure 161: Total Haemodialysis Treatments at Beaumont Hospital

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Total | 31248 | 31182 | 31002 | 29573 | 31000 | 29181 | 28522 | 28859 | 27157 | 25928 | 24780 |

Haemodialysis Patient numbers

At the end of the year there were 154 out patients in both St Martin's and St Peter's wards. The number of acutely ill patients can vary between 2-8 in-patients per week requiring dialysis in addition the above number being dialysed in St Peter's ward. The patients attending are mainly from the Dublin north city and county and also the greater North East region that includes counties Louth, Meath and Monaghan. There are also a number of patients from outside the Beaumont catchment areas. The age profile and co-morbidities of the patients attending have also continued to increase over recent years.

During Q4 Online Haemodiafiltration (OL HDF) was introduced within the out-patient dialysis unit. Haemodiafiltration is currently the most efficient

renal replacement therapy available that enhances removal of larger middle molecules by combining both diffusive and convective principles compared to the standard haemodialysis therapy where small molecules are removed by diffusion only. Roll out and staff training took place from Monday 13th November and was phased in during a period of 1.5 weeks. The nursing staff also conducted a "wellness audit" at the start of the transition to assess the patient's baseline sleep patterns, level of fatigue, appetite, mood, energy levels, social functioning and erythropoietin dosage. The patients will be re-audited at 6 months and 12 month intervals to assess overall effects of Haemodiafiltration on both their health and well being. There is also a plan to extend this rollout for newly established chronic dialysis patients attending St Peter's dialysis unit in Q1 in 2018.



Minister Finian McGrath greeting staff and patients during official opening of Dialysis Therapies Centre

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 63 Beaumont patients attending the unit at Drogheda. There were 46 patients attending the unit at Northern Cross.

Nephrology Activity

2017 has been a very busy year of renal activity in the Department of Nephrology at Beaumont Hospital. (Figure 162)

Figure 162

| Nephrology | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| In Patients | | | | | | | | |
| In Pt Bed Days | 12,185 | 11,814 | 10,613 | 10,505 | 11,525 | 11,442 | 11,633 | 12,271 |
| In Pt Discharges | 1,413 | 1,427 | 1,223 | 1,194 | 1,250 | 1,353 | 1,426 | 1,379 |
| | | | | | | | | |
| OPD attendances | 6,961 | 7,759 | 8,877 | 9,729 | 9,187 | 9,319 | 9,166 | 9,275 |
| Day Cases | 602 | 685 | 791 | 944 | 913 | 1,053 | 1,013 | 892 |

Home Therapies

The Home therapies department continued to thrive throughout 2017 this incorporates Peritoneal Dialysis (PD) and Home haemodialysis (HHD). The home therapies department now forms part of the wider dialysis team based in the Dialysis Therapies Centre since the opening in February 2017.

Peritoneal dialysis had 32 Tenckhoff insertions performed as a day case under local anaesthetic, a 15% increase compared to 2016. The conversion of this procedure to day case and from general anaesthetic to local anaesthetic has resulted in fewer patient bed days and has significantly reduced waiting time for patients.

2017 Developments

The Home therapies department initiated a conversion to newer machine technology in 2017, allowing remote monitoring of our patients treatments from their homes, which is a huge benefit for both staff and patients.

In November 2017, a national Home haemodialysis tender was completed. This has resulted in the introduction of new, more user friendly, Home haemodialysis machines for patients opting for this modality of treatment.

In November Beaumont Home Therapies Unit hosted the National Home therapies meeting here in Beaumont Hospital which brings all nephrology units providing both modalities of home therapies (PD and HHD) together to discuss and to streamline processes nationally. This was a great success.

The international peritoneal dialysis conference EuroPD was held in the Convention Centre in Dublin in October. This meeting brings together worldwide PD expertise and advancements to innovate and drive the development of the therapy. During the conference the Home therapies department in Beaumont had a visit from two Hong Kong delegates visiting Dublin for the EuroPD. They were very impressed with our new dialysis unit and how we manage our patients remotely across the country.



Minister Finian McGrath meeting a Home Haemodialysis patient and nursing staff during official opening of new unit in June 2017.

Living Donor Assessment Clinics

In 2017, the rapid access living donor assessment clinic has continued to expand, with 1-3 potential living kidney donors seen per week on average. This is an in-depth multidisciplinary medical assessment incorporating clinical review by transplant nephrology, radiology, laboratory testing and direct GFR measurement, all completed on the same day. The patient's assessment pathway is managed on the day by the transplant co-ordinator. Potential kidney donors are discussed and selected to proceed to assessment at the living donor consensus meeting, and a final decision regarding approval is made at living donor multidisciplinary meeting, attended by transplant surgeons and Nephrologists, transplant Coordinators, Psychiatry and Psychology, Radiology, Social work, H+I and anaesthetics. The clinic has been very successful in reducing the waiting list for donor assessment.

Transplant Transition Clinic

This initiative began in Jan 2014 as a national project to support young adults moving from the paediatric transplant or dialysis service to the adult service, with good evidence that this environment supports better medication adherence as well as improved short and long term kidney transplant function and survival. The clinic occurs across two sites with the initial transition clinic visits occurring in Temple Street, where young adults are jointly reviewed by an adult nephrologist and a Paediatric Nephrologist, followed

by transfer over to Beaumont Hospital where they are reviewed by a multi-disciplinary team comprising of a Nephrologist (Prof de Freitas), a specialist nurse (Sr Angela Bagnall) and a Psychologist (Dr Diane Gillan). This transition clinic occurs in a quiet clinical area away from the normal out-patient environment, with a single dedicated consultant to manage these young adults in their first year in the adult hospital system. Typically, patients are reviewed medically on a three monthly basis unless otherwise indicated, with regular psychology and specialist nursing input during the intervening periods. In 2017, 3 transition joint clinics occurred in Temple Street and 100 took place in Beaumont Hospital. So far, 37 patients have transitioned through this programme, with 10 new patients transitioning across in 2017.

Plasmapheresis Service

This service is carried out mainly in St Peter's dialysis unit or at the bedside in the critical care units. It is supported by a small number of trained nurses from both St Peter's and St Martin's units. A total of 13 new patients were treated in 2017 across 3 different specialties with 155 treatments carried out in total.

Figure 163

| Total New Patients | Neuro Patients | Renal Patients | Haematology Patients | Total Treatments |
|--------------------|----------------|----------------|----------------------|------------------|
| 13 | 31 | 8 | 3 | 155 |

Renal Day Care

As well as day case procedures and outpatient reviews the Renal day ward facilitates the early transplant clinic, the vascular access clinic and the living related assessment clinic run by the Transplant co-ordinators.

Nursing staff work closely with their medical colleagues in continuing to improve the quality and efficiency of care for patients post transplant.

Activity in Renal Day care in 2017 continued to grow with,

- 2,024 patients attended renal day care for bloods and review including patients attending the early transplant clinic
- 158 patients attended the vascular Access Clinic
- 161 patients were emergency admissions from home.
- 116 patients were unscheduled attendances.
- 390 IV infusions including iron, cyclophosphamide, rituximab, magnesium and methylprednisolone.
- 57 Vascular Access procedures,
- 85 renal biopsies
- 28 Tenckhoff catheters for peritoneal dialysis were inserted or removed.
- 298 additional day cases which include permcath insertion /removal, fistulograms , CT venograms and dressings.

Renal Information Technology

In February 2017, Dialysis services were relocated to the new dialysis therapies centre. As part of the relocation, a Haemodialysis machine interface - Therapy Monitor (TDMS) was also introduced to capture HD treatments done in DTC.

Satellite Renal Out-Patient Clinics

In an effort to deliver care locally, Beaumont Consultant Nephrologists deliver out-patient clinics and see consults in the Rotunda, Temple Street, Drogheda and Connolly Hospital, Blanchardstown. The Rotunda Clinic, run by Dr Colm Magee and Dr Conall O'Seaghda, continues to grow.

The clinic in Our Lady of Lourdes Hospital Drogheda is a new venture started in June 2013, under Dr Declan deFreitas, delivering weekly clinics for local patients and allowing the repatriation of patients from Beaumont to their local hospital. Dr Mark Denton continues to run a satellite out-patient clinic in Blanchardstown to deliver local care.

Figure 164

| Clinic location | 2017 Activity |
|---------------------|---------------|
| Connolly Hospital | 721 |
| Our Lady of Lourdes | 553 |
| Rotunda Hospital | 839 |

Satellite Hospital Consult Ward Rounds

The additional satellite out-patient activity has allowed us to undertake in-patient ward rounds at Connolly, Rotunda and Our Lady of Lourdes Hospitals. These are new and growing services, again aimed at improving renal care delivered locally, reducing the incidence of acute kidney injury (up to 50% in-hospital mortality) and either preventing the need for transfer to Beaumont or facilitating that transfer.

Education

The renal nurse education co-ordinator facilitates the delivery of a number of Post Graduate programmes in collaboration with RCSI and is also engaged in the delivery of education sessions to other post graduate and undergraduate programmes and patient groups. A wide variety of teaching strategies are utilised to ensure delivery and content is of the highest standard, with flexible options offered to accommodate the varying needs of potential students

Programmes offered include:

The academic year of 2017 was another busy one. The programmes facilitated by the TUN Coordinator are as follows:

Post Graduate Diploma in Nursing

Post Graduate Diploma in Renal Nursing

Post Graduate Diploma in Urology Nursing

7 students completed the Post Graduate programmes

8 students completed the RRT Stand Alone Module

9 students completed the Urology Stand Alone Module

Students from a number of external sites accessed the programme from Beacon Renal Services, Fresenius Renal Services, Cavan General, Naas Hospital, Loughlinstown, Sligo General Hospital, Galway Clinic, Community services.

All Urology Nursing, Renal Replacement Therapy, Renal Transplant Nursing modules are available as standalone options. Students on these programmes produce quality initiative's that help improve the quality of care being delivered to our patients. Students get the opportunity to present these initiatives to the wider organisation at the annual Nursing Practice Initiative symposium. A number

of nurses have also undertaken further studies in nursing management and leadership and staff are encouraged to attend the wide variety of in house education sessions available throughout the year.

Other activities include directorate support to include ward teaching, clinical support and participation in various groups such as Quality & Safety, Symposium Planning committee, Wellness Planning and Metrics auditing.

Transplant Urology and Nephrology Conference, 2017

The Beaumont Hospital 6th annual transplant, nephrology and urology conference was held in the Hilton Hotel Dublin Airport on Friday 24th November.

This multidisciplinary conference grows in strength year on year. The conference is aimed at all nephrology nurses, health professionals, medical scientists and NCHD's providing education and updates on a wide variety of topics.

The theme of this year's conference was the Next Generation in Renal Care. The goal was to demonstrate and share how renal care is growing and developing the future of this service. It showed how all disciplines have a role to play in the care and treatment of nephrology patients currently and how roles will develop and adapt for the future needs. We were delighted to welcome speakers from Beaumont and further afield.

Beaumont Hospital
6th Annual Transplant & Nephrology Conference
24TH NOVEMBER 2017

Venue: The Hilton Dublin Airport Hotel (Northern Cross)

The Next Generation of Renal care

08:00-09:00: Registration
09:00-09:10: Welcome & Opening
09:10-09:30: Elimination of Larger Middle Molecules with HDx-Dr Markku Asola, Renal Medicine.
09:30-09:50: Home Hemodialysis- Dr Claire Kennedy, Nephrology Registrar, Beaumont Hospital
09:50-10:10: Next Generation Medicine: Genetics of Kidney disease -Prof Peter Conlon, Consultant Nephrologist, Beaumont Hospital.
10:10-10:45: Coffee & Viewing of Posters and Medical Information Stands
10:45-11:30: Caring for challenging patients on Dialysis - Dr Siobhan McHal, Consultant Psychiatrist, Beaumont Hospital
11:30-11:50: Conservative Management of Chronic Renal Failure - Ms Susan McKenna, Renal CNS, Cavan General Hospital
11:50-12:20: A Novel Approach to Detecting Acute Kidney Injury- Ms Emma O'Hart, Transplant Co-ordinator, Beaumont Hospital
12:20-12:45: Skin Cancer in Renal Transplant Patients-Dr Siona Ni Raghallaigh, Consultant Dermatologist, Beaumont Hospital
12:45-14:00: LUNCH - (viewing of stands and posters)
14:00-14:30: Tissue Typing: The Future - Ms Catherine Taylor, Senior Medical Scientist, NHISSOT.
14:30-14:45: The Next Step: Post Transplant Medications Ms Bronwyn Cummings, Senior Pharmacist, Beaumont Hospital
14:45-15:00: Improving Medication Self Care in Transplant patients - Ms Somy Alex, CNS Transplant, Beaumont Hospital
15:00-15:30: Transplant Surgery - TBC
15:30-15:50: A Patient Story: Live Donor-The Next Generation - Ms Mary Byrne
15:50-16:00: Evaluation, Close and Raffle

Early Bird Price €35 if registered before 31/10/17
Normal Price €40 after 31/10/17

Visit us : www.beaumont.ie/kidneycentre

Email: tunconference@beaumont.ie

 **RCSI HOSPITALS**
OSPIDEIL RCSI



Emergency Medicine Directorate



Ms Patricia Houlihan
Clinical Director

Ms Fiona Hillary
ADON Patient Flow/ED

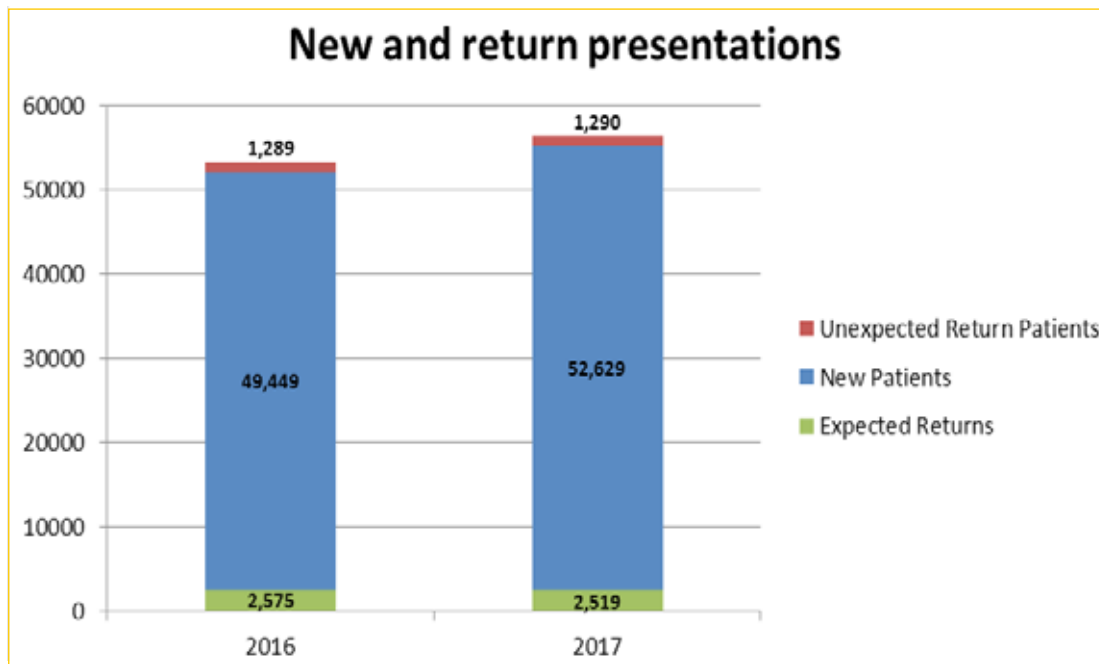
Ms Lorraine Hoey,
Emergency Department Administration Manager

2017 has been a landmark year in the continuing development of the Emergency Medicine Department in Beaumont Hospital. Strategic and operational development culminated in September 2017 with the development of the Emergency Department Directorate as an independent entity. Ms. Patricia Houlihan was appointed the Clinical Director in September 2017. The evolution of the Emergency Department Directorate is a welcome development for the continued efforts to provide excellent clinical care in an appropriate emergency environment while supporting staff development and training. Our immediate organisational aim is to appoint a Business Manager to the directorate and to realign Nursing and Administrative resources in line with the other Clinical Directorates.

Activity

2017 has been a challenging year for all the staff in the Emergency Department with 6.4% cumulative increase in new patient attendances. The acuity of the clinical demand is reflected in the 14% increase in patients presenting with potentially life threatening illness. We have seen an 8% increase in the moderately unwell category and a small decrease in the patients of a lesser acuity. There are consistent intrahospital efforts to reduce overcrowding and very significant improvements have been seen in this area. Challenges continue to admit patients to inpatient wards in a timely fashion and continued efforts are required to further improve this element of hospital care.

Figure 165: ED presentations



- 6.4% cumulative increase in new patients (n=3,180) 2016 v 2017
- 0.1% cumulative increase in unexpected return presentations (n=1) 2016 v 2017
- 2.2% cumulative decrease in expected returns (n=56) 2016 v 2017

Figure 166: New presentations by triage category

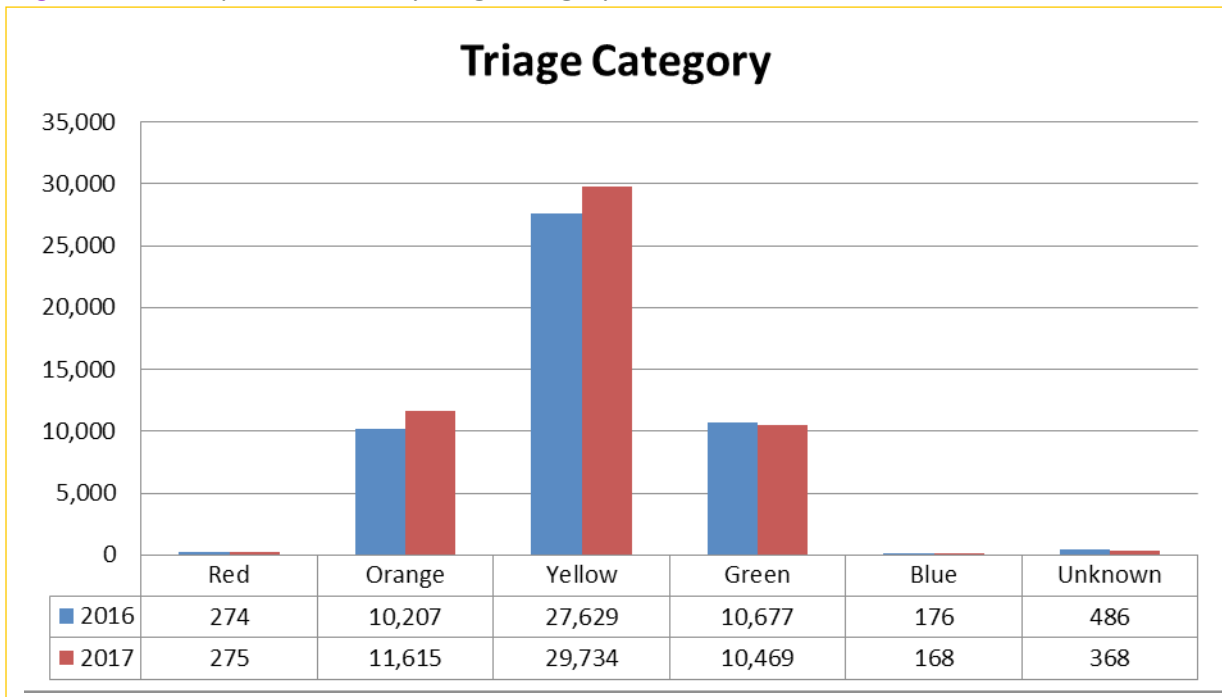
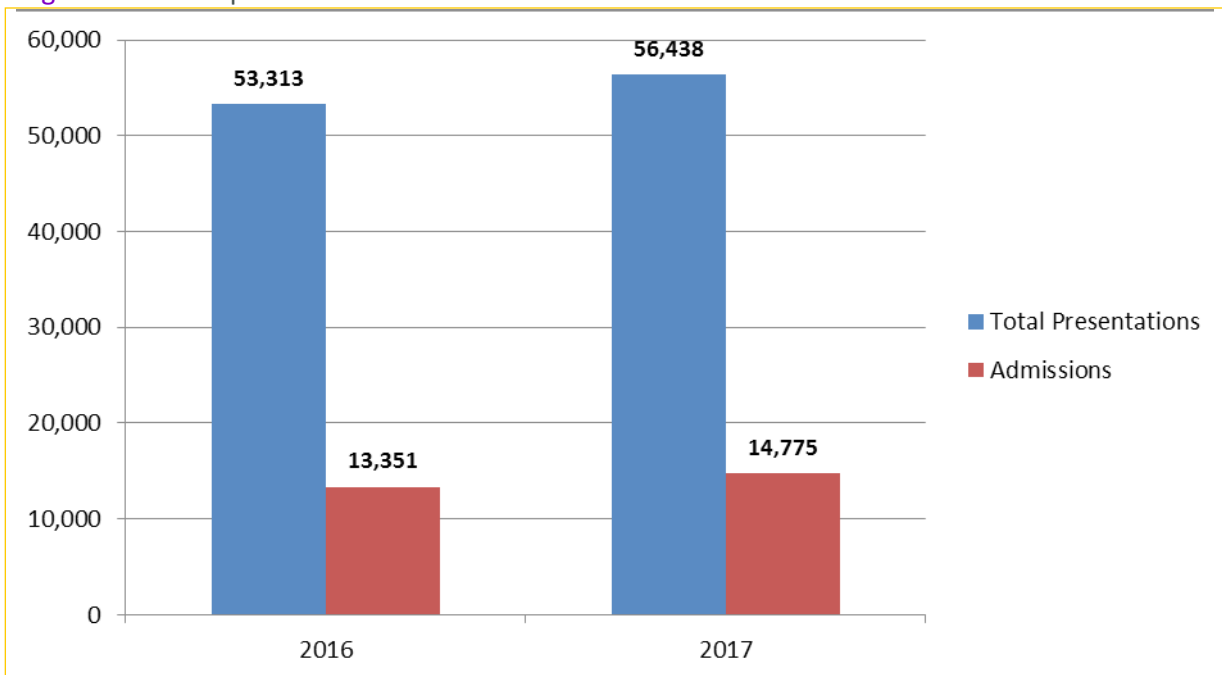


Figure 167: Total presentations and admissions



The department welcomed the arrival of Dr Michael Quirke as a Locum part-time Consultant in the Emergency Department. Dr Quirke has a specialist interest in Undergraduate and Post Graduate education, Critical Care, Simulation Training and Emergency ultrasound. The hospital continues to attract Specialist Registrars in Emergency Medicine and trainees from the National Training Scheme. We work closely with Medical Administration to recruit high calibre Medical staff at all levels of expertise. Our system of Consultant mentoring and Consultant delivered Registrar and SHO teaching are highlighted

as particular strengths of this department during trainee assessment. Individuals from the department have presented at international, national and local conferences and audit and research is active. The Consultant staff is ably supported by Dr Attracta Heffernan and Mr Sherif Kelada whose clinical and administrative input into the department is exemplary. Our Medical team is further supplemented by two General Practitioners on a sessional basis. Dr Mary Burke and Dr Sarah Murphy have excelled in these roles.

Nursing

The Emergency Department currently has 77 Nursing staff and 10 Health Care Assistants as an integral part of the team. 2017 welcomed the recruitment of 11 new Staff Nurses to the department. Ms Fiona Hillary is our current Assistant Director of Nursing and she works closely with our two CNM III's and 15 CNM II's. 2017 saw the retirement of Mr Michael Walsh who has championed the development of the Major Incident Plan for the entire hospital. Michael's clinical skills will be sorely missed but he will continue to advise on improvements in Major Incident Planning and continued staff education. Six Staff Nurses completed their higher diploma in Emergency Department and five further Nurses completed their masters in Nursing. The department has commenced a formal foundation course for new and junior staff members. Eight Nurses received this training in 2017. Mandatory staff training continues on a wide range of conditions of patient development. The department continues to facilitate the mentoring of EMT trainees from the Dublin Fire Brigade and National Ambulance Service.

Advanced Nurse Practitioners

In 2017 three candidate Advanced Nurse Practitioners became registered ANP's and we successfully appointed 1 further candidate ANP. This team of ANP's treated 3389 patients in 2017. 93% of these patients were seen within the national target time of 6 hours. The acuity of the ANP patient caseload continues to increase. Continuous competency development and skills training form part of the Professional Development activities of the ANP's. Two ANP's successfully presented a poster presentation at the 36th Annual Conference at the RCSI. One of the team received a fellowship from the Faculty of Nursing and Midwifery in the RCSI. The ANP's were responsible for advising and implementing a new Deep Vein Thrombosis pathway. Continuing auditing and research is planned for 2018. There is further collaboration with the Medical staff for a new Cellulitis protocol. Further work is envisaged in developing a protocol for post exposure prophylaxis. The team continues to support Basic Life Support and Advanced Cardiac Life Support education in the hospital.

Minor Assessment and Treatment Unit

This unit saw a parallel increase in patient attendances with 7,559 patients being assessed in 2017. Acuity levels increased in critically unwell patients and patients with moderate illness. PET times for these patients continue to reach national targets. The

ANP's continue to facilitate undergraduate and postgraduate Medical and Nursing education. The ANP's have continued to teach in RCSI and DCU. Further presentations are to occur in 2018.

Ambulatory care

Further developments occurred in Ambulatory care in the Emergency Department in 2017. Gemma Crinion leads this service which expedites the patient's journey in the Emergency Department. Ms Crinion works closely with her colleagues in the Department of Radiology and Admissions. Gemma's work was recently acknowledged at the Beaumont Hospital Anniversary Clinical Excellence Awards.

FIT Team

The FIT Team continues to be a benchmark in care in the acute assessment of the frail elderly patient in the Emergency environment. The success of this initiative is evident in admission avoidance, reduced length of stay and high levels of patient satisfaction. The Team was recognised with a recent National Health Award.

Microsystems

A multi-disciplinary ED Team established a Microsystems team to share and spread quality improvements for patients and staff in ED. Following Microsystems training an improvement initiative of a lockable wheelchair docking station was developed. This initiative was recognised by the HSE and won an award at the National Patient Safety Conference. The work was presented in Dublin Castle by Mr Tyrone Lowndes and Mr Aidan Kelly. The group is currently working on further projects aimed at improving patient communication.

The Future

2018 will prove to be another challenging year for the Directorate with a further increase in presentations particularly in the older frail patients. We continue to strive to provide excellent care in a suitable environment that supports patients and staff. We have great confidence in the dedication, hard work and enthusiasm of all the Staff in the Directorate. The team structure is crucial to the success of the Directorate. We acknowledge our close working relationships with the Senior Management Team and all our colleagues in the Directorates.

We look forward to the initial planning stages of the new Emergency Department and to the development of a Trauma Centre at Beaumont.





Clinical Services & Business Planning



Fiona Keogan
*Head of Clinical Services
& Business Planning*

Fiona Keogan, Head of Clinical Services & Business Planning left Beaumont Hospital on 27th October to take up a new post with the Ireland East Hospital Group as the Service Improvement Lead.

Amend IT referral system in order to assist in triaging of referrals and ensure all referrals contain adequate and appropriate clinical information.
Education of all staff on critical areas such as refeeding syndrome and malnutrition awareness



Department of Nutrition & Dietetics

Dietitian Manager in Charge III
– Paula O'Connor

Activity Level:

Service referral rates and clinical activity remained very high in 2017 with 24036 direct patient interventions recorded. The Department experienced an increase in new patients being assessed (over the past 5 years we have seen a 29.6% increase in new patient contacts in our service). We continued to deliver structured education programmes for patients with Diabetes (DAFNE & DESMOND programmes) and group session education for patients attending the Cardiac Rehabilitation Programme. Our General OPD service was reduced throughout 2017 due to a reduction in staffing levels.

Introduction:

The Department of Nutrition & Dietetics is dedicated to providing the highest possible standard of care to all patients referred to our service. We provide a dietetic service across our three sites: Beaumont Hospital, St. Joseph's Rehabilitation Unit and the Raheny Community Nursing Unit.

Multidisciplinary Nutrition Related Developments & Innovations:

Roll out of Nutrition Care Programme across Beaumont Hospital

Following on from the 'Nourish' project success in 2015, the Departments of Dietetics & Nursing are working together to improve nutritional care across the hospital. Paula O'Connor is the lead dietitian involved in the introduction of a Nutrition Care Programme onto all wards using quality improvement methodologies. This programme involves:

- Introduction of Nutritional Screening (MUST) on all wards
- Use of Red Mats to highlight patients that require meal time assistance or food intake monitoring
- Identifying equipment needs for all wards and addressing any gaps
- Roll out of white boards as a communication tool between catering, nursing, dietetics and SLT for

Staffing

The Dietetics Department has a complement of 25.25 WTE staff with a high level of skill mix including In Charge III Dietitian, Clinical Specialist Dietitian, Senior Dietitians and Entry Level Dietitians. The Department carried significant vacancies during 2017 (averaging 19.6% in the last 6 months of 2017). This has had a significant impact on the provision of a prompt and comprehensive service for patients referred to our service.

Key Learnings:

Implementation of MUST (Malnutrition Universal Screening Tool) hospital wide to ensure timely identification of patients who are malnourished or at risk of malnutrition

Extend IT referral privileges to other members of the MDT eg. CNS, Nursing staff, HSCP, to eliminate delay in appropriate patients being referred to the dietetic service

patient dietary requirements – thereby ensure the right patient gets the right meal

- Auditing of compliance with nutritional screening
- Foster an ethos of protecting mealtimes

All wards across the hospital received training on Nutritional Screening and Nutrition care throughout 2017 and by the end of 2017 most wards were actively participating in nutritional screening.

National Point Prevalence Survey of Hospital Acquired Infections

The Department of Nutrition & Dietetics was invited to contribute to the hospital’s audit as part of the National Point Prevalence Survey of Hospital Acquired Infections in May 2017. The aim of our involvement was to determine if there is a correlation between a patient’s MUST score and HAI.

As part of this survey we carried out an audit of MUST on eight wards in the hospital (2 surgical & 6 medical). MUST forms for each patient were assessed to determine compliance with the MUST Screening process and accuracy of the score. Where a MUST score was absent or incorrect the dietitians calculated a score.

Findings of the audit are:

Figure 168

| Total Number of Patients | 235 |
|---|---------------|
| Compliance with MUST Screening | 74.5% |
| Accuracy of MUST Score | 80.6% |
| Patients at risk of malnutrition | 37.45% |
| <i>% of those patients at high risk</i> | 59.1% |

This is much higher than our last hospital wide audit in 2011 which showed 28.2% of patients at risk of malnutrition.

Irish Healthcare Centre Awards

We were part of the Hardwicke Ward MDT that was a finalist at the Irish Healthcare Centre Awards in March 2017. They were acknowledged for the work undertaken by the MDT to enable the ward to successfully transition from a Surgical Speciality to a Specialist Geriatric Ward.

Specific Departmental Developments & Innovations:

PEG Replacement Training Course:

In 2017 the Department of Nutrition & Dietetics held two ‘Re-Insertion of Replacement Gastrostomy Tubes’ study day. A total of 40 community and hospital based nurses and dietitians attended the study days that were held in May and October. In addition to

this course, the Department ran a PEG Management Study Day in May 2017. This course was developed to meet the educational needs of nursing staff who manage patients with enteral feeding tubes in the hospital and in the community.

New Patient Education Sessions in Oncology:

In 2017 the Oncology Dietitians developed and designed a weekly patient education session on the dietary management of chemotherapy side effects that have an impact on oral intake. These are run in conjunction with the Irish Cancer Society and are made available to all patients with a new cancer diagnosis and their families.

Clinical Trial Involvement:

Bernice Moore and Oonagh Smith (Senior Dietitians in Nephrology) were actively involved in a national clinical trial looking at the dietary intake and absorption of phosphorus in patients on haemodialysis. Results from this study are expected in early 2018.

Hospital Menu Analysis:

In 2017 the Department undertook a project with the Catering Department which looked at the nutritional profile of our standard patient meals. Following on from this project a cross department working group has been established to ensure national standards with respect to nutritional profile are met for all our standard and therapeutic diet menus.

Nutrition & Hydration Awareness Day 2017:

As part of the RCSI Hospital Group the Department held a Nutrition & Hydration Awareness Day on April 6th in the hospital.

Involvement in Organisational & National Groups:

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

- Membership of Beaumont Hospital’s Nutrition Steering Committee
- Membership of Beaumont Hospital’s Nutrition Services Working Group
- Active participation in the Beaumont Hospital’s Parenteral Nutrition Committee
- Active involvement in the work of the Irish Nutrition & Dietetic Institute (INDI) including membership of the INDI Education Steering Committee and active roles in the various special interest groups of the INDI

- Membership of the Irish Society for Parenteral and Enteral Nutrition (IrSPEN) Management Committee and Steering Group
- Board member of Irish Society for Clinical Nutrition and Metabolism (IrSPEN)
- Involvement in a number of Clinical Care Programme groups nationally

Department Achievements 2017

National & International Conference Presentations

The Department gave oral presentations and presented posters at the following conferences/study days in 2017:

- Irish Society for Clinical Nutrition & Metabolism (IrSPEN) Conference March 2017
- Beaumont Hospital Clinical Audit and Patient Safety Day May 2017
- International Integrated Care Conference May 2017
- ESPEN – European Nutrition Conference September 2017
- International Society for Quality in Healthcare (ISQua) October 2017
- Haematology Association of Ireland Study Day October 2017
- Irish Association for Emergency Medicine October 2016
- IrSPEN / RCPI Lifelong Learning Course for SPRs November 2017
- BAPEN – UK Nutrition Conference November 2017
- Royal College of Psychiatrists – Eating Disorder Conference London, November 2017

Members of the Department also gave oral presentations at Grand Rounds and Lunch & Learn QI Sessions in Beaumont Hospital as well as at a number of in-house and external conferences and courses throughout 2017.

Contribution to Education & Training

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

Members of the Department continue to contribute to training programmes within the hospital. During 2017 a wide variety of presentations were given to groups including medical students, healthcare attendants, catering staff, nursing staff and post graduate nursing education. Presentations were also given outside the hospital to a variety of groups.

The Department also continues to provide final year practice education placements for undergraduate Dietetic students. In 2017 two undergraduate students Dietitian from TCD / DIT successfully completed their practical placement training in Beaumont Hospital.

Overall 2017 was a busy and productive year for the Department of Nutrition & Dietetics.



Marie Hannon presenting her Quality Improvement Project poster at BAPEN November 2017

Medical Physics and Clinical Engineering Department



Head of Department:
Mr. Pat Cooney, Chief Physicist

Introduction

Medical Physics and Clinical Engineering provide scientific and technical support services for medical technology and equipment used throughout the hospital. The department plays a support role to clinical staff in the procurement, installation, application and continued use of medical devices and technology. Liaising with the directorates, physicists and engineers work together to support the hospital in the overall management and application of medical equipment.

The department contributes to a number of task groups and committees within the hospital including the Medical Device Equipment Management Committee, the Medical Device Vigilance Committee,

the Radiation Safety Committee, the Non-Pay Expenditure Management Committee, the Hygiene Committee and the Decontamination Coordination Group.

Service Developments

The hospital's Medical Equipment Replacement Programme for 2017 received an allocation of €2.8 million. This permitted much needed equipment replacements particularly in radiology and theatres for CT scanners and theatre lighting systems.

The department successfully negotiated for and implemented the replacement of key endoscopic ultrasound technology, acquiring an additional funding allocation of €0.6 million in late Q4 of 2017. This has significantly strengthened the endoscopy ultrasound service with the replacement of ageing endoscopic bronchial ultrasound (EBUS) and endoscopic ultrasound (EUS) technology with modern scanners and associated endoscopes. Medical equipment replacement projects for 2017 are identified in figure 169.

Figure 169

| Medical Equipment Replacement Projects 2017 | | |
|---|---|---|
| 1 | Replacement of Plastics microscope for operating theatre. | Commissioned - Q1, 2017 |
| 2 | CT Replacement (Two new, one re-location). | Project Commenced Q3, 2017 |
| 3 | New target deliverable anaesthesia pumps. | Commissioned - Q3 2017 |
| 4 | New PCA pain management pumps in theatre. | Commissioned - Q3 2016 |
| 5 | Segmented Blood Pressure and Peripheral Vascular Diagnosis System. | Commissioned - Q4 2017 |
| 6 | Replacement of all theatre operating lights (phased). | Commenced (phase 1 installation) - Q4, 2017 |
| 7 | New portable ambulatory Electromyography (EMG), nerve conduction diagnostic systems. | Commissioned - Q4 2017 |
| 8 | New high definition (HD) camera stack systems for minimally invasive neuro and ENT surgery. | Commissioned - Q4 2017 |

Clinical Engineering

A hospital policy for the management of medical equipment was drafted and formally approved by the Medical Device Equipment Management Committee. The policy will guide staff on safe and effective use, care and overall management of medical equipment and outlines approaches to ensuring timely replacement and access to funding streams. The policy ensures that the benefits to patients from the use of medical devices are maximised and the risks minimised. Clinical engineers liaising with clinicians and working in line with the policy ensure that new equipment is procured in a compliant manner, meets clinical requirements and relevant safety and quality standards, and that adequate user training is implemented as required throughout the life-cycle of the device.

Medical device vigilance is essential for the safe delivery of healthcare. Vigilance is managed by the clinical engineers in the department, monitoring safety notices published by the Health Products Regulatory Authority (HPRA) of Ireland and via Field Safety and Corrective Action notifications published by the medical device manufacturers. The department dealt with a total of 68 safety and advisory notifications in 2017 and four adverse incident reports relating to medical devices. This work is governed by the hospital's Medical Device Vigilance Committee.

Clinical engineering managed the phased replacement project for theatre operating lights, which commenced in 2017. The department worked to develop the project from first principles involving surgeons, theatre ADON and CNS, TSD and Procurement. This resulted in the successful commencement of the phased project in Q4 2017, with high-end theatre lighting systems installed, complete with integrated audio-visual recording systems and surgical monitors, commensurate with a modern academic teaching hospital. This project is ongoing and will substantially improve the operating theatre environment.

Clinical engineering provided technical and equipment advice pertaining to proposed developments for the establishment of a robotic surgery programme and a hybrid theatre facility within the operating theatre department.

Neuro-physics and Neuro-engineering

The neuro-physics and neuro-engineering division of the department worked with clinicians and procurement staff ensuring state of the art features were included in specifications for the purchase of new portable electromyography (EMG) equipment

and high definition camera stack systems for minimally invasive neuro and ENT surgery. The surgical stack systems feature new functionality with fluorescence capability for vascular and oncological applications, allowing significant advancement in neurovascular and brain tumour surgical techniques used in Beaumont Hospital. Also included in the package were new minimally invasive surgical instruments and telescopes.

Capitalising on the delivery of new equipment and new functionality, staff have worked to consolidate expertise in white matter tractography as part of pre-surgical planning for neurosurgical navigation. Staff have also been proactive in developing data analytics from the epilepsy electronic patient record (EPR), with early stage provision commencing in Q4, 2017. In addition work has been developed with critical care staff to ensure business continuity in the event of loss of medical technology and to establish downtime protocols. Work was also done to implement and support teleconference capabilities for the epilepsy surgery review meetings and epilepsy genetics meetings.

Research and development activities in neuro-physics and neuro-engineering included

- Collaborative liaisons with radiology and neurology to build a database of "normal brain" images to support a broad range of future research.
- Developing hippocampal volumetry as a tool in the pre-surgical workflow for epilepsy patients.
- Evaluation of the potential impact of implementation of frugal medical devices on hospital capacity.

Ms. Mary Fitzsimons, was seconded from the department to the RCSI, to lead an eHealth Ireland funded project, entitled "*Providing Individualised Services and Care in Epilepsy (PiSCES)*". This pioneering "*Lighthouse Project*" is bringing the growing fields of genomic medicine, patient portals and data analytics into the clinical care pathway; creating the conditions to enable a paradigm of precision, proactive and personalised care. It was awarded the Tech Excellence IT Project of the year 2017 (Public Sector) and received a commendation in the Irish Healthcare Awards.

Imaging and Radiation Physics

The imaging and radiation physics division provide services such as statutory radiation protection and compliance in terms of local rules, x-ray quality assurance, radiation incident management, safe use of medical LASERS, phototherapy support, nuclear medicine services and the provision of radiation services to the voluntary donor renal transplant programme.

On December 5th 2017, the Environmental Protection Agency's (EPA) Office of Radiological Protection carried out an unannounced inspection of Beaumont Hospital's compliance with its licence conditions. In the feedback session, the inspectors highlighted a total of five findings. Members of the radiation physics team and the radiation safety committee have discussed and agreed an action plan with the Radiation Safety Advisor in response to the findings. The report of the EPA is pending.

The physics staff in Nuclear Medicine were instrumental in the introduction of a new nuclear medicine technique, DaTscan, used for the differential diagnosis of Lewy body dementia. Previously up to 800 patients per year were imaged and evaluated outside of Beaumont Hospital. The cost savings from this new development saw the opening of the second gamma camera system and allows patients with dementia to be evaluated quickly in Beaumont Hospital. Additionally, the staff facilitated a significant increase in the numbers of patients attending Beaumont Hospital for the treatment of thyrotoxicosis using radionuclide therapies, to meet a 20% increase in referrals from within the RCSI Hospital Group.

Physics staff were centrally involved in the project for the installation and commissioning, in Q4 2017, of a new multi-slice CT scanner in Beaumont Hospital. The scanner is supplied with state of the art radiation dose saving features. This project is the first of three phases for the planned replacements of the CT scanners in radiology.

The Imaging and Radiation Physics division hosted a meeting of the National Radiation Safety Committee (NRSC) in Beaumont Hospital in February 2017. The NRSC is a statutory committee advising on matters pertaining to the use of medical ionising radiation in public and private radiological facilities. The meeting was well attended by members across the RCSI Hospital Group. In June 2017, Mr. Thomas Heary, Principal Physicist, and Radiation Protection Advisor (RPA) was seconded, on a part-time basis to the HSE as an adviser to the Medical Exposures Radiation Unit (MERU). MERU is advising the Department of Health on the transposition into Irish law of a new European directive for radiation safety (COUNCIL DIRECTIVE 2013/59/EURATOM). This new law will come into effect from Feb 6th 2018 and will have significant implications for hospitals that use ionising radiation.

Education and Training Activities

Throughout 2017, staff participated in numerous training, teaching and conference activities. Training included epilepsy neuroimaging, microsurgery and tractography, MR safety, digital mammography, radiation protection, surgical microscopes, renal water treatment, endoscopic reprocessing, infusion technology, non-invasive ventilation, patient monitoring and the RCSI Hospital Group Future Leaders Forum:

Teaching activities involved provision of

- Physics lectures and tutorials to the specialist registrars, for the Faculty of Radiology Pt.1 Fellowship, Royal College of Surgeons of Ireland (RCSI), provided throughout academic year 2017.
- Lecture to the Renal Replacement Therapies Programme for Nursing, DCU, February 2017.
- Lecture on the Medical Imaging Module of the MSc in Health Informatics, TCD, March 2017.
- Imaging physics lecture and demonstration to DCU final year undergraduates programme - Physics with Biomedical Sciences. Presented in collaboration with Medical Physics Department, St. Luke's Radiation Oncology Network at Beaumont Hospital, April 2017.
- A three month undergraduate physics student placement from the DCU Integrated Training (INTRA) programme, Feb - May 2017.
- Radiation protection course for non-radiological hospital doctors. Organised in collaboration with the Imaging and Interventional Radiology Directorate, with Medical Council approval, awarding 3.5 CME credits from the Faculty of Radiology, June 2017.

Presentations / Conference Participation

- *"An overview of Patient Dose Tracking Software in Beaumont Hospital"* - Thomas Heary. Presented at the National Radiation Safety Committee meeting, Beaumont Hospital, February 2017.
- *"Leveraging Technology to Optimise Healthcare Delivery"* - Meabh Smith. Invited presentation at the Irish Medical and Surgical Trade Association (IMSTA) Annual Conference, March 2017.
- *"The Grandfather Effect - Personalising Radiation Safety Precautions following Prostate Implantation with I-125 seeds"* - Michael O'Neill. Presented at the Irish Association of Physicists in Medicine, 8th Annual Scientific Meeting, Dublin, March 2017 (winner of the Imaging Equipment Bursary competition).

- *“Medical Technology - Tool or Weapon?”* - Pat Cooney and Meabh Smith. Poster presentation at the 6th Annual Quality & Patient Safety Meeting, Beaumont Hospital, May 2017 (winner of a best poster award).
- *“Disrupting Acute Care - a pathway to a new platform of “disruptive” medical technology”*- Meabh Smith. Poster presentation at the European Medical and Biological Engineering and Computing Conference, Finland, June 2017.
- *‘Future Workforce - Gender Balance in Engineering’* - Andrea Fottrell. Invited presentation at the 20th National Biomedical and Clinical Engineering Conference, Silverstone, UK, October 2017.
- *“Three Years Experience of Using Patient Dose Tracking Software in Two Busy Cardiac Catheterisation Laboratories”* - Thomas Heary and Ronan Faulkner. Presented at the International Atomic Energy Agency (IAEA) International Conference on Radiation Protection in Medicine: Achieving Change in Practice, Vienna, December 2017.

Occupational Therapy Department



Occupational Therapy
Manager: Mr. Paul Maloney



Introduction

The service is currently provided across five sites; Beaumont Hospital, St. Joseph's Hospital, Raheny Community Nursing Unit, Raheny Day Hospital and Psychiatry of Old Age Services.

Within the team, there is a high level of skill mix ranging from clinical specialists and senior therapists to staff grade occupational therapists (OTs) and OT assistants, who together provide services to the above clinical specialities:

2017 continued to be challenging in terms of sustaining safe, quality services against a background

of increasing activity levels and complexity of patient care. Notwithstanding this, the OT Department had a particularly productive year, specifically in relation to delivering quality improvements, service expansion and redesign of existing services to better respond to patient need.

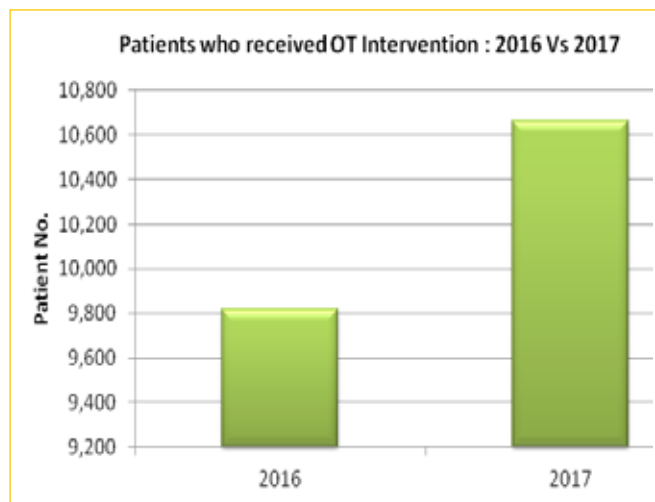
Our strategy – **Occupational Therapy Strategic Plan 2015 – 2018** – provided valuable direction, defining the vision and methodology required to deliver an integrated and responsive service, in line with organisational priorities.

From a team perspective, there was some staff turnover of both basic and senior grades, largely related to the availability of HSE panel positions during the year. Stabilising the workforce again, through permanent recruitment, will be a key priority for 2018.

Activity Level

OT activity levels continued to rise in 2017 with approximately 889 new patients seen and 2300 interventions delivered per month. This represents a 9% increase in the number of new patients when compared with 2016. This is due, in part, to reduced length of stay for patients and the knock-on effect of increased numbers of patients being referred to our service. Another contributing factor, reflected throughout the organisation and wider Health Service, was the changing profile of patients referred. Greater complexity of need has a knock-on effect on the number of interventions required to manage patients' care needs.

Figure 170. Below outlines the rise in new patients seen by the Occupational Therapy service in 2017 when compared to 2016.



Service Developments and Innovations

The Occupational Therapy (OT) Department is committed to achieving the best possible outcome for patients and to this end, implements service improvements, in line with Organisational priorities, in the following key strategic areas:

In 2017, the focus has been on strengthening work already underway, particularly relating to:

- Service integration for our patients (Integrated Services above)
- Responsiveness of services – right service, in the right place, at the right time (Clinical Excellence above)

- Continually measuring effectiveness using a quality improvement approach for sustainable change (High Performance and Clinical Excellence above)
- Staff health and well-being (High Performance Workplace above)



OT and HSCP Service Developments and Achievements

Beaumont Hospital Staff Recognition Awards winners 2017

On November 29th 2017, Beaumont Hospital celebrated its 30th birthday. As part of the celebrations, a staff recognition awards ceremony took place. The Frail Intervention Therapy (FIT) Team were successful in the Quality Improvement category. This award is given to an individual or team whose efforts supported the Beaumont Hospital goals of quality. It was a fitting acknowledgement and recognition of the team's hard work by their Beaumont colleagues.

Health Service Excellence Awards winners 2017

These Awards are open to all staff working in the public health system directly run or funded by the HSE. The aim of the Health Service Excellence Awards is to encourage and inspire people to develop better services that result in easier access and high quality care for patients and to promote pride among staff in relation to our services.

In December, the Frail Intervention Therapy (FIT) Team successfully passed two preliminary stages to reach the awards final, which was held at Farnleigh House in Phoenix Park. Thankfully the FIT Team were successful in the category "Supporting a Healthy Community".



Beaumont Hospital's Frailty Intervention Therapy (FIT) Team

The Frail Intervention Therapy Team (FIT) consist of Occupational therapy, Physiotherapy, Medical Social Work, Speech and Language Therapy, Dietetics and Pharmacy. The FIT Team developed a whole system pathway for frail older people to ensure they are managed assertively at the 'front door' early multidisciplinary team (MDT) assessment is completed and prioritisation of needs are highlighted to ensure best possible care for the patient with admission avoidance where possible and where admission is unavoidable, to ensure their length of stay is kept to a minimum.

Hamilton Ward - Seating and Positioning Quality Improvement (QI) project

Between December 2016 and April 2017 a joint QI project was undertaken between HSCP's, Nursing and HCA's on Hamilton ward with the aim of improving patient positioning. Daily huddles were completed which consisted of education around safe positioning of patients in both bed and chair. Patients were encouraged to be part of the discussion. Stroke OT's educated staff on the importance of correct positioning from a rehabilitation perspective and how to support the idea of 24 hour rehabilitation on the ward.

Discussions and joint problem solving around positioning took place on the ward thus increasing MDT knowledge and understanding of the importance of safe and effective positioning on the ward. Three audits were completed from December to February reviewing upper limb positioning in the bed and in the chair. On the final audit, 99% of patients were positioned appropriately, in comparison to 31% from the initial audit completed in December 2016, thus demonstrating a 68% improvement in patient positioning as a result of the project.

Early Supported Discharge (ESD) Test

An Early Supported Discharge team pilot commenced in June 2017 through the temporary reallocation of existing resources. The aim of this team is to continue intensive stroke specific rehabilitation of appropriate stroke patients at home rather than in Beaumont Hospital. This was provided by a skilled multidisciplinary team. The team consisted of 0.5 Physiotherapy, Speech and Language Therapy, Occupational therapy and Medical Social Work and 0.2 Stroke CNS.

It is underpinned by the "Think Home First" ethos supporting patients to return home to recover and rehabilitate from their stroke. Therapy is goal focused and client centred rehabilitation is delivered in the persons own home. Evidence suggests that ESD reduces risk of dying or admission to a long term care facility. There are an extra 4 patients living at home per 100 and an extra 5 patients regaining their independence per 100. Evidence also suggests 7 - 13 inpatient bed days are saved per person resulting in the potential to save 24,000 hospital bed days nationally.

Data was audited from June – October, a total of 20 patients were discharged with ESD which translated to 18% of total discharges from the stroke service. This reduced the average length of stay for stroke patients in Beaumont Hospital from 30 days to 18 days with further reductions in length of stay anticipated through internal process improvements. Feedback was overwhelmingly positive from all patients who availed of the ESD team in their own homes.

RCNU and Outreach

From RCNU the introduction of standardised MDT resident reviews was introduced. This ensured that all residents have a full MDT review every 3 months. This was used as a tool to educate all staff members around 'trigger' or 'red flag referrals' to each HSCP discipline. It was also used to generate anticipatory referrals (i.e. mild functional decline before person has had fall, pressure sores etc).

From completing a gap analysis, the seating guidelines for nursing homes were developed by the nursing home outreach OT service; it was identified as an area of need which unfortunately is a gap across many nursing homes. These guidelines direct staff with a clinical assessment of seating need and thus identifies the seating requirements of the residents more timely.

Re-establishment of the Practice Tutor position

One of the recommendations of the Bacon Report, (2001) was to establish a National Implementation Group to deliver quality clinical placements to Occupational Therapy, Physiotherapy and Speech and Language Therapy students. From this, Beaumont Hospital was allocated a 0.5 Practice Tutor post which was filled from 2006-2009 but has remained vacant since. This much valued position was once again filled in December 2017. Currently the focus of this position is to:

- Deliver adequate capacity and a defined standard of quality Occupational therapy placements at Beaumont Hospital.
- Set clear pathways for student learning which is specific to this context.
- Support the Practice Educator and student on site.
- Teach specific practice education modules as part of the University programme.

Frailty Intervention Therapy (FIT) Team - RCSI audit

Since September, 2015, over 11,000 patients have been screened for frailty by the FIT Team. The FIT Team reviews all patients over 75 years who present to the ED within core working hours. The FIT Team will also accept referrals for patients under 75 years from our ED medical and nursing colleagues. A prospective audit on the FIT Team was completed in April 2017. From the sample, 93% of all patients seen by the FIT Team were 75 years and over and the average age of this patient group was 82 years (range 75 to 98 years). From their frailty screen, 87.9% had one or more frailty markers and 4.4% scored the maximum with our "Think Frailty" assessment tool. The primary

presenting complaint was falls which accounted for 19% of the audited patients. Of those screened for frailty, 74% of patients had not presented to Beaumont Hospital's Emergency Department (ED) in the previous 3 months and 79% required one or more referrals to the HSCP's. From a support perspective, 30% lived alone, 66% had no formal supports, 43% required assistance with ADL's from family and 10% were nursing home residents. Cognition was screened using the O3DY, 53% were highlighted as "indicative of impaired cognitive function". Delirium was screened using the 4AT, 19% of these patients scored ≥ 4 which is suggestive of delirium. From a physical perspective, only 52% of patients who required PT/OT intervention were not at their functional mobility baseline. Significantly, 6% of patients who had been referred by the ED medical team to the admitting team and were awaiting admission were discharged directly home from the ED following intervention and/or recommendations by the FIT Team. This figure does not include the number of patients reviewed by the FIT Team throughout the day, who without their intervention could have been referred for admission, thus placing greater pressure on the demand for inpatient beds.

Electronic Common Screening Tool in the Emergency Department (ED)

Since June 2017, the FIT Team has jointly developed an Electronic Common Screening Tool (CST) with Beaumont Hospital's IT Department. Prior to this, the FIT Team used paper records. The FIT Team now document all of their patient interventions electronically which includes; the patients reason for presentation, their frailty score, age profile, HSCP referrals, intervention provided in the ED and the patients outcome. This system has improved our efficiency in automatically sending referrals to our respective therapy colleagues on the ward and our day hospital, more importantly it ensures that patient safety is maintained in the handover step of the patient's journey which in healthcare is often a critical and error prone stage. This system has the potential to be expanded to other areas both within the hospital and potentially in the community which would allow seamless and multidirectional sharing of patient information to improve patient care. Additionally, the system will also be of great benefit for the FIT Team's service development as all information that has been inputted is auditable, this will undoubtedly help us to understand the frail population and profile that presents to Beaumont Hospital's ED and help us to improve the service that we provide.

Clontarf Orthopaedic Hospital Patient Pathway

In September 2017, a review of the patient pathway from Beaumont Hospital to Clontarf Orthopaedic Hospital was undertaken. From this, it was identified that a significantly high number of appropriate patients were identified for this off site facility by Occupational Therapy and Physiotherapy.

A joint initiative was commenced between OT, PT, patient flow and the Care of the Elderly Consultant Ms Carmel Curran. This involved the introduction of a specific therapy list, identifying appropriate transfer of patients to Clontarf. The primary aim of this list was to help patient flow and the COE Consultant identify patients appropriate for immediate transfer to Clontarf and those who would likely be appropriate within a number of days and would benefit from a timely Geriatrician assessment. This system continues to date and has facilitated the timely transfer of numerous patients off site for ongoing rehabilitation.

Fostering Staff Well Being

Recognising that team members are the OT Department's greatest asset, an internal working group led the introduction of a range of practices to support staff health and well-being. These included:

- Strengthening the department's performance management framework to include additional peer support systems
- Mindfulness sessions/activities
- Structured social group
- Social consciousness activities
- Workplace (environment) improvements

Involvement in Organisational, National and International Groups

- Alison Enright and Mary Naughton were members of the HSCP Strategic Workforce Planning Programme Resonance Group
- Paul Maloney and Maura Moran represented the OT Department on the Acute Medicine Programme's HSCP Leadership Team
- Paul Maloney represented Beaumont Hospital at a range of national and international conferences where he presented on the FITT model of care
- Alison Enright represented the OT Department on the National OTs In Management Workforce Planning Steering Group
- Mary Naughton served as Clinical Lead Representative for the AOTI, feeding into the Orthopaedic Care Programme's Steering Group
- Alex Businos was a member of the AOTI Advisory Group to the Rheumatology Care Programme
- Association of Occupational Therapists of Ireland (AOTI) - Alex Businos, Mairead Traynor, Mairead

Boyle, Carole Murphy, Karen Smyth and Louise Lawlor each contributed in committee, advisory group and representative roles

- Louise Lawlor served as Chair of the assisted decision making working group at Beaumont Hospital, facilitator with the Dementia in acute care awareness
- American Society of Hand Therapists – Mary Naughton served as a corresponding editor for the Journal of Hand Therapy
- Irish Association of Hand Therapy - Mary Naughton held chairperson responsibilities, Carole Murphy is a member
- Yvonne O'Riordan represented the OT Department on the National Early Warning Score - Managing the Deteriorating Patient Guideline Development Group
- Mairead Boyles served as chair on the Service development in MHOP service

Education Provided

- Provision of undergraduate placements for occupational therapy students in partnership with Trinity College Dublin
- Guest lecturing with the School of Occupational Therapy, Trinity College Dublin
- Delivering a range of splinting workshops – both internally and externally

Three Occupational Therapists from the department became NDT Bobath Certified in the Treatment and Management of individuals with Hemiplegia with 3 of our physiotherapy colleagues. Following this course a 6 week lecture/education series including practical sessions was organised by those who attended the course for the occupational therapy and physiotherapy departments.

- Comprehensive induction and in-service training for staff members
- Home First Workshop with Liz Sergeant (Emergency Care Improvement Prog.)
- TCD Student Induction and Placement facilitation training

Mission Statement

Our team will listen to and connect with you, the users of our service, to reach a clear understanding of your needs and to ensure your experience of Occupational Therapy is both meaningful and excellent.

We firmly believe in the transformational power of Occupational Therapy in supporting you to meet your goals for more independent living.

Working with our multidisciplinary colleagues, we are dedicated to providing an integrated and responsive service.

Pharmacy Department



Head of Pharmacy:
Nuala Doyle

Background

Beaumont Hospital Pharmacy Department is a registered licensed retail pharmacy business with the Pharmaceutical Society of Ireland (PSI) providing pharmaceutical services throughout the whole hospital organisation. It must also comply with the Pharmacy Act 2007, the Regulation of the retail Pharmacy Business 2008 Regulation, Health Products Regulatory Authority (HPRA) guidelines procedures and structures laid down by the HSE, the Department of Health and increasingly the guidelines of HIQA. The services include not only the supply of medication to every clinical setting within the hospital, but also associated aspects of medicines governance to ensure that medicines used throughout the hospital, for patients and healthcare professionals, is delivered in a safe, rational and cost-effective manner.

Pharmacy Savings in 2017

The department managed to remove excess stock and redistribute stock in excess of €800,000 and made non chemotherapy drug savings of €1,000,000. The Aseptic Compounding Unit (ACU) has steadily off set expenditure by in-house compounding from €152,575 in 2015, to €68,422 in 2016 falling to €39,502 in 2017. However, these savings are hidden by increasing expenditure on other high cost drugs.

Dispensary Service

The Dispensary Service is responsible for the procurement and supply of medication to the hospital in its entirety. Almost every ward, department and clinic is serviced, from X-Ray, the Laboratories, Medical Physics, through to the cross range of specialist and general wards, theatres and departments and onto outpatient clinics.

The dispensary has two dedicated pharmacists in addition to the Dispensary Services Manager and 3 dedicated technicians supplying in excess of 350,000 items, 2,800 TPN bags, 5,000 active pharmaceutical

lines. The supply of Remicade®, Tysabri® and Roactemra® to the infusion room, have increased significantly since 2015 by 30%, 8% and 13% respectively and similarly with IVIG, placing great strain on the staff as detailed records are maintained with many of these drugs such as patient specific batch numbers and expiry dates for traceability.

Significant time is spent managing product shortages, e.g. global shortage of piperacillin tazobactam, remifentanyl, augmentin, ceftazidime, sourcing alternatives for these products either from other suppliers or where necessary, other countries and undertaking batch recalls when instructed to by the HPRA. All of this is achieved as seamlessly as possible to ensure the patient continues their treatment without missing doses.

There were many initiatives this year including the introduction of spreadsheets to actively capture details of high cost financially capped products, Capture drugs which are in short supply. We now issue TPN using the Cliniscript system which will enable better stock control and quantification of wastage. TPN wastage has reduced by 33% during 2017 and we predict this figure will continue to reduce given the new process. The dispensary has prepared boxes for use in the emergency department and ABC ward in the event of a Major Emergency in the hospital, developed the first version of a detailed Pharmacy Department Major Emergency Plan (MEP) SOP which is in line with the hospital's MEP. To aid compliance with Misuse of Drugs Act and Pharmaceutical Society of Ireland guidance controlled drug issues are captured on a spreadsheet.

Clinical Pharmacy Services

This service focuses on the review of patient Medicines, Prescription, Administration Record (MPAR) for appropriate and correct prescribing of drugs, the degree of which is determined by the complexity of the ward and the number of pharmacists available. The service ranges from a full comprehensive medicines reconciliation review to a pick up service which reviews the list of medication, outside of agreed stock maintained on the ward, and targets high risk drugs. This service includes St Josephs, the Day Hospital and excludes the RCNU. There are 9 pharmacists and 3 technicians dedicated to this service. The 2015 point prevalence study showed 7,300 drugs are reviewed daily amounting to 800 drug and 90 MPAR reviews per ward pharmacist daily well above the norm of 35-40 MPARs per day. The average number of drugs a patient is on is 14.

This does not include the 77 clozaril patients and the associated 176 prescriptions dispensed for by the psychiatric pharmacist nor the renal transplant, ID or Hep C patients.

2017 saw the implementation of dedicated Pharmacists to undertake medicines reconciliation review targeting the FRAIL elderly patients in ED and dedicated to the services in Hardwicke ward and the Day Hospital. The implementation has been a success resulting in the identification of 2 prescription issues 3.5 medicines reconciliation issues identified per patient with 63% identified as of moderate clinical significance and 15% being identified as averting severe harm to patients. The acceptance of these interventions across these three areas is seen to be 89%. The success of this initiative combined with that of the allied health care professionals secured the multidisciplinary award at the HPN hospital pharmacy awards 2016.

However there are only three wards in the hospital with this level of pharmacist input. Of the remaining wards 2 received a drop in visit by a pharmacist, 3 receive a three times per week visit, 11 receive a level 1 and 10 receive a level 2 pharmacist service. All wards currently receive a technician ward stock top up service. This means the same detection of prescribing errors, formulary control and drug protocol development is far more difficult to achieve.

Aseptic Compounding Service

The Aseptic Compounding Unit (ACU) Service provides a compounding service to both Oncology and Haematology and is responsible for all oncology and haematology clinical trials with pharmacy input. The ACU was also involved in 27 oncology and haematology clinical trials. Approximately 80% of aseptically prepared items are Oncology drugs, the remaining 20% are Haematology.

Volume compounded

The ACU dispensed 14,975 items in 2017, an increase of 6.5% on 2016. The increase in workload has necessitated increased purchasing of pre-prepared chemotherapy from external suppliers.

New initiative

The amount of prepared chemotherapy stored in the emergency room for out-of-hours treatment has been significantly reduced. This has been achieved by the purchase and commissioning of a new portable Safety Cabinet with increased numbers of pharmacists trained to prepare emergency chemotherapy.

Savings made

This initiative cost €5000 for purchase of the cabinet and generated savings in the order of €20,000.

Award Winning

Pamela Barry won the Hospital Pharmacy Technician of the Year Award 2017 at the Hospital Professional Awards for her work on the development of a microbial growth chart for the ACU.

The ACU was a finalist in the Aseptic Compounding Unit of the year awards in 2017 as well as one of the Senior Pharmacists was nominated for Oncology Pharmacist of the year. The area is lead by a Chief II Pharmacist (with three pharmacists) and four technicians.

Expanded Access Programme

The ACU are responsible for the maintenance, documentation and production of chemotherapy of expanded access programmes. Expanded Access (compassionate use) programmes enable patients to access drugs that have not yet been either licensed or reimbursed on the Irish market. The programmes are only accepted if there is a commitment to ensure the patient will be maintained on the drug for as long as necessary regardless of reimbursement.

Savings made

The drugs, via these schemes, are supplied free of charge however, the savings had the drugs been paid for by Beaumont were €995,662.38 in 2016 and €801,316 in 2015.

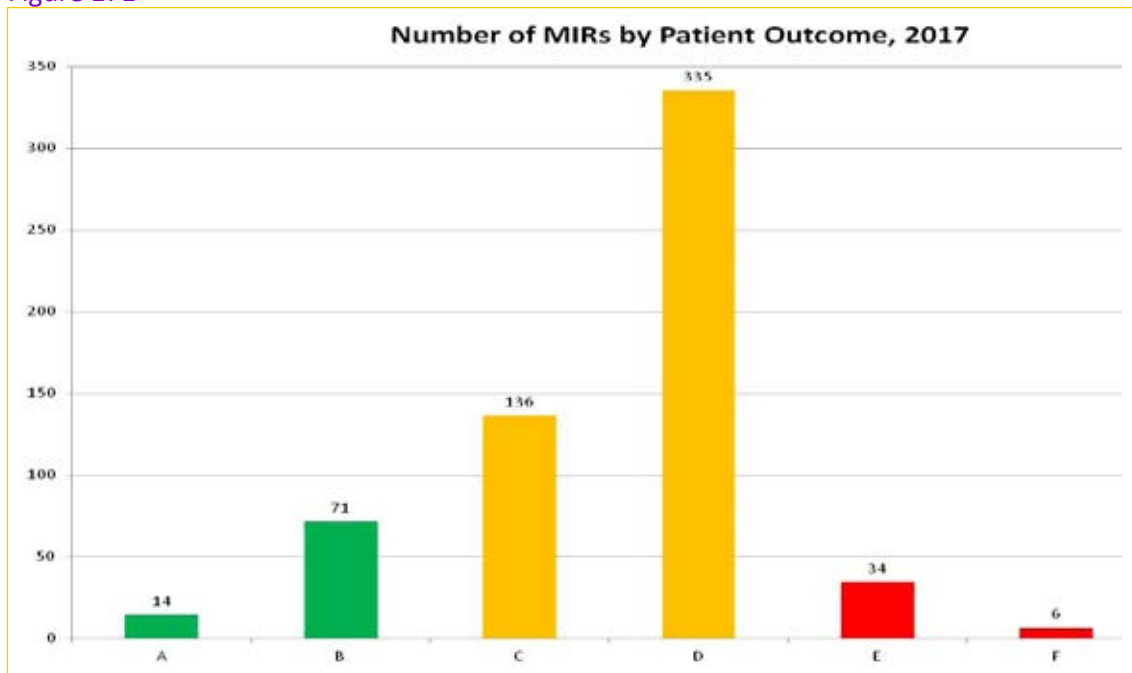
Medication Safety Service

Service Overview

The Medication Safety Co-ordinator (MSC) is a Chief II Pharmacist who has been promoting safe use of medicines across the hospital since 2010. There is ongoing promotion and education about medication safety and the medication reporting system via medical and surgical grand rounds, publication of newsletters and quarterly reports via the Drugs and Therapeutics and Clinical Governance Committees, liaising with risk management and annually to the hospital board.

All Medication Incident Reports (MIRs) are sent to the MSC are recorded on a local database. They are weighted in severity using the National Coordination Council for medication errors reporting and prevention (NCC MERP) scale. The index of scale ranges from A (capacity to cause harm) to I (event may have contributed or resulted in death).

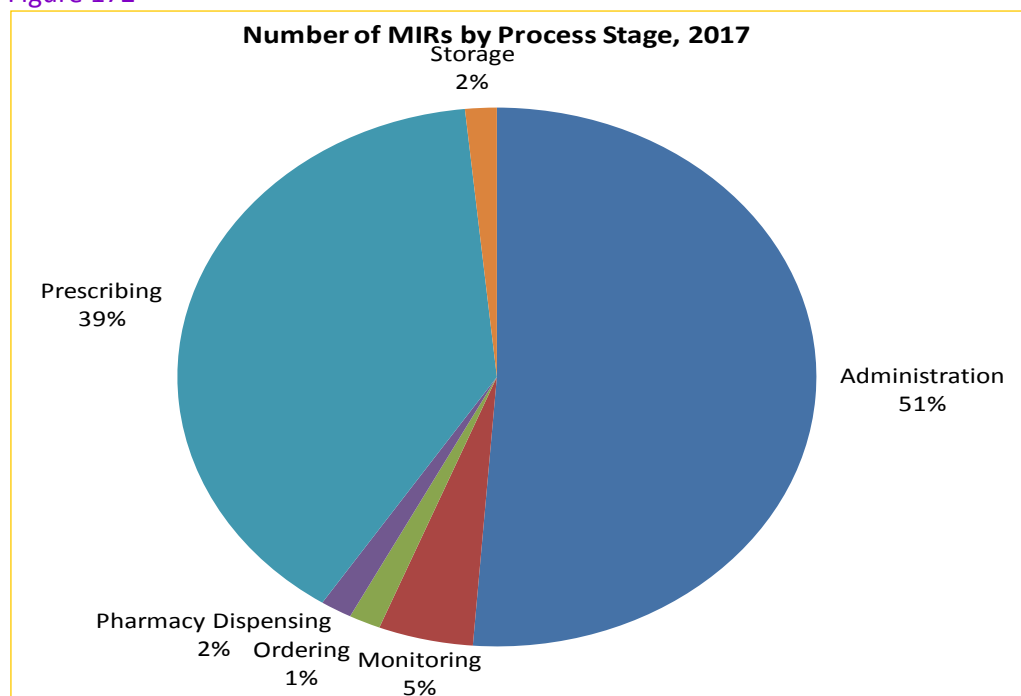
Figure 171



606 reports were received during 2017, this is a substantial increase on 2016 (293 reports). It is vital to emphasise that a higher incident reporting rate is reflective of good safety and reporting culture rather than indicative of a higher error rate.

7% of reported Beaumont incidents reported related to patient harm (NCC MERP E or higher), which is comparable to 2016 (8%).

Figure 172



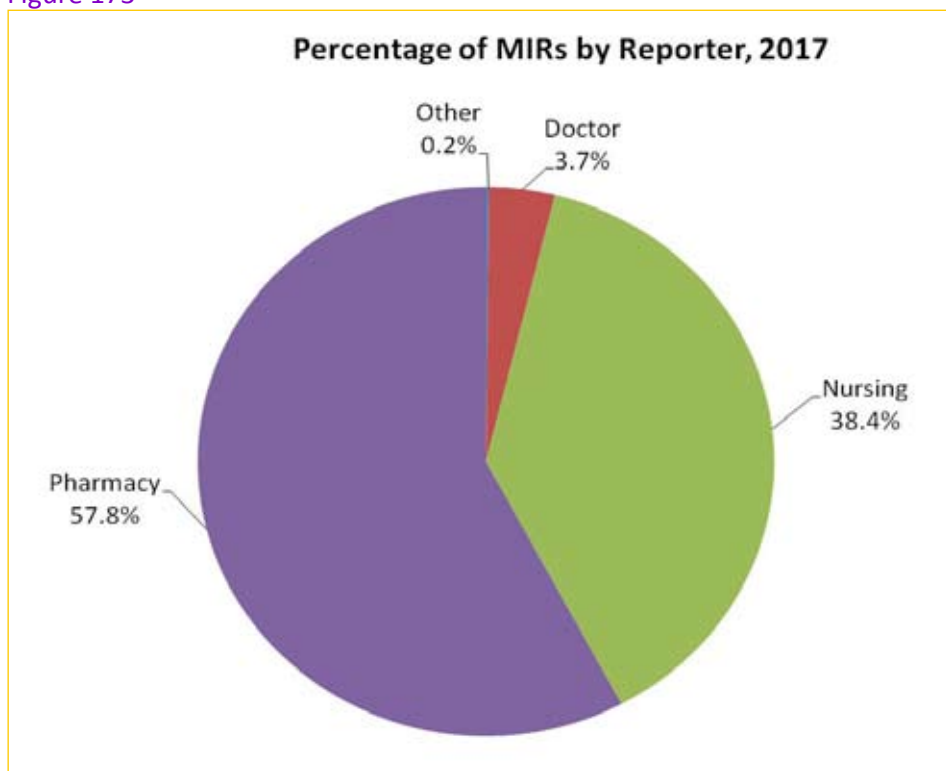
The majority of reported incidents occurred during the “prescribing” and “administration” stages of the medication management process. This has resulted in targeted themes for medication safety shared learning and education, e.g.

- Medication Safety Update for Sound-Alike-Look-Alike-Drugs (SALADs)
- Medication Safety Update for High Risk Drugs
- Other medication safety projects/audits conducted include:
 - Anaesthetics Injections QIP
 - MPAR satisfaction survey and update
 - VTE QIP for medical patents.

All medication incidents are now being reported on the National Incident Management System (NIMS). This will assist in shared learning within the RCSI Hospital Group and nationally.

Clinical Pharmacists were the largest cohort of staff reporting incidents at 57.8% with on average 11 staff members dedicated to wards. This is a significant numbers of incident reports per head when compared to nursing staff at 38.4% and significantly higher numbers of ward staff and doctors at 3.7%.

Figure 173



Antimicrobial Services

The Antimicrobial Pharmacist (AMP) is a highly valued member of the Pharmacy, Microbiology and Infection Prevention Control Team (IPCT), is the communication link between Microbiology & Pharmacy and produces quarterly antimicrobial consumption and expenditure reports. These are submitted to the antimicrobial stewardship, infection, prevention and control committees as well as the Health Protection Surveillance Centre.

The AMP received 183 antimicrobial referrals in 2017 which does not include the 100 patients seen by the consultant microbiologist and antimicrobial pharmacist on their weekly stewardship rounds. In addition seven antimicrobial prescribing audits were undertaken.

The antimicrobial pharmacist was the local lead for the hospital's participation in a national point prevalence survey (PPS) of hospital-acquired infections and antimicrobial use in May 2017, as part of a European-wide PPS coordinated by the European Centre for Disease Prevention & Control. Preliminary results have been received and a detailed national report is expected in early 2018.

Response to external drug shortages

The Head of Pharmacy and AMP worked closely with the antimicrobial stewardship team to overcome the global shortage of piperacillin-tazobactam. While the Head of Pharmacy successfully secured stocks of piperacillin-tazobactam to ensure supply during the months involved, the antimicrobial stewardship team implemented a hospital-wide restriction of prescribing of it from 29th May to 18th August 2017. The net result of these actions meant the hospital never ran out of stocks of this or other antimicrobials, supplies of which were under great strain, unlike other hospitals around the country.

In spite of the piperacillin-tazobactam restriction, meropenem use decreased in the latter two quarters of 2017 – this is as a result of the combined efforts of the clinical pharmacists, AMP and antimicrobial stewardship team to limit the use of this agent. Meropenem is a restricted antimicrobial, requiring approval by the clinical microbiology or infectious diseases team in order to be prescribed.

Award winning poster and conference presentations

A poster on a quality improvement project entitled *“Improving surgical antimicrobial prophylaxis prescribing on an orthopaedic ward”* was presented at the Hospital Pharmacists Association of Ireland national conference and at the Beaumont Hospital annual quality & patient safety meeting, winning a poster prize for the latter. A poster on the introduction of the antimicrobial prescribing app was presented at the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) conference 2017.

The AMP is a member of the Sepsis Education working group and provides many educational presentations throughout the year such as medical grand rounds, advanced nursing skills courses, clinical pharmacy and microbiology education meetings, ward-based teaching sessions and lunch and learn.

Medicines Information

A Medicines Information (MI) service not only provides basic drug information to all medical, nursing, nurse prescribers, allied health professionals and pharmacists alike, it also generates and drives the development and maintenance of drug protocols and policies and provides a drug use evaluation which contributes to the cost effectiveness and rationalisation of drugs. Currently a drug information service is in operation and is managed by a 0.5WTE Senior Pharmacist. The MI service managed 349 queries in conjunction with the Hepatitis C and ID pharmacists, reflecting the complexity that drug therapies in these areas brings, versus 160 queries in 2016. An average MI service in a 600 bed hospital sees 1200 queries per annum reflecting an unmet need within the hospital.

Infectious Disease Services

Infectious Diseases including co morbidity with Hep C

The infectious diseases clinic is based on St John's ward with a clinic room converted into a counselling room to attempt to fulfil the Regulation of Retail Pharmacy Business Regulations 2008 as amended in 2010. However, the lack of space in the clinic means significant volumes of drugs used must be stored in the Pharmacy Department and the increase of patient numbers (combined ID & Hep C and ID patients were 518 vs 466, 1462 vs 1419 prescriptions in 2017 vs 2016) means there is inadequate dispensing space at current levels. The expenditure in this area is sizeable and due to the reimbursement claims of the pharmacist €8.1million was claimed back in 2017.

Hepatology Hepatitis C Pharmacist

In 2017, the Hepatitis C pharmacy service treated 122 patients from the Hepatology department, an increase from 63 patients the previous year. Each prescription was reviewed in advance by the pharmacist for drug interactions with co-medicines and clinical review of the appropriateness of the NHCTP first-line treatment regimen for each individual patient. Following each prescription review, the pharmacist provided advice to the medical team regarding appropriate management of the interactions. 362 prescriptions (927 items) were dispensed in a 9 month period, taking into account the hold on treatment placed on the NHCTP by the HSE from July to September. Of the 927 items dispensed, 455 were co-medications with 13 red coded interactions, 96 amber and 12 yellow interactions.

Transplant Service

This Pharmacist saw 182 renal transplant patients this year an increase of 28 from 2016. The pharmacist plays a vital role in ensuring the smooth transition from transplant into the community for both renal and haematology patients spending 0.3 - 0.4 WTE of time contacting community pharmacies to ensure the patient's tablets are will be in stock on discharge, checking and faxing copies of prescriptions to ensure a smooth transition and dispensing for patients where necessary ensuring the patient does not miss any doses. The Pharmacy Transplant services are undertaken by 0.5WTE Senior Pharmacist the remaining 0.5WTE being dedicated to the Haematology services.

On Call Service

Activity Data 2017

The Pharmacy Department operates an on-call pharmacy service on a rotational basis ensuring there is access to pharmacy services 24/7. The on call service supplies on average 254 items per week (13,214 per annum) in response to requests from the hospital.

Education and Research

Activity Data 2017

All Pharmacists employed in Beaumont Hospital are registered with the Pharmaceutical Society of Ireland as per legislative requirements. The majority have Diploma, BSc or Masters Qualifications in addition to their basic MPharm qualification.

The pharmacy department is increasing its teaching links with the Royal College of Surgeons Ireland by taking on three interns with two of them undertaking research with the RCSI School of Pharmacy and one senior pharmacist undertaking lecturing on the antimicrobial module for undergraduates. Several senior and chief pharmacists already lecture for both RCSI and TCD for masters programmes.

We continued to facilitate summer student placements for undergraduate pharmacy students and offer placements for final year pharmacy technician students.

Drugs & Therapeutics (D&T) Committee/ Governance

The Drugs and Therapeutics committee is a multidisciplinary committee comprised of medical, nursing, pharmacy, GP, community pharmacy and risk management teams. It meets bimonthly for an hour on each occasion. Full reports are submitted to the Clinical Governance Committee.

The Head of Pharmacy acts as Secretary for the Drugs & Therapeutics Committee and the five other sitting pharmacists have a significant input without protected time for this function. There are four subgroups reporting into D&T namely medication safety, nurse prescribing, nurse medication and antimicrobial stewardship. All drug related policies, formulary applications requests are submitted mainly via the pharmacy department, who invest significant time in managing them.

In terms of Nurse Prescribing there are over 20 Registered Nurse Prescribers in the hospital, who require significant input from pharmacists prior to D&T approval, providing hospital oversight.

The Pharmacy Department is providing a broad and responsive service in a challenging financial, clinical and structural environment.

With the resources available, the services are concentrating on core functions i.e. the assurance of the safety of prescribed medicines as the quality and integrity and supply of medicines.



Physiotherapy Manager:
Catriona Ni Chearbhail

Introduction

Physiotherapy is a health profession concerned with helping to restore wellness, taking a ‘whole person’ approach to health and wellbeing. As a profession we provide services in circumstances where movement and function are threatened by ageing, injury, pain, diseases, conditions or environmental factors. At the core is the patient’s involvement in their own care, through education, awareness, empowerment and participation in their treatment.

The physiotherapy department provides a comprehensive inpatient and outpatient service during core working hours, as well as a weekend respiratory service and emergency out of hours on-call service. We also provide a Saturday orthopaedic service facilitating discharges and optimising patient care.

At year end 2017 the team consists of 65.8 whole time equivalent (WTE) physiotherapists working across specialities in Beaumont, St. Joseph’s Hospital and Raheny Community Nursing Unit.

Figure 174 WTE Physiotherapists Beaumont

| Beaumont | ITU/ RITU | CF | Resp | Acute med | Onc | Neurosx | Neuro | CVA | COE | ED | MSK | Ortho | Clinical tutors |
|------------------------|--------------|-----|------|--------------|-----|---------|-------|-----|-----|----|-----|-------|--------------------|
| Clinical specialist | | | 1 | | | 0.5 | 0.5 | | 1 | | 1.6 | | |
| Senior | 1 | 2 | 1 | 1 | 2 | 1.5 | 1.5 | 1 | 1 | 1 | 4 | 1 | 1.5 |
| Staff grade | 3 | 0.5 | 3 | 3 | 1 | 3 | 1 | 2 | 3 | 2 | 4 | 1 | |
| Assistant | | | 1 | | | 1 | | 1 | | | | 1 | |

Figure 175 WTE Advanced practice physiotherapists (APP) working in consultant-led *clinics*

| Advanced practice | Ortho/Rheum | Neurosurgery | Pain |
|------------------------|-------------|--------------|------|
| Clinical specialist | 2.5 | 1 | 1 |

Over the course of the year the department had 15 maternity leaves, 10 resignations, 1 person on leave of absence, 1 person on carer’s leave, 2 people on extended sick leave and 4 staff members who took paternity leave. In this environment, the staff worked consistently to reorganise, reprioritise and restructure to meet the needs of the patients. High priority referrals were dealt with within acceptable time frames and staff demonstrated exceptional levels of flexibility and cooperation.

Figure 176 WTE Physiotherapists St. Josephs

| St. Joseph’s | Day Hospital | Rehab | RCNU |
|--------------|-----------------|-------|------|
| Senior | 1 | 1 | |
| Staff grade | | 1.5 | 0.5 |

The team includes 2 WTE managers, 4.5 advanced practice clinicians working in consultant-led clinics and 1.5 clinical tutors to support the students from RCSI and UCD. We have 4 physiotherapy assistants and 3 administrative staff.

Developments

In 2017 the physiotherapy department was secured an additional 1 WTE permanent and 0.6 temporary advanced practice physiotherapists (APPs) for the **Neurosurgery spinal service**. The APPs will work alongside the neurosurgeons in consultant-led clinics as ‘first contact practitioners’ with the goal of

reducing significantly the lengthy waiting lists for this patient population. We look forward to the new staff members joining the team in early 2018.

A pilot project for **Stroke ESD** was undertaken in collaboration with the wider MDT with no additional staffing. The pilot proved extremely successful in terms of providing excellent care and reducing length of stay for stroke patients. An additional 0.5 staff grade was secured so as to enable the ESD project to continue.

Activity

There were 69,916 visits to the physiotherapy department in 2017, with 16,744 new patient visits. There was an 8.8% increase in new patient in-patient referrals. There was a decrease in the in-patient new to return visit ratio, which in 2016 was 1:5.5, and in 2017 was 1:4.5. The difference reflects the ongoing efforts to manage increasing numbers whilst maintaining efficacy and high quality standards of care.

The 2017 referral pattern to musculoskeletal outpatients reflects 2016, but with 14% increase. This increase combined with a reduced appointment capacity due to the above mentioned challenges in staff retention has resulted in a significant rise in the outpatient waiting list (Figure 177). New to return ratio in outpatients has reduced, from 1:2.2 in 2016 to 1:1.8 in 2017. This again is a reflection of the senior staff monitoring flow and maximising efficiencies within the service.

Figure 177 Musculoskeletal outpatient waiting list

| Avg no. of patient per month | 2016 | 2017 |
|------------------------------|------|------|
| Waiting 7-10 weeks | 53 | 117 |
| Waiting longer than 10 weeks | 0 | 108 |

Respiratory service

The specialist services provided by the respiratory team include patients admitted with cystic fibrosis, chronic obstructive pulmonary disease, and transplants along with general medical and surgical patients. The two intensive care units are also staffed with a dedicated intensive care respiratory team. The respiratory service also provides a 24/7 365 day per year on call service for any patient in acute respiratory distress.

The Oncology services continue to grow steadily, and now incorporates the Saint Lukes Radiation Oncology Service at Beaumont (SLRON). Overall excluding the

lymphoedema service, 765 new patients were seen in 2017. This figure is an increase on 2016 where new patient numbers were 760.

Neurosciences

The Neurology service delivers specialist physiotherapy service to neurology inpatients, General Neurology Outpatients, Vestibular rehabilitation outpatients (primarily ENT referrals) and attend multidisciplinary outpatient clinics including Motor Neuron Disease (3/month), MS (1/month) and a physiotherapist led advanced practice spasticity injection therapy clinic (1/month). Referrals are accepted from consultants in Neurology, ENT and Neurophysiology.

Musculoskeletal

2017 saw the continuation of the work commenced in 2016 whereby patients are categorised into four distinct work streams, ED, upper limb, lower limb and spinal/multisite pain. This has allowed for more efficient waiting list management and a more equitable service to all patients. A capacity management model is used to closely manage these waiting lists. Focus on the past year was centred on improvement in processes relating to all aspects of the patient journey through the OPD and increased use of IT to reduce non clinical time and reduce patient non attendance rates.

Advance practice physiotherapy

In 2017, there was a continued role of an advance practice physiotherapist in both Orthopaedic and Rheumatology Out-patient clinics. Succession planning is key to the success of these roles, and training has been completed for an additional staff member. This will facilitate future periods of leave.

- **Orthopaedic Clinics:**
 - Mr. Denis Collins lower limb orthopaedics
 - Mr. James Walsh foot and ankle orthopaedics
 - Mr. Mullett's waiting list is 5 months for routine referral
- **Rheumatology clinics:**
 - Patients deemed appropriate for MSk Rheumatology clinics are now seen within four weeks on receipt of referral. Long waiters from 2014-2015 end of year were addressed and now cleared.
 - Dr. O'Connell's/Dr. Durcan.
 - Dr. Howard/ Dr. Kearns clinic.

- **Pain clinic:**

Attendance at 4 weekly clinics:

- Dr Alex Mudrakouski's weekly clinic-Monday
- Dr Valerie Pollards weekly clinic-Tuesday afternoon
- Dr David Moore's weekly clinic-Tuesday morning
- Physiotherapy led weekly clinic of new patients from consultant pain waiting list

- **Injection clinic commenced**

- **Post Op clinic ongoing alongside injection clinic.**

Care of the Elderly (COE) service

The ED FIT Team continued to go from strength to strength. There was continued development of the service. A permanent location within the ED has enabled greater communication within the FITT and wider teams. The main developments in this service was collaboration and close relationship building with the newly formed Integrated Care Team for Older People in North Dublin which was formed in June 2017. Also the FIT Team has now fully implemented an electronic health record for all patients which enables improved communication and smooth transition of patients from one service to another whether being admitted or discharged home to community services.

Physiotherapy played an integral part in the implementation of numerous MDT clinical practice improvements on both Specialist Geriatric Wards (Hardwicke and Whitworth). The stroke service commenced a trial of Early Supported Discharge service in June 2017 to great effect. The aim of this service was to identify those patients who were medically fit for discharge and could continue their care and rehabilitation in their own home. This involved a collaboration with the stroke consultants and a coordinated approach to care with nursing, occupational therapy, speech and language therapy and dietetics.

2017 saw the day hospital move to a full 5 day service, with a designated geriatrician attending each day. Day hospital activity has grown over the last year and expected to continue in 2018 with a focus on ensuring day hospital services deliver appropriate services within a comprehensive pathway of care.

Clinical Tutors

The physiotherapy department continues to provide clinical placements to RCSI and UCD physiotherapy students. Placements are supported by 1 WTE RCSI tutor and a 0.5 WTE UCD tutor. Each student is then allocated to a practice educator (physiotherapist with a clinical caseload) by the tutor. Placements are generally 4-6 weeks with introductory placements being 1-2 weeks.

National/International Profile and Awards

Many of our physiotherapy staff are representatives on national steering groups and the clinical care programmes for both physiotherapy and the broader MDT. Staff are members of various special interest groups ensuring strong representation from Beaumont Hospital within the national arena.

Kareena Malone was awarded bursary funding to attend ICIC17, an International interdisciplinary conference held in UCD to present two posters on QI improvements in neurosurgery.

The FIT Team received an award from the National HSE Excellence Awards in the category of contributing to excellence in community care

The FIT Team received an award as part of the Beaumont Hospital 30 year celebrations, as winners of the Quality Improvement category.

Michelle was awarded AHP prize at the British shoulder and elbow society conference for her research and will present her research at the European Shoulder Conference in Geneva, September 2018.

The physiotherapy department continues to flourish and grow with more weddings and babies in 2017. Staff health and well-being remains a focus to foster staff engagement and impact positively on patient care. We look forward as a team to continue to deliver high quality, safe and effective care to our patients and to remain a prominent department in the development of future services within Beaumont Hospital.

Department of Psychology



Dr Niall Pender, Principal Clinical Psychologist/Head of Department
Adjunct Associate Professor in Psychology,
Trinity College Dublin
Honorary Senior Clinical Lecturer, RCSI.

A significant proportion of patients attending an acute general hospital experience acute and chronic psychological difficulties. Furthermore, cognitive, behavioural and emotional difficulties can be symptomatic of emerging neurological, neurosurgical or mental health difficulties. Psychological interventions can have a significant benefit on treatment adherence/response, the experience of clinical symptoms and has been shown to reduce attendance at emergency services in a multitude of patient groups. The demand for psychological assessments and interventions has grown substantially each year.

The Department continues to offer specialised psychological treatments for patients of the Hospital aimed at assisting diagnostic/pre-surgical investigations, alleviating distress and treating cognitive, behavioural or emotional difficulties arising from medical conditions. The Department currently consists of 11wte psychologists and 4 PhD students registered with both RCSI and Trinity College Dublin. Staff also supervise approximately 5 HSE trainee clinical psychologists per year. We are also now providing neuropsychology internship places for students from Leiden University, University of Turin, Maastricht University and Dublin City University. In 2017 we were delighted to welcome Dr Niall Galligan who took up the new post of Senior Clinical Psychologist in Care of the Elderly which will significantly improve the psychological care of older adults attending Beaumont Hospital and St Joseph's.

As a Department, we aim to provide a timely psychological service to most areas of the hospital but at present some areas remain unsupported. The team continue to produce excellent work with

limited resources and have continued their pattern of developing novel and patient focused treatment/assessment methods which are outlined by service below. We are continuing to improve on previous developments and initiatives to ensure that all our patients receive a high standard of care and treatment from the Department. There continues to be a great recognition of the beneficial role of psychology in the Hospital and support for the development of psychological services to different patient groups.

Current Staff of the Department of Psychology:

Dr Niall Pender, Principal Clinical Neuropsychologist/Head of Department;
Dr Jennifer Wilson O'Raghallaigh, Principal Specialist Clinical Psychologist;
Mr Mark Mulrooney, Senior Clinical Neuropsychologist;
Dr Diane Gillan, Senior Clinical Neuropsychologist;
Dr Sarah Clarke, Senior Clinical Neuropsychologist;
Dr Ailin O'Dea, Senior Clinical Psychologist;
Dr Niall Galligan, Senior Clinical Psychologist;
Dr Mairead Dempsey, Senior Clinical Psychologist;
Dr Frances Dawson, Senior Clinical Psychologist;
Mr Jonathan Gallagher, Senior Psychologist.
Dr Victoria Lunt, Senior Clinical Psychologist
Dr Isabela Caramlau, Staff Grade Clinical Psychologist

Current PhD Students:

Ms Marta Pinto-Grau PhD in Neuropsychology of ALS, Trinity College Dublin (Co-supervising with Prof. O. Hardiman);
Ms Sile Carney, PhD in Caregiver Burden in ALS, Trinity College Dublin (Co-supervising with Prof. O. Hardiman);
Ms Fiona O'Donovan, PhD in Cognitive benefits of Omega-3 RCSI (Co-supervising with Prof. A. Stanton);
Mr Emmet Costello, PhD in Neuropsychology of ALS, Trinity College Dublin (Co-supervising with Prof. O. Hardiman).

Clinical Service Developments

Neurosciences:

Dr Sarah Clarke, Mr Mark Mulrooney and Dr Diane Gillan continue to provide services to in-patients and out-patients: assessment and individual therapy for patients with neurological and neurosurgical conditions. Dr Clarke has been developing a specialised group interventions for patients with Non-Epileptic Attack Disorder. She has started teaching D.Clin.Psych trainee in UL and TCD and supervised an MSc thesis (University of Maastricht) examining post-surgical memory function in TLE patients. She gave an invited

talk at Epilepsy Ireland on Women and Epilepsy. Mr Mulrooney has been developing novel assessment techniques for neurological patients which will streamline the assessment process for our service.

Dr Pender continues to develop services to neurodegenerative patients. Our work with such patients has attracted national and international interest and have been presented at conferences and published in peer reviewed journals. We are currently developing a clinic for HD patients in conjunction with neurology which will complement our ENROLL-HD clinic.

Dr Gillan has also been temporarily providing a locum service for Renal transplant and in doing so has been developing a novel transition clinic for young patients coming from the children's service.

Oncology: St Luke's Radiation Oncology Unit

Ms Victoria Lunt has been developing the psychological services to St Luke's Radiation Oncology Unit and this service is growing significantly. The service is in demand and she has now developed group and individual treatment options as well as a triage clinic.

Psychology Service to Liaison Psychiatry

Dr Jennifer Wilson O'Raghallaigh has been appointed to the role of Principal Specialist Clinical Psychologist, our first in the Hospital. She was an invited speaker by the NAI to Health Summit Ireland in 2017 and to the 2017 MS Society Early Diagnosis Information Seminar. She continues to develop and grow the services to liaison psychiatry.

Continuing Group Intervention Provision:

- Chronic Disease Self Management Programme (CDSMP);
 - Six 6-week programmes held with 16-18 patients invited to each. Three of these were held in community locations in the late morning and three were held at Beaumont Hospital in the evening.
 - Support of the development of the oncology specific CDSMP in partnership with St Luke's
 - Research consortium demonstrated savings in bed days and g.p. visits.
 - Paper presented at the Psychological Society of Ireland conference 2017
 - Publication in *Clinical Psychology Review* (Heffernan et al., December 2017)
 - Publication in review (Hevey et al, Chronic Disease)

- Mindfulness Based Stress Reduction (MBSR);
 - Three 8-week MBSR programmes were completed in 2017 with 20 patients invited to each. These are held at Beaumont Hospital in the evening.
- The Mindfulness and Relaxation Centre (MARC) at Beaumont Hospital;
 - Continued stewardship of existing materials and on-line enquiries
 - Additional funding received from Beaumont Hospital Foundation for further developments in 2017 with expanded recordings in English and Irish.
- Resilience Plus for staff;
 - Continued support and evaluation of the 12 hour intervention in self care and wellness for staff in partnership with Staff Counselling Services and Learning and Development.
 - Provision of research support in partnership with TCD to evaluate effectiveness.
 - Paper presented at the Psychological Society of Ireland conference 2017
 - Poster presented at 25th International HPH Conference (Vienna 2017)

Care of the Elderly Psychology Service 2017

In 2017 a new post in care of the elderly was commenced which enabled us to significantly develop the services to older adults. The aims of this new service in 2017 were as follows:

- Development of service provision goals and new referral pathways for COE patients in consultation with 5 Consultant Geriatricians in COE and members of MDTs.
- Educational sessions on role of Psychology in COE.
- Provision of Psychological Services to COE Patients in relation to:
 - Neuropsychological assessment to assist differential diagnosis, support planning and treatment provision;
 - Assessment of Decision Making Capacity and identification of individual supports required to enhance capacity;
 - Clinical assessment and formulation of health-related psychological difficulties (e.g., anxiety post-falls, difficulty engaging in rehabilitation, mood related cognitive and functional impairment);
 - 1-1 Psychological Intervention regarding health-related psychological difficulties (e.g., Medically Unexplained Symptoms, Psychological adjustment post-diagnosis);
 - Development and delivery of "Inchinn" Memory and Wellbeing group programme (Patients and Carers) with Day Hospital Team;

- Provision of information and education to patients and families on dementia, emotional wellbeing and self-care.
- Research collaboration with COE Medical Team with subsequent published abstract and presentation for Irish Gerontological Society on *“Concordance of FDG-PET Imaging with Neuropsychological Assessment in Patients presenting with Cognitive Impairment with Atypical Features”*.
- Teaching on RCSI Nursing Diploma and TCD Clinical Psychology Doctorate Programmes
- Delivery of staff education sessions on:
 - “Self-Care and Emotional Wellbeing”;
 - “Psychological Aspects of Ageing”;
 - “Assessing Cognitive Impairment in Older Adults”.

Cardiac Rehabilitation team:

Congratulations to Mr Jonathan Gallagher and Dr Isabel Caramlau who were part of the cardiac rehabilitation team that were awarded Rehabilitation Clinic of the Year Award at the Irish Healthcare Centre Awards as well as:

- Excellence in Healthcare Management Award at the Irish Healthcare Awards;
- Finalists in the Clinical Team of the Year category, Irish Healthcare Centre Awards;
- Finalists in the Hospital/Large Department & Specialist Care Centre of the Year category, Irish Healthcare Centre Awards.

Dr Caramlau has contributed to the RCSI diploma in Coronary Care. Mr Gallagher and Dr Caramlau have successfully designed, implemented and evaluated ‘UPBEAT’: a comprehensive **HF Self-Management Programme**. We demonstrated that this novel programme improved both HF self-management and medication adherence in this patient population, and the findings have been submitted to be presented at the World Congress on Acute Heart Failure (2018).

Cochlear Implant:

A new service providing autism assessments for children attending the cochlear implant service was initiated this year. Both Clinical Psychology and Speech and Language Therapy are involved in these assessments and to this end the psychologist attended training in the administration of both the ADOS 2 and ADI-R in 2016 and 2017. Three assessments were completed in 2017 and we anticipate between 3 and 5 referrals in 2018. Although the numbers are small the assessment process is lengthy and time consuming with each assessment taking between 15 and 20 Psychology hours to complete. Best practice would necessitate including all of these as part of the assessment process. This new service is providing an appropriate, specialist and timely intervention for the families of those children suspected of having autistic spectrum disorder who attend the cochlear implant service.

Research Activity

Research remains an integral component of the work undertaken by the Department. We have two research streams in the Department. The first is a clinical health stream which examines the psychological aspects of health/disease and participation in care. The second is grounded in neurosciences and examines the cognitive/behavioural and emotional aspects of neurological conditions. All staff are research active and supervise post-graduate students from national and international universities in their research areas. Our collaborations with other teams and hospitals remain a corner-stone of our research and enables the psychology team to produce high quality international research.

Congratulations to Dr Tom Burke who successfully completed his PhD in the neuropsychology of ALS in collaboration with Prof. O. Hardiman TCD in 2017.

Speech & Language Therapy (SLT)



Anne Healy: Department Manager

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

Staff Complement

Including the SLT Manager, the department comprises a total of 21.4 WTE SLTs and 1 WTE SLT Assistant. The service is provided across five different locations:

- Beaumont Hospital: 10.6 WTE (excluding the manager)
- St. Joseph's Campus (Day Hospital, Rehab Unit and Community Nursing Unit): 2.8 WTE
- St. Lukes Radiation Oncology Unit (SLRON-Beaumont Centre): 1 WTE
- Cochlear Implant: 6 WTE

Clinical Activity

General Hospital

The demand for SLT was consistently high throughout 2017. Figure 178 compares activity data for 2015 to 2017.

Figure 178

| | 2015 | 2016 | 2017 |
|--|------|-----------------|----------------|
| Total number of patients seen | 2491 | 3095 (↑ 24%) | 3204 (↑ 4%) |
| Average duration (minutes per intervention) | 42 | 36 (↓ 14%) | 36 |
| Average number of interventions per patient | 6.2 | 6 (↓ 3%) | 5.75 (↓ 4%) |
| Discharged before seen | 78 | 82 (↑ 5%) | 106 (↑ 29%) |

When comparing 2015 and 2016, there was an increase in activity of 24%. A further increase of 4% was observed in 2017.

Cochlear Implant Service

Within the Cochlear Implant programme, 2017 continued to be busy. 2041 appointments were offered to both children and adults attending the cochlear implant service. This activity is similar to the number of appointments offered in 2016.

General initiatives and developments

In addition to maintaining the patient service, there were also a number of initiatives and developments within the SLT service. These are summarised as follows:

The SLT team in cochlear implant were instrumental in the production of the following:

- An information booklet for parents of children with Additional Needs: ***Bringing Sound to your World - Cochlear Implants for Children with Additional Needs.***
- Speech & Language Therapy Care Pathways for Children with Cochlear Implants: ***A Practical Guide Linking the Cochlear Implant Programme & Community Services. This was a collaborative project through a working group with our community colleagues.***
- Membership of a working group which produced the Irish Association of Speech and Language Therapists Guidelines for Speech & Language Therapists working with Deaf Children in Ireland.
- A number of leaflets were developed by the team, both SLT only and as part of multidisciplinary groups.
- ***Introduction to Hardwicke Ward***
- ***Swallowing and Dementia*** leaflet was developed for use in the day hospital.
- The SLT service is part of a multidisciplinary team that runs a weekly Cognitive Stimulation Group on Hardwick ward. In 2017, this group was also introduced to Whitworth ward.
- An initiative was introduced to reduce the use of beaker lids and therefore increase the safety of patients swallowing. 'Get Rid of the Lid' was developed by a staff member attending the Organisational and Personal Skills development programme and is now established on Whitworth ward.
- The SLT service in cochlear implant is leading on an initiative to develop a Young Peoples Programme (YPP). This aims to meet the specific needs of those between the ages of 13 and 24 (approx) years.
- The Day hospital service increased to five days of clinics in 2017.

- In 2017, 'What Matters to me' awareness day was run for the second year. The day was expanded to 8 wards and the St Joseph's hospital campus. SLT was instrumental in organising this day, alongside our Medical social work and Nursing colleagues. This day aimed to increase patient centered care within the hospital
- Beaumont Hospital Swallow Screening tool (BHSST) training was completed for all new nurses on St Brigids ward. Training for nurses in the Emergency Department commenced in December 2017.
- Filming and editing of interviews with Raheny community nursing unit (RCNU) residents and family members was completed this year. The film forms part of an educational workshop on person-centred care for all staff of RCNU. This project is led by SLT, and contributed to by a focus group of RCNU staff across Nursing and Health Care Assistants.
- A Structured Resident Review process was developed by the wider multidisciplinary team in the RCNU.
- A '24 hour rehab ethos' project was developed in St Joseph's rehabilitation unit. This focused on promoting the rehabilitation ethos within the unit, extending the patients rehabilitation beyond individual therapy sessions to the wider unit.

Clinical audit of caseloads was undertaken in the following services:

- Adult cochlear implant
- Day Hospital services
- Rehabilitation unit: The MDT collected data for 4 months in relation to demand and capacity for each profession. Data was also collected around discharge complexity. This preliminary exploratory data was presented to AHP and nursing management at the unit.
- A swallow screening audit was completed in August 2017. This audit found that 79% of patients admitted to the Acute Stroke Unit had their swallow screened using the BHSST.
- An Early Supported Discharge (ESD) test took place within the service from June 2017 until December 2017. 0.5 WTE Senior SLT was provided from existing resources with the purpose being to demonstrate the need for an ESD service for Stroke patients within the hospital.

Education and Training

Practice education

The SLT department was active throughout the year providing practice education placements for SLT students attending Trinity College Dublin and the

University of Limerick. In 2017, a new placement was introduced in the cochlear implant service.

In addition to providing regular placements for SLT undergraduate students, the department has facilitated a number of other practice education placements, including specialist post-graduate placements and observation days for prospective SLT students.

Contribution to Education

Members of the department continue to contribute to training for a wide variety of disciplines within the hospital. Training on both communication and swallowing disorders was provided to both nursing and healthcare assistants as part of their induction and on specific wards. All staff engage in journal clubs across the hospital and regularly present. Members of the SLT department also lecture on a number of nursing postgraduate education courses, for example the postgraduate Gerontology nursing course.

In addition to in-house training, a number of staff are visiting lecturers. The SLTs in Cochlear Implant provide lectures to both audiology and SLT training programmes in a variety of colleges. Training on deafness was provided to a number of Community Healthcare Organisation areas and disability teams.

The Practice tutor is one of the co-ordinators of the Connect Student conversation partner programme in which first year TCD students visit people with Aphasia as a conversation partner. This programme provides conversation opportunities for people with Aphasia as well as helping student SLTs develop vital communication skills which can be used throughout their career.

Publications and invited presentations

A number of staff presented at the Irish Association of Speech and Language Therapist's biannual conference in 2017. The following presentations were given:

- Oral presentation titled '*Message Banking as an SLT Intervention for People with MND*'
- Oral presentation titled '*Speech and Language Outcomes of children with Disproportionate Language Impairment and cochlear Implants-A review of current management options*'
- Oral presentation titled '*Cochlear Implants and Specific Speech and Language Impairment / Developmental Language Disorder – An Overview*'
- Poster presentation titled '*Speech & Language Therapy Care Pathways for Children with Cochlear Implants: Collaborative Working to Develop a Practical Guide*'

- Poster presentation titled *'The Helping Hand'*.
- Poster presentation titled *'What matters to me Awareness day, the experience in Beaumont Hospital'*

The following presentations were given at various other conferences:

- Poster presentation of *'Get Rid of the Lid'* project at the Irish Gerontological Society (IGS) 65th Annual & Scientific Meeting
- Oral presentation and attendance at the British Cochlear Implant Group Conference titled *'Too old for a Cochlear Implant? Observations of people over 70 who received a Cochlear Implant in Ireland.'*
- Poster presentation at ESPCI titled *'Family, Communication and other Factors and their Effect on Language Outcomes Post CI, as Measured by Success with Vocabulary Development.'*
- IASLT Update Publication: *'The Effect of Multiple Factors on Vocabulary Development Post CI'*.
- Poster presentation at 6th Annual Quality and Patient Safety Meeting held in Beaumont Hospital titled *'Naturally Thick Drinks: An Information and Recipe Booklet'*
- Poster presented at Integrated Care conference titled *'Implementation of a Multidisciplinary (MDT) Goal Setting Programme for Inpatient Neurosurgical Patients'*

The SLT service organised and presented in the following courses, run here in Beaumont Hospital.

- Frailty Workshop in June. SLT presented *'How the SLT FITTs in ED'*
- Motor Neurone Disease: Multidisciplinary Education Day in November. *'The management of Dysphagia and Secretions in MND'*
- A Cochlear Implant Training Day for Speech and Language Therapists was run in conjunction with the Deafness Special Interest Group
- *Message Banking in Motor Neurone Disease: A Study Day for SLTs* was held in August.



**Annette Winston :
Manager of Department**

Introduction

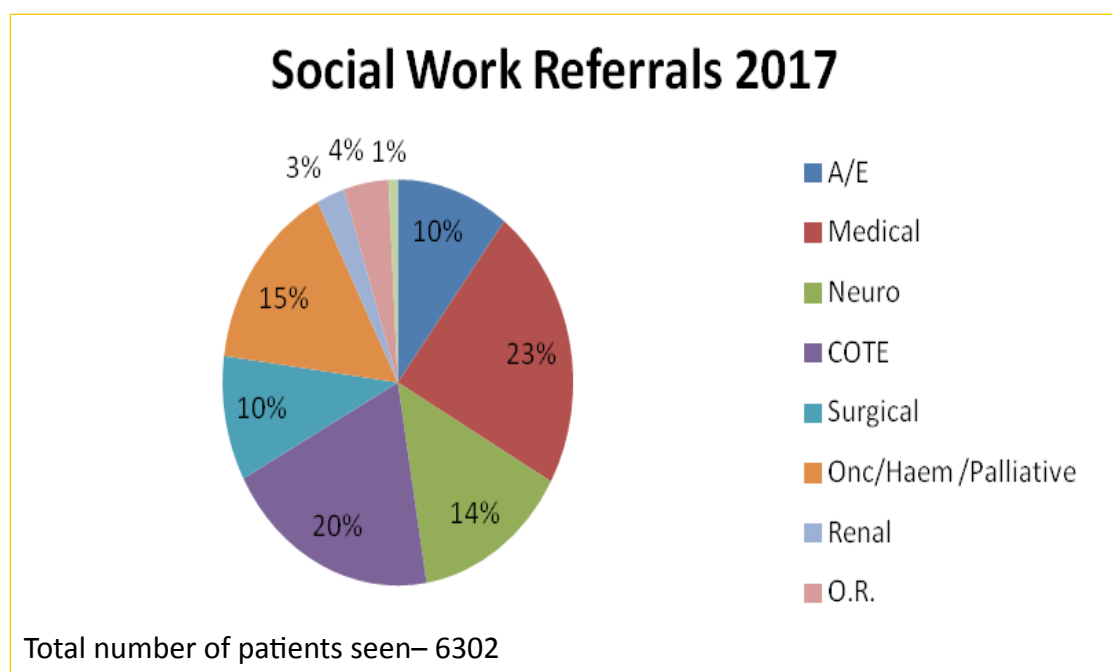
The Social Work department is committed to providing a high quality service to the patients and families that access our services while attending Beaumont Hospital. The social workers work across two sites, Beaumont Hospital and St Joseph's Hospital Campus Raheny. On the latter we provide a service to inpatients receiving rehabilitation and outpatients of the Day Hospital. We offer a range of services which includes supporting patients and families in coping with acute and chronic stages of illness and planning for future care needs. We work across directorates in a range of areas/specialities, including ED, Oncology, Haematology & Palliative Care, Infectious Diseases, Cystic Fibrosis, Neurosciences, Psychiatry, Care of the Elderly, Surgery, General Medicine and Rehabilitation. In addition we run a comprehensive range of Bereavement support services for individuals, families and groups.

Activity levels

Statistical Information of Clinical Activity

In 2017 the activity trends continued to reflect the demographic of our catchment area and the increased activity levels of the national and regional specialities in the hospital. This has led to increased workload for the social work service not just in terms of the numbers of patients receiving a service but also the level of complexity of intervention required illustrated in increases in the number and durations of interventions undertaken. As a result the department is continually reviewing, reorganising and reprioritising our work in order to meet these increasing demands. In 2017 the social work department provided a service to 6302 patients.

Figure 179: Referrals in 2017: % by area of speciality



The social work department has adopted a Service Team Structure, which mirrors the structure of the hospital directorates. There are currently 3 Service Teams; the General Medical, Neuro-oncology and the Care of the Elderly. The Social Work Team have been involved in ongoing multidisciplinary quality improvement initiatives such as the Early Support Discharge Team for Stroke patients, the FITT team in the ED department, 'End PJ Paralysis and the 'What Matters to Me Day' as are detailed elsewhere in this report.

Care of the Elderly Service Team

There have been ongoing service developments within the Care of the Elderly Service. Significantly the Day Hospital Service is now operating clinics five days a week and the Social Work Department secured funding for a second Senior Social Worker to work within this service. The provision of this extra post also enabled the Social Work service to be closely involved with the trial and implementation of the Integrated Care Team for older persons.

Key Initiatives:

- A Memory Support Group entitled 'Inchinn' ran twice in 2017 (Spring and Autumn) in the Day Hospital. The initial group was organised and facilitated by Occupational Therapy, Social Work and Nursing, with Psychology coming involved for the following group. The group was attended by patients and family members and focused on 'brain health', strategies to improve brain performance, self care, carer support, information on community support services and planning for the future. Further groups are planned for 2018.
- Dementia Friendly environment on Whitworth and Hardwicke wards. As part of ongoing MDT work to improve the environment on these wards for patients with dementia, the Day rooms were renovated with dementia friendly signage and wall murals.

Neuro-Oncology Service Team

- **CLIMB programme:** This is a 6 week support programme, established by two Medical Social Workers, for children whose parents have a cancer diagnosis. Often a major concern for parents affected by cancer is in relation to how their children are being impacted by their diagnosis. This programme is aimed to assist and support the children, and in turn their parents at this challenging time. The feedback that was received from both parents and children was overwhelmingly positive. The Social Work Department aim to roll out this programme further in 2018.

- 2 Medical Social Workers collaborated with the Daffodil Centre on offering information sessions to patients of Oncology Services in Beaumont on benefits / entitlements and the role of Social Work.
- Ongoing advocacy and representation to the Irish Cancer Society in relation to funding for initiative to support Brain Tumour patients and the 'Drive to Care' scheme for oncology patients.
- Procurement of funding from Beaumont Foundation for a supply of books for distribution to families of Oncology patients on supporting children through the illness and death of parents and family members.

The General Services Team

- **Core Ward Model:** The Medical Social Work Department trialed a core ward model on the General Medical Wards; Jervis, St. Patrick's, Corrigan and CCU, St Laurences, St Paul's and Hamilton (non-stroke patients), to reflect the Core Ward medical model now in operation in the organisation. Previously the MSWs covering General Medicine were attached to Consultants. With this change the MSW provides a service to all General Medical patients on their assigned ward regardless of the admitting Consultant. The aim is to improve communication, to assist in early intervention and assessment, and ultimately to benefit patient care. The trial has been evaluated and key objectives and aims were achieved.
- **World Social Work Day:** The General Service Team ran a seminar in March 2017 to mark World Social Work Day. The aim of this event was for members of Beaumont Medical Social Department to share the initiatives developed in the Department to prompt self care. The event was attended by Social Workers working in CHO9 and created a networking opportunity. The feedback was extremely positive, with attendees from external agencies expressing an interest in implementing similar initiatives in their own organisations.
- **'This is me' tool: Working with people with Dementia:** Following the completion of a 12 week module in Person Centred Care for People with Dementia with DCU and the Dementia Elevator Initiative a MSW introduced a 'This is me' tool on Banks ward. This is a personal passport style tool to gather person centred information and to encourage meaningful interactions between staff and people with dementia. This initiative was further expanded while the MSW attended the Organisational & Personal Skills Development Programme in Beaumont. The feedback received

from patients, staff and family members in both phases of the project has been extremely positive. In 2018 the aim will be to roll the “This is me” tool out to other wards and to incorporate into MSW practice.

- **Steps in Wellness:** In 2017 two members of the Social Work Dept expanded the ‘Steps in Wellness’ Programme developed in 2016. The group ran twice over the course of the year with each group limited to 10 participants. Referrals primarily originated from Renal Services and Liaison Psychiatry. The group promotes a focus on Wellness and Recovery in the context of illness. Feedback continues to be positive with participants reporting that the opportunity enabled them to reflect and identify goals for personal change. This group experience was reported by many to enhance their physical

and psychological wellbeing. Participants reported that they found the group effective in supporting them to implement change in specific areas of their lives that were of particular personal significance.

Hospital Service Developments & Initiatives

A core role of the Medical Social Worker is to work with patients, families, multidisciplinary teams and community agencies to develop care plans for patients with complex needs. There were many challenges in 2017 that impacted on the care planning process, such as fluctuations in the availability of community resources, funding and in particular the issue of care agency capacity. However the ongoing commitment to a ‘Home First’ model by all involved in the care planning process continues to contribute a reduction in numbers listed for LTC (Figure 181).

Figure 180: Numbers of HCP applications submitted in 2016 & 2017

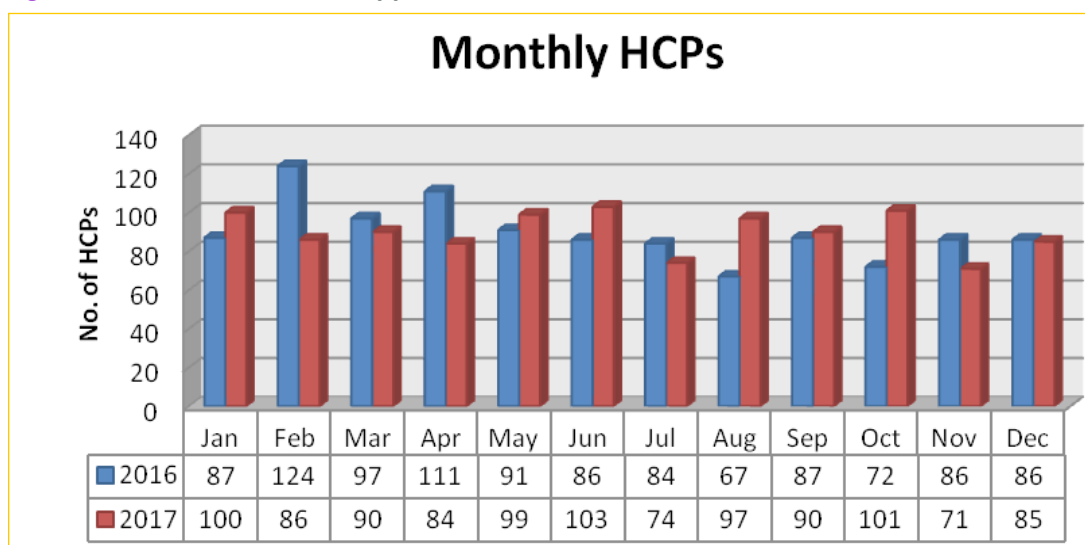
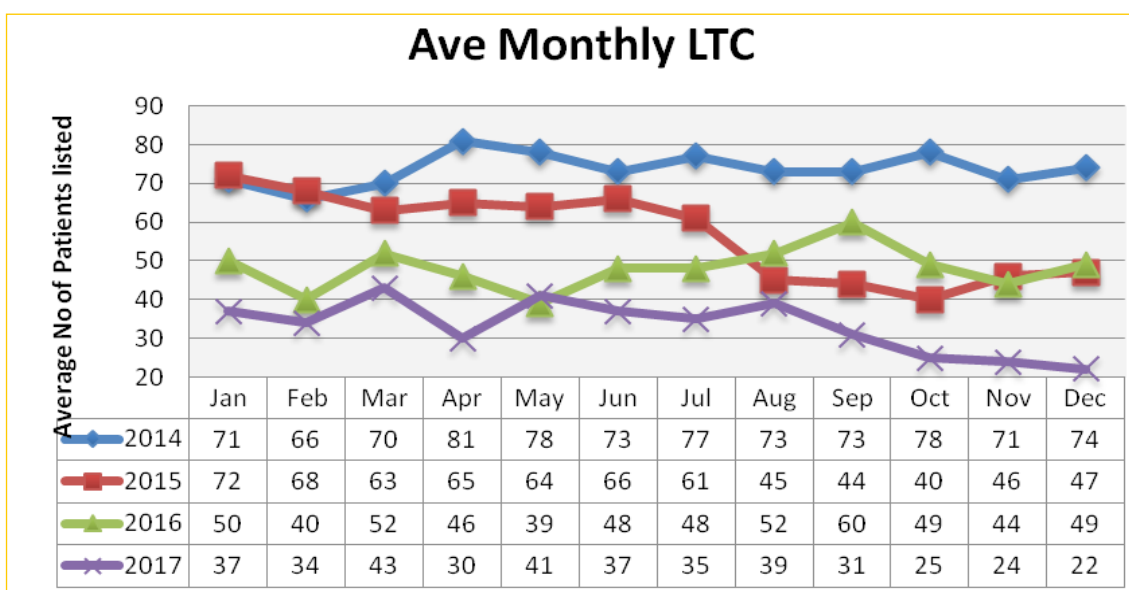


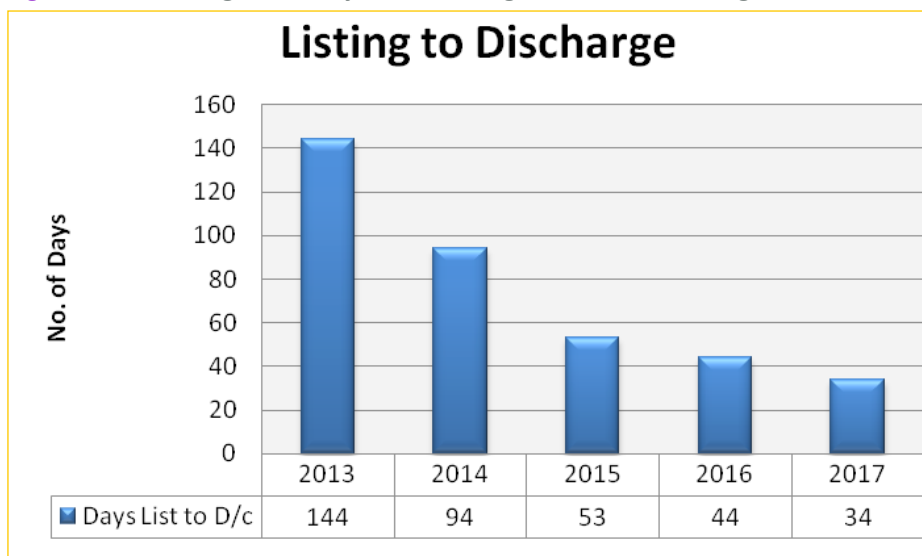
Figure 181: Comparative Numbers of patients listed for LTC



Integrated Delayed Discharge Team

The Integrated Delayed Discharge Team was established in 2014. The team consists of representatives from Patient Flow, Social Work and Nursing. A key focus has been to improve the processes within the hospital for patients being listed for long term care (LTC). The ongoing quality improvement initiatives undertaken by this team continue to have a significant impact on the reduction in bed days lost and reducing the length of stay for patients once the decision has been made for LTC.

Figure 182: Average bed days from listing for LTC to discharge



Think Adult Think Child

Children and young people who experience the death of someone close in an acute hospital are often hidden, unrecognised and unsupported in the context of the care offered to adults who are bereaved. The principle that staff in acute hospitals caring for dying/deceased adults should always ask ‘what does this death mean for the children’ was the key message of a masterclass organised by the Social Work Department and hospitals End of Life Co Ordinator as part of the 2017 Bereaved Children’s Awareness week and supported by the Irish Hospice Foundation. 90 people from 10 adult institutions attended the workshop. Feedback was overwhelmingly positive with a strong commitment to develop initiatives to support children and young people who experience death in Beaumont in 2018.

The Implementation of the Children First Act 2015

The Medical Social Work Department are taking a significant role in supporting the implementation of the Children First Act 2015 in Beaumont Hospital.

The **Children First Act 2015** is an important development for the safeguarding of, and the promotion of the welfare and protection of children who attend Beaumont Hospital as patients, the children/grandchildren of our patients, or as visitors.

The remaining provisions of the Children First Act 2015, including mandatory reporting, have commenced from 11th December 2017. Certain categories of people, many of whom are professionals, became mandated persons and now have a statutory duty to report child protection concerns to Tusla – Child and Family Agency and provide mandated assistance when requested. Other key areas requiring action under the Act are:

- Development of a Safeguarding statement
- Development of Child Safeguarding risk assessments
- Identification of mandated persons
- Ensuring all staff are aware of their responsibilities
- The recording of all reports made to the Child and Family Agency
- All staff must complete ‘An Introduction to Children First’ e-Learning module

This is an area that will be a key focus for development for the Social Work Department and the organisation in 2018.

Social Work Bereavement Service

The Social Work Department at Beaumont Hospital continues to offer a range of bereavement services:

- The Children’s Remembrance Service was held at the end of January to remember children and young people who have died in Beaumont Hospital or were treated here during their illness. Parents,

siblings, extended family and friends attended. This service centres around honouring the memory for the young person who has died and is a support to the families who attend. This year our Keynote speaker was Eileen Kavanagh, Chaplain in the Bon Secours Hospital. Eileen provided a thoughtful, moving and honest reflection on the loss of a child and balancing belief with life's most unimaginable tragedy. Eileen spoke about her own experience and the loss of her two children.

The families continue to appreciate the ongoing support of the hospital in remembering their children. They noted having received a lot of solace and comfort from the day. This day continues to be valued by the 250 attendees and is a special event in the annual calendar of the hospital.

- 'Coping after a Death' the Social Work Department Bereavement Leaflet for grieving families was updated and renewed in 2017 to keep abreast with the ever changing and evolving Bereavement Services.
- The Bereavement Counselling service provided by the Social Work Department which is based mainly on self referrals increased in referral rate by 35%.
- The Annual Bereaved Parents Support Day for bereaved parents and families was held in October 2017 in All Hallows College DCU, Drumcondra. This is a special day where those grieving for a child can talk and support each other in a safe and caring environment.

The theme of the day was 'Honouring my Memories'. The Keynote speaker was Marian O' Mahoney author of 'Goodbye My Son'. Marian is a bereaved Mum whose son died of Leukaemia, she spoke about negotiating the tragedy of losing her son and navigating the murky waters of grief whilst parenting

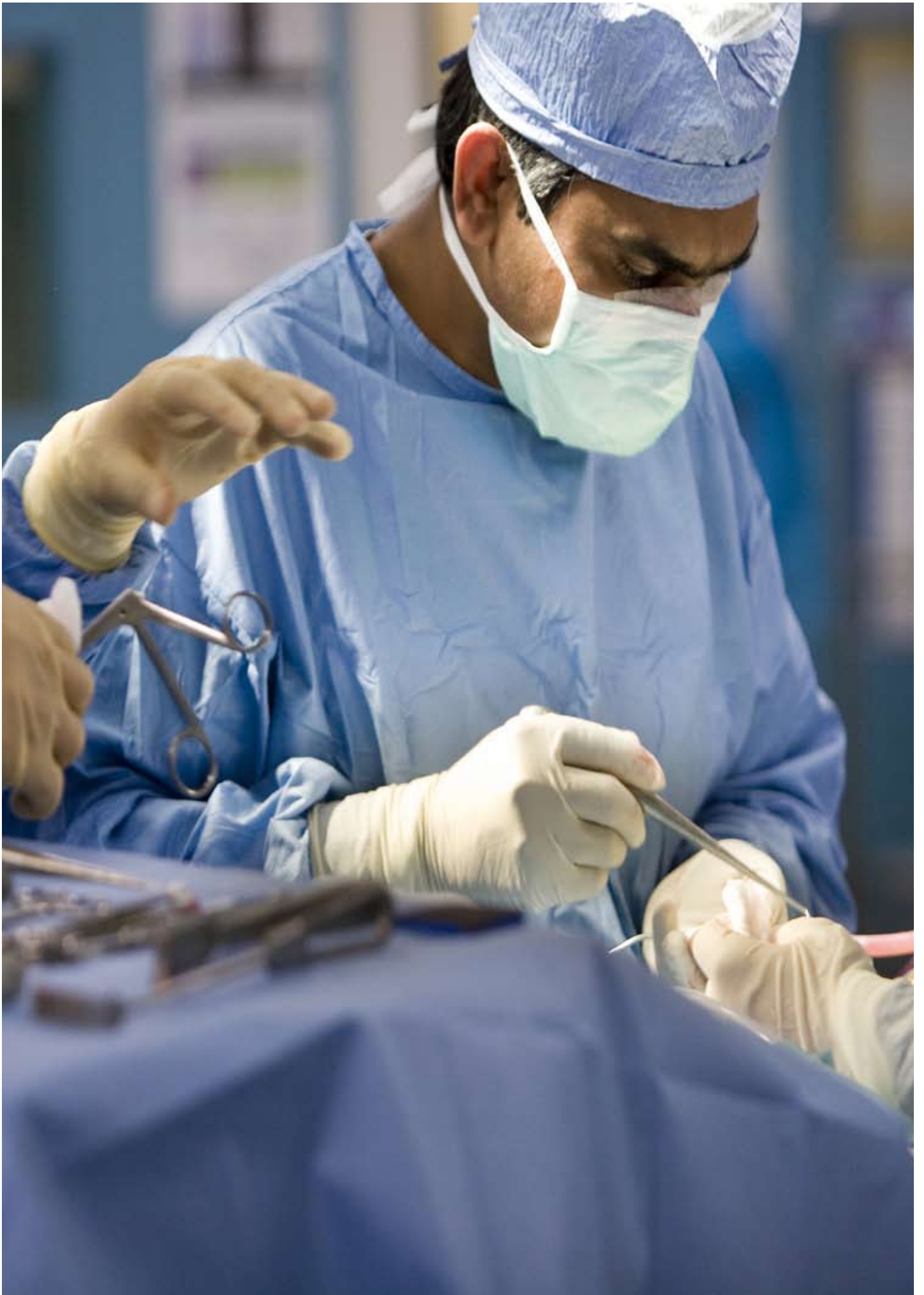
other children. Two parents from the group also shared the experience of their time in Beaumont and losing their daughter to a rare disease. They shared their experience of the unknown and watching their daughter's decline despite intensive medical effort and intervention.

This year's speakers had a profound effect on the entire group as they grappled with the challenging issues which losing their children presented. In the afternoon the group-work session on exploring grief through the creative arts was facilitated by 2 Social Workers in each of 5 different groups. A symbol of remembrance was created by each parent. The parents really value this day and it continues to be an important date in the hospital calendar.

Education & Training at a Hospital and National Level

At hospital level we continue to participate providing training programmes for staff and students:

- A Senior MSW gave a presentation entitled 'Top Tips for Dealing with Family Distress' as part of the Beaumont Hospital Palliative Care Study Day in September.
- A Senior Social Worker presented on Dementia and Loss at the Care of the Elderly Study Day and presented on Elder Abuse at the Frailty Study in Beaumont Hospital
- FETAC Certificate in Palliative care of HCAs and carers
- **GI Study Day:** 2 Social Workers presented at the recent GI Study Day: Saturday 23rd September. Topic: Living with Addiction: Issues for families and Carers
- ED: Training to Emergency Department ANP students on recognising and responding to elder abuse in the ED setting





Facilities



General Services Department



General Services Manager:
Fiona Edwards

Deputy General Services Manager/
Hygiene Co-Ordinator:
Dorothy Costello

General Services Department

This service has gone through many transitions in terms of structure and function over the last couple of years with the final structure agreed in July 2017.

General Services

Main Office

- TV's
- Water Coolers
- Barbers/Hairdressers
- Registered Post
- Hospital Fax
- Central Receipt Tenders
- Board Room Bookings

Liaison with and Billing of

- Smurfit Building
- MSCP
- Dublin Bus
- SLRON
- Ashlin Centre
- Creche

Admissions and Out of Hours Administration

Catering

Chaplaincy

Cleaning Contracts

Health Care Records Library

Laundry Contracts

Mobility/Transport and Car Parking

On-Call Accommodators

Portering

Printing / Graphic Design

Reception

Security

Switchboard Staff

Waste Management

Hygiene Services – Introduction:

The Hygiene Services Task Group (HSTG) is a multidisciplinary team with representation from each Directorate across the hospital as well as key services such as Infection Prevention and Control, Cleaning, Nursing, Clinical Services, Health and Safety, Catering, Technical Services and Supplies. The main focus of this group is to ensure compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections (2017) from the perspective of the management of the environment, waste, linen, sharps, patient equipment and ward pantries.

In 2017, the group met on a monthly basis and reported to the Infection, Prevention and Control Department (IPCC) on a bi-annual basis. The effectiveness of the HSTG is monitored through the hygiene audit monitoring programme, outcomes

from external inspections, quarterly review of annual objectives and review of quality improvement plans as well as review of reports from PALS office and general feedback from users as appropriate. It is monitored via its reporting relationship to the Infection, Prevention and Control Committee and the Executive Management Group as part of the General Services Performance Structure.

There is a quality improvement plan (QIP) for each hygiene element which is managed by a named responsible member on the HSTG who reported on a quarterly basis during the year. Linkages with St Joseph's Hospital Raheny, Learning and Development Department, Infection Prevention and Control Department, Health Promotion and the Integrated Quality and Safety Department are on a scheduled agenda basis.



Members of the Multidisciplinary Hygiene services team with their 2017 award.

Terms of Reference / Operational Plan 2017

The Group's Terms of Reference are based on the 8 themes of the National Standards for Safer Better Healthcare and is supported by an overall Operational Plan which is regularly reviewed by the group to ensure progression and completeness.

RCSI Peer Review

In 2017 the Group developed a peer review with colleagues in the RCSI Hospital Group. This was a very positive initiative which included the review of our hygiene audit programme and included cross-site auditing.

Health Information Quality Authority (HIQA) - Monitoring Programme and Launch of New Standards

The hospital completed a hospital self-assessment against the National Standards for the Prevention and Control of Healthcare Associated Infections (PCHAI).

On 24th August 2017 the Authority inspected Beaumont Hospital. The Authority visited the General Intensive Care Unit and Phoenix Ward. The subsequent report was generally very positive and is particularly complimentary to ICU in relation to cleanliness, new initiatives and particularly complimentary on the governance arrangements.

Audits

As part of the HSTG Operational Plan an audit programme is planned throughout the year with the aim to audit all clinical areas twice per year and high risk clinical areas four times per year. Audits are conducted on a 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.

The elements examined during hygiene audits are the physical environment, sharps, linen, waste, patient equipment and cleaning along with hand hygiene observation championing. Audits of ward pantries are conducted separately by the Catering Department. A risk management occurrence form is completed in the event of a risk identified on an audit.

Scores for each element are combined to give an overall score. A pass score is 86% for each element. When an element fails the result is reported back to the local ward manager / department head and a re-audit is undertaken within a week. In most cases a pass score of 86% and greater is achieved on re-audit.

The existing hygiene audit programme methodology was reviewed. A Stop, Look and Review approach was undertaken whereby the programme was ceased during August and September. A new feedback written narrative report was developed similar to a HIQA

style report rather than the traditional percentage score report. A percentage score is maintained by the Hospital for central use; however, the narrative support gives each area a better understanding of the items that need to be addressed.

Audit Tool

The audit tool was reviewed and evaluated to include a review of the questions and scoring mechanisms and to separate observations, practices and education as there was a concern that the scores were higher than observation would suggest. The changes have resulted in an initial reduction in overall scores and are now in line with the views of the auditors on the practice on the audit day.

Audit Comparison Results 2017

The average audit score was 90 %. A pass score is 86%. The average score of 90 % is the same as 2016. There was an improvement for some elements and some elements remained the same with the exception of patient equipment. The average score for the environment was 91 % (same as 2016), sharps management was 92 % (up from 90 % in 2016), linen was 92 % (down from 94 % in 2016), waste was 91 % (up from 90 % in 2016) and patient equipment was 84 % (down from 86 % in 2016). A traffic light colour system for audit results was introduced in 2017, i.e. scores below 86 % are red, scores between 86 % and 89 % are in amber and scores achieving 90 % and above are in green.



Dorothy Costello receiving the award on behalf of the Hygiene Services Task Group.

Local Managers and Department Managers/ Directorate Management teams as appropriate are notified of hygiene audit results in their areas. Each Directorate are sent a summary breakdown of their audit scores for their areas on a quarterly and yearly basis.

Work continued on the Quality Initiative developed and led by Nursing on the cleaning of patient equipment along with workshops and training provided by Hygiene Services and IPC. A new style heat sealed pillow was introduced following a VRE outbreak with the aim to roll out to high risk areas.

A sub-group of the HSTG to include IPC, Procurement and Hygiene Services met and reviewed a new HSE mattress and recommendations were made. Work commenced on building condition walkabouts in conjunction with the Technical Services Department.

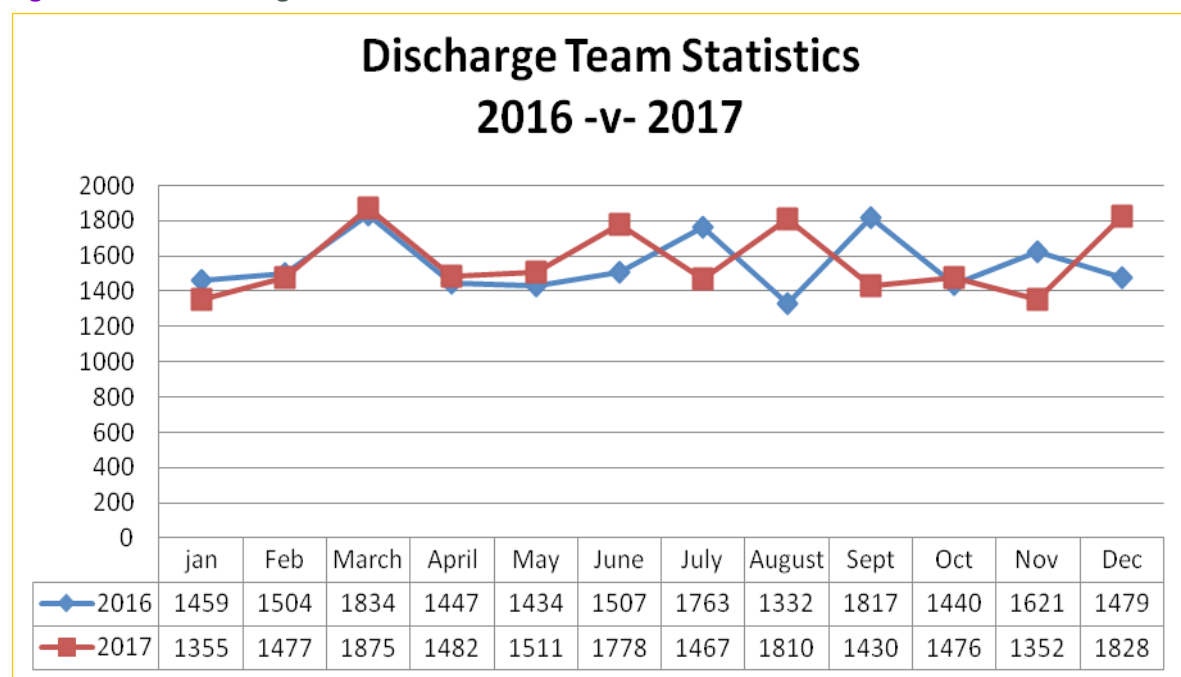
A trial took place on Corrigan Ward on the use of a tagging/label system which indicates the equipment is clean and this initiative is part of the HSTG Action Plan for 2018.

Cleaning Contract and Management - Helen Cox and Pauline Flood.

This contract is managed by the Hygiene / General Services Department through continuous monitoring and evaluating of the cleaning services. Noonan Services Group Limited provides the contract cleaning service to the hospital and St Joseph's Hospital Campus and commenced year two of the current contract from 1st September 2017. This service includes a cleaning discharge team service, window cleaning and wall washing. A designated 24/7 cleaning service is allocated to the Emergency Department and deep cleans are undertaken when access allows.

In February 2017 an additional cleaning discharge team (5th team) for Fridays was introduced to take account of the surge in patient discharges at no additional cost. In October 2017 following a further review of the cleaning discharge team an additional discharge team was introduced on Saturdays. The Hygiene and General Services Department attend the weekly weekend planning meetings and work closely with the Patient Flow Department on priority terminal cleaning post patient discharges / patient transfers. There was increased activity with the discharge team in Beaumont Hospital. In 2016 the discharge team attended to 18,637 calls and in 2017 this number increased to 18,841. Figure 183 identifies activity.

Figure 183 – Discharge Team Statistics 2016 -v- 2017



In 2017 the overall cleaning score on the multi-disciplinary hygiene audits was 91 % which was up from 90 % compared to 2016. During the month of August a number of walk rounds of clinical areas was undertaken to ascertain a diagnostic on the cleaning services provided and subsequent meetings were held with the cleaning contractor to ensure the management of the contract cleaning specification within the allocated hours is appropriate and fit for purpose and to ensure the audit tool was gathering appropriate information and was fit for purpose.

The hygiene audit tool relating to the environment and cleaning was reviewed to include a review of the questions and scoring mechanisms. It was agreed to separate observations, practices and education which provides a more realistic assesment and findings. New bathroom cleaning checklists were devised and installed.

OCS Ireland continued to provide a feminine hygiene service to the hospital during the year.

In December 2017 as a preventative measure for Legionella, weekly flushing of all in-patient water outlets was introduced and this task is undertaken by the contract cleaning operatives and documentary evidence is held at department head level.

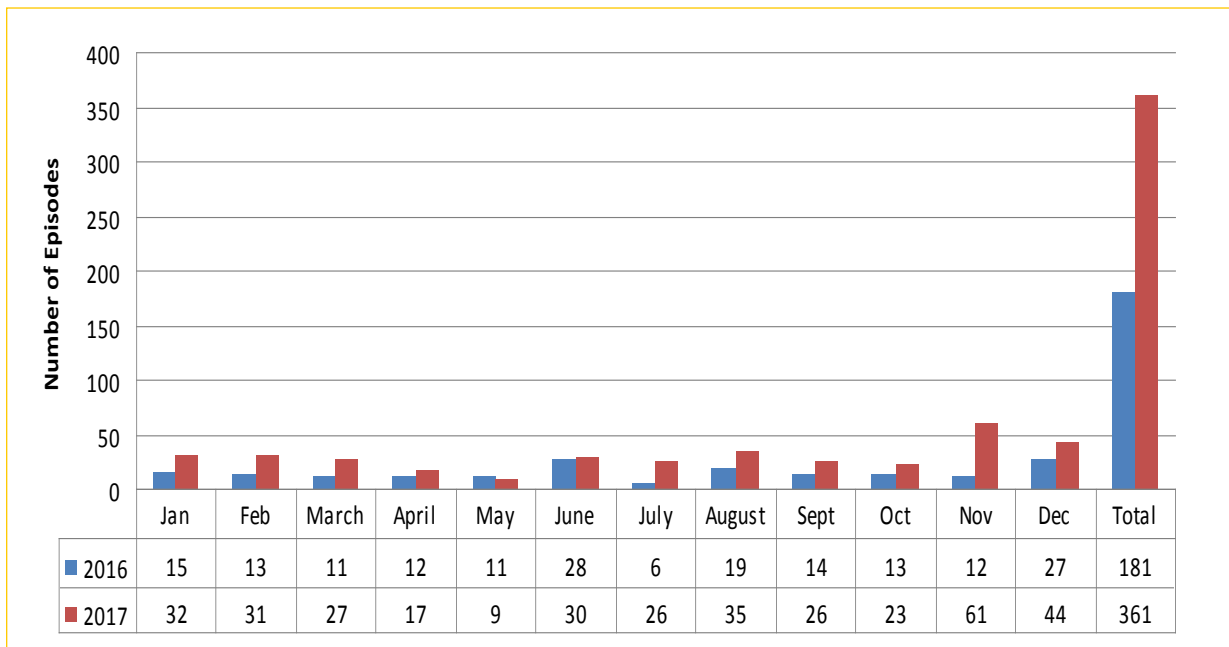
Clinical Audit Day on 18/5/2017.

Poster submissions from Hygiene and IPC were included on the Clinical Audit Day. Poster titled 'Turning Beds Around' highlighted the work of the Cleaning Discharge Team.

Decontamination by Hydrogen Peroxide Vaporisation (Fogging)

Enhanced environment decontamination was carried out on 361 occasions in 2017 compared to 181 in 2016 due to CRE/VRE cases, post discharge of *C. difficile* cases, outbreak management and MrMRSA case. A breakdown of the requests is outlined in *Figure 184*. This programme co-ordinated by the General Services Department involves wall washing, a full deep cleaning and curtain changes. This activity is up compared to 2016 by 100%.

Figure 184 – 2017 Breakdown of Hydrogen Peroxide Decontamination Requests - v - 2016



Laundry Contract and Management

In 2017 a working group led by General Services to include representatives from Infection, Prevention and Control, Nursing, St Joseph's Hospital Raheny and Procurement commenced work on an Invitation to Tender (ITT) for the provision of a linen service to Beaumont Hospital, St. Joseph's Hospital Raheny and the Community Nursing Unit. A new contract was awarded to Celtic Linen from 15th September 2017. This contract is for the provision of both a managed and non managed laundry services for general laundry, laundry bags, curtain and shower curtain exchange programme, a scrub suits exchange system, fire evacuation sheets and a dust mat service. Work commenced on a design of new curtains for clinical areas, new laundry trolleys and a new front door logo mat. Linen usage increased by 2% in 2017 compared to 2016 with 1.8 million pieces of laundry going through the system.

Waste Management

Manager: Martin Stephens

The contract for non-risk waste continued to be provided by Thornton Recycling and the contract for the risk waste was provided by SRCL.

Beaumont Hospital continues to have a proactive approach to waste management. The recycling rate for 2017 averaged at 66 % as outlined in *Figure 185*.

Waste Management were successful again this year in both the North Central City Neighbourhoods Competition and the Dublin City Neighbourhoods Awards for 'The Best West Management Initiative' in the business category.

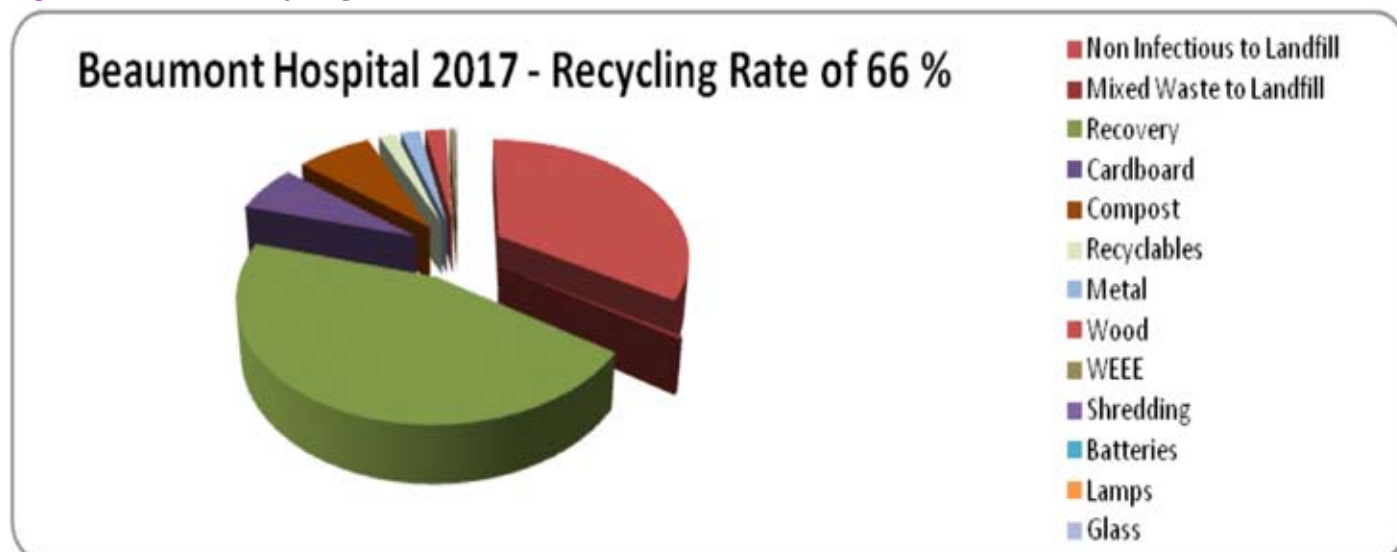
Outbreak Management

The Hygiene/General Services Department play a significant role in outbreak management with increased demands on cleaning, laundry and waste management services. In 2017, the General Services Department continued to work closely with the Outbreak Management Team and Infection, Prevention and Control team in managing a number of outbreaks, i.e. Influenza outbreak, MrMRSA outbreak, MRSA outbreak, CRE outbreak, *C. Difficile* outbreak, Norovirus and Pseudomonas outbreaks along with an ongoing VRE outbreak.

In-Patient Experience

Formats to seek feedback from patients on their experience of hygiene services during their hospital stay are used. An in-patient hygiene satisfaction survey is used as part of the Hospital's weekly multi-disciplinary hygiene audits. The cleanliness of the hospital to include bathrooms was captured in the National Patient Survey in 2017 and the findings were released in December 2017 which will form part of the HSTG Action Plan for 2018.

Figure 185 – 2017 Recycling Rates



Hygiene Policies, Procedures, Protocols and Guidelines (PPPG's)

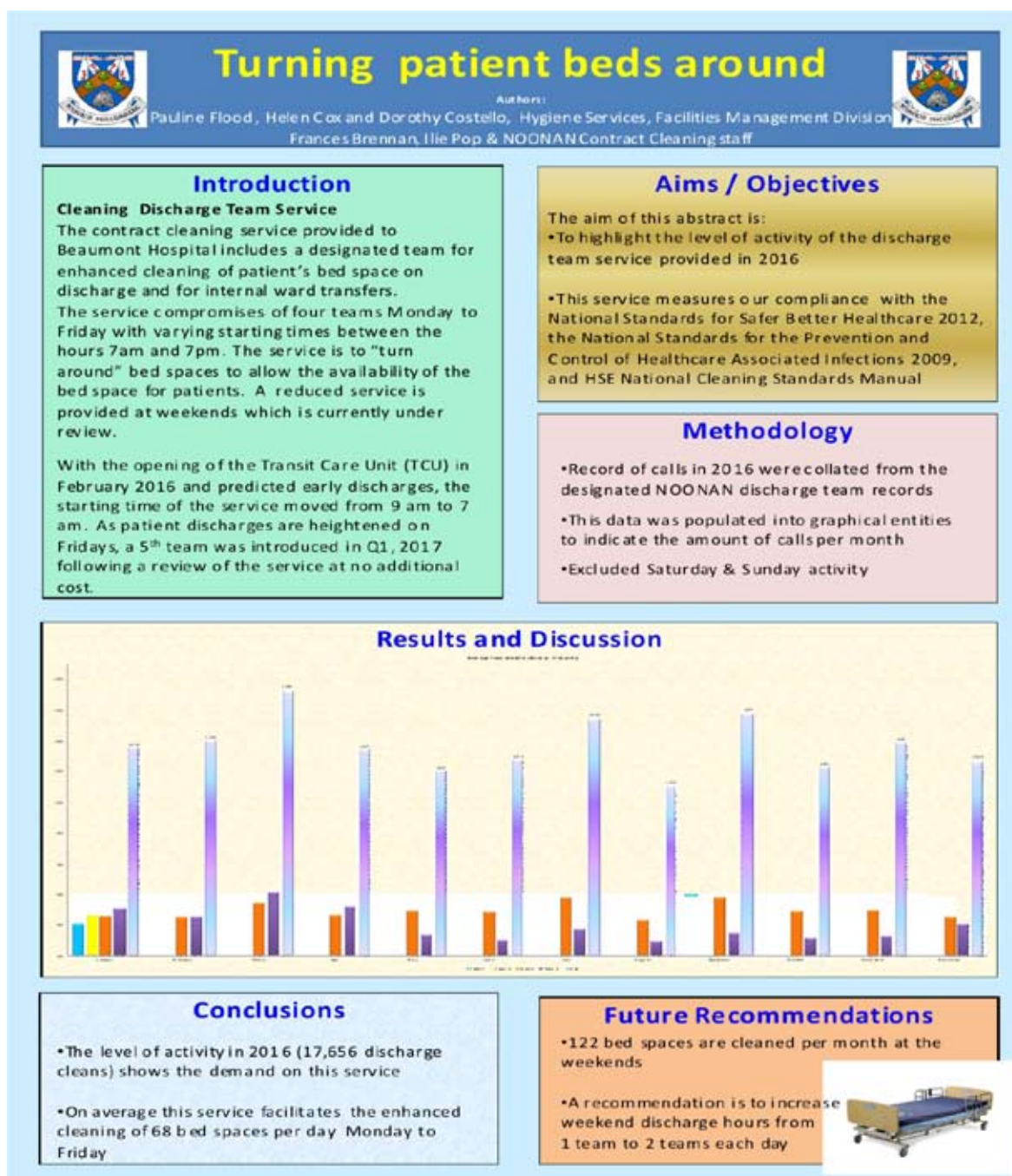
The HSTG has a process of regularly reviewing hygiene related PPPG's to ensure they are updated in accordance with best practice and capturing all key aspects of hygiene and infection prevention. All hygiene related PPPG's are on Q-Pulse. In 2017, the following PPPG's were reviewed and updated:-

- Standard Operating Procedure (SOP) for the Cleaning of Patient Equipment including a template cleaning schedule
- SOP on Undertaking Multi-disciplinary Hygiene Audits
- SOP on Daily Cleaning Tasks
- SOP on cleaning trolleys in the Emergency Department between patients
- SOP Transportation of Hospital Laundry

- SOP on the Curtain and Shower Curtain Exchange Programme
- SOP on Decant/Deep Clean
- SOP for Environmental Decontamination for MRSA and VRE
- SOP on the Transportation of Waste
- SOP for checking patient's core mattresses and pillows

A number of new SOP's were devised as follows:-

- SOP on the use of Hydrogen Peroxide Vaporisation in the Hospital
- SOP for Environmental Decontamination for CRE including contacts of a positive case
- SOP for the cleaning and maintenance of fridges for Cystic Fibrosis patients
- SOP for Environmental Decontamination for MrMRSA



Admissions/ Registration and Unsocial Hours

Day Time Manager: Grainne O’Connell

Unsocial Hours Manager: Tessa McDonald.

The Registration Department operates 24 hours, seven days a week, 52 weeks of the year. We cover all admissions (elective and emergency) and all outpatient first time attendees. We also financially assess public and private in-patients admitted to the wards.

This year we had the honour of winning an award in the category “Calm in the Eye of the Storm” as part of the celebrations for the hospital’s 30th Birthday. This was a great achievement for a small Department.

Staffing:

We welcomed Anna O’Donnell, Dylan Walsh, Anita Richardson, Breda McGuigan and Avril O’Byrne to our service this year and we said farewell to Emma Donoghue who was promoted to a position in Radiology.

Two long standing members of our Unsocial Hours team retired Carmel O’Leary and Paula Fitzpatrick we thank them both for their very professional service over the years and wish them health and happiness in their retirement.

Printing Services 2017

Printer: Colm Kavanagh

The Print Room produces most of the hospital’s documentation, this work has continued to increase throughout 2017. The increased workload was achieved using the digital printing system and without the need for additional staff.

The Print Room provides a Graphic Design Service which forms a large part of the department’s workload. The design service has proved to be very beneficial to the hospital, producing promotional work for hospital wide events, such as Patient Information, Infection Prevention & Control, Health Promotion, Healthy Ireland calorie promotion, Hygiene awareness, RCSI Hospitals Group, Annual Reports, Poster campaigns, Information stands, Newsletters, Screen savers, Presentations, Hospital signage and Promotional work for the hospital’s 30th Birthday celebrations.

The department received a nomination for the “colleague’s choice award” in the 30th Birthday Award celebrations.

With the expansion of hospital services this work has increased again in 2017. The Print Room also provides designed promotional work and documentation, in digital format for use in E-learning the Hospital Intranet Site and the Web site.

Mobility Management and Liaison Services.

Mobility and Liaison Manager: Maura Herrity

Mobility Management Plan is a live document - it is requirement to be in place by the hospital in accordance for future planning applications from Dublin City Council.

National Transport Authority Smarter Travel Workplace - Beaumont Hospital continues to work alongside the Smarter Travel Workplace and National Transport Authority groups to review smarter travel, bike to work, car sharing and carpooling.

The hospital was a Finalist in the Smarter Travel Awards 2017 in the category of Smarter Travel Walking Workplace Overall Smarter Travel Workplaces.

Patient transport vehicle – a minibus service continued to transport patients on discharge from the Transit Care Unit in line with the winter initiative, early discharge and reduction of transport costs.

Beaumont Hospital Neighbourhood Partnership. Beaumont Hospital has continued to meet with the BHNP on an ongoing basis.

Dublin City Neighbourhood Awards – Dublin North Central and Dublin Citywide Competition. The hospital came first in the Best Waste initiative and Best Business Environment & Sustainability initiative. Best Waste Initiative was 1st place overall in the Dublin Citywide Competition.

Liaison Manager – continues to support the various external bodies on the site of Beaumont Hospital these include RCSI, Aislin Centre – Psychiatric adult unit, MSCP, Crèche, Irish Kidney Association, Dublin Bus, National Transport Authority, Smarter Travel Workplaces.

Transport Costs: There was continued monitoring of transports costs in 2017 and as a result there has been significant improvement in the efficient use of the service and consequent savings to the organisation. There is a strict regime in place which must be adhered to prior to approval of these services.

Security Department

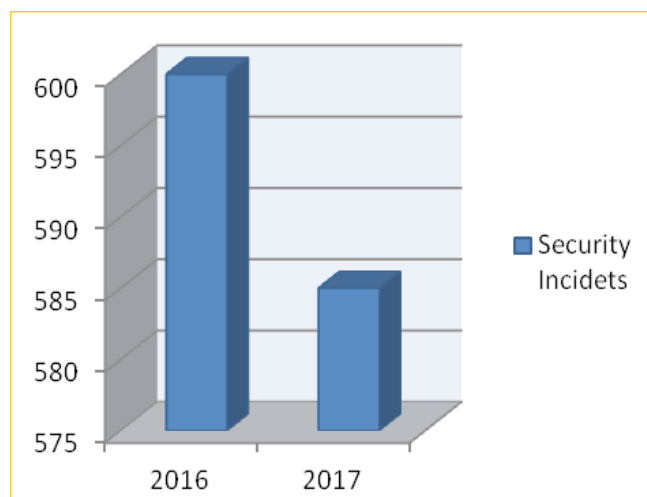
Manager: Mairead Kirwan

Deputy Manager: William Judge

During 2017 The Security Department have continued to provide a safe and secure environment throughout Beaumont Hospital for all its patients' relatives and staff. The 4 security teams still maintain the staffing levels with 1 team leader and 6 security guards on each team.

Over all there has been a decrease in the number of security incidents during the period 2016 to 2017 in particular, a decrease can be seen in the number of incidents leading to violence and this is directly related to the specific training the security staff receive in Prevention and Safe Management of Aggression PASMAV which they under take 3 times a year.

Figure 186



Beaumont Hospital has 3 bespoke trainers who deliver this program across the Hospital to multidisciplinary groups of staff and 2 of the trainers are members of the Security Department. The Department has 100% attendance record for First Response Fire Training. Over half of the Security Department have undertaken CPR Training and the remainder will be participating in the near future.



Aidan Kelly a Team Leader in Security was selected to participate in the Micro System initiative in the Emergency Department. This was a multidisciplinary group which sought to improve services within the Emergency Department. This was a quality improvement project which was runner up in the National Patient Safety Awards. Aidan is in picture with his colleague from Portering services Tyrone Lowndes.



The Security Access Control and CCTV Systems continue to expand with the growing number of new developments onsite such as the new Dialysis Therapy Centre, Catering and Operating Theatres.

Portering Services Department:

Manager: Mervyn Borwick

Deputy Portering Services Managers: Gary Clarke and Paul Kelly.

Introduction:

This department provides a service to all Hospital departments 24/7. Staff are rostered to individual departments such as Theatre, Radiology, ICU, ED, Endoscopy and also a small central pool of porters who deal with all other Hospital activity.

Activity:

There was a notable increase in activity in 2017. A review of calls between 2016 and 2017 to the central pool showed an average increase of 750 calls to the pool room each month.

There is a particular and notable increase in activity in the evenings and at weekends. Radiology in particular now utilises 40% of all resources available at weekends.

Staffing:

- We welcomed a new post in theatre for the Transplant department. This new post was created to help with in house retrievals and away retrievals and also managing stock levels for transplantations in theatre i.e. fluids/eskeys/ice all stock that is needed for the transportation of donor kidneys.
- Three long serving members of staff retired in 2017. John Gallagher (Van Driver) , Noel Groves (Post Room), and Noel Mahon (Pool), we thank them for their service and wish them long and healthy retirements.

- We also welcomed new recruits to Portering; David O’Beirnes, Aaron Mc Cormack, and Ronan Mac Conaran, we wish them well in their new positions.

Pictured below is Brian Grace with his award for “Colleagues Choice” in the 30th Anniversary Staff awards. Brian is pictured with his wife and son.



Catering Department:

Manager: Simon Wembridge

Deputy Manager/ Acting Catering Manager: Andrew Grant.

Executive Chef: Aiden Duffy

Introduction:

The Catering department at Beaumont Hospital and St Joseph’s Hospital have responsibility for both Patient and Staff Catering. Our food is prepared fresh each day and we produce over 1 million patient meals per year.

Activities in 2017:

- The Catering Department was central to the celebrations for the 30th Anniversary with Lunch served for approx 1,500 staff on the “party” day. This was repeated a short number of weeks later for our Christmas celebrations, we thank all the staff for facilitating these two great occasions.
- Patient Menus - a review was commenced with our colleagues in Nutrition and Dietetics of our Patient Menus and this will continue into the early part of 2018 with a plan to roll out new menus. As part

of the review the Executive Management Group undertook a tasting of patient food. The menu card itself has been redesigned, giving patients more information about meal times, allowing for feedback and are now more user friendly.

- HACCP - Our HACCP plan was updated in 2017 in line with best practice.
- Stores/ Supplies - A contract was awarded for a One Supplier system to the Department with BWG winning the award following a tender process. This will be rolled out in 2018, with new coffee suppliers and new products available to patients and staff. With this a new ordering system from the Hospital to the supplier is being implemented and a new ordering system has commenced on a pilot phase for staff requesting catering provisions
- We updated our intranet page with information on Nutrition/ Allergens/ Patient meal times etc.
- A number of Catering Staff were nominated for awards as part of the 30th Anniversary Celebrations these were: Breda Wosser (Chef) Sandra Flynn (Catering Assistant) Rita O’Neill (Catering Assistant), Joan Shiels (Catering Assistant) Martin Gill (Catering Assistant)



Cake made by one of Chefs Breda Wosser- as part of the 30th Anniversary celebrations.

Catering Upgrades and maintenance:

- A security upgrade saw the installation of 3 new CCTV cameras and a number of swipe access doors.
- Painting was undertaken in many of our production areas, offices and corridors throughout the year.
- Cabling and sockets to our belt area were also upgraded during the year.
- The floor in our main dishwash area was replaced with a state of the art resin floor.

Telephony Department

Supervisors: Caroline Tuite and Colette Tubridy.

Introduction:

The hospital switch operates on a 24/7 basis handling all incoming and outgoing calls. These front-line workers are the first point of contact that patients, visitors, relatives and other hospitals engage with when communicating with the hospital.

Some TSD alarms were managed by the switch-board together with the Major Incident Plan call out system and cardiac arrest automated system.

In August 2017 the staff management of this department transferred to the General Services Department. Equipment, Infrastructure and Systems remain the responsibility of the ICT Directorate.

Staffing Levels:

In 2017, three new staff members joined the team, Ross Reid, Catherine Ennis and Susan Kealy and added to the existing team made up of Imelda Kerr, Mary Lambe, Siobhan Lambe, Elizabeth Maitra,

Patricia O'Connor, Brid Slator, Colette Tubridy and Caroline Tuite. Ann Flanagan retired and Mary Glover resigned. We thank them for their service and wish them long and healthy retirements.

30th Birthday Celebrations

A number of events were held to mark the 30th anniversary of the opening of Beaumont Hospital. These included the staff awards ceremony and we are delighted to say that Brid Slator was nominated for an award under this scheme.

Medical Records Library:

Manager: Caroline Spencer

The Medical Records Department at Beaumont Hospital operates 24/7 to retrieve charts. Staffed for requests/returns from 08.30 – 17.00 Monday – Friday. There are 22 staff which includes 3 full time porters who file return charts into the library.

The department holds approximately 250,000 individual healthcare records divided across 3 sites:

- The main department beside OPD on the ground floor - 45,000 records
- The Dormant Filing Unit located in Raphaels Portacabins - 97,000 records
- The remaining records are held in offsite storage

As the Medical Records Department does not have the capacity to hold all current medical records, the following criteria are used to determine which medical records are sent to off-site storage:

- R.I.P. charts greater than 3 months.
- Closed volumes of charts greater than 3 months.
- Active charts are only sent out when space is required for weeding the main library. At present there are 1.5 years current records on site.

Medical Records have been sent to off-site storage on a yearly basis since 1997. In 2009 we were sending out 17,000 HCR's a year. This has increased to 24,000 HCR's in 2017. All HCR's offsite are stored with OASIS Group. OASIS Group provides 2 scheduled collection/deliveries per day Monday to Friday and 24/7 express deliveries if required.

The department had one retiree during the year, Eileen Clarke and we wish her well in the future.

We had two new staff members join the team Darragh Connolly and June Hibbits.

Chaplaincy Service



Fr Eoin Hughes

Introduction:

The Chaplaincy Department of Beaumont Hospital 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 Church of Ireland, Methodist, Presbyterian and Roman Catholic. The Hospital Board has provided a Mosque for those of the Muslim tradition. This lays a foundation for the interdenominational fellowship and co-operation that the Hospital fosters.

We acknowledge that today the wider Hospital community is multicultural and multi-faith and cares for people of all denominations and everyone regardless of faith affiliation and those who profess no faith.

Services provided:

- The Chaplaincy Department offers a full pastoral care service to patients, their families and to staff
- Today, interdenominational ministry is carried out by professional chaplains, both ordained and lay, qualified in Theology and in Clinical Pastoral Education, and accredited by the Healthcare Hospital Chaplaincy Board.
- Volunteers also have a vital role within the chaplaincy team. In carrying out their role, they are responsible and accountable to the Chief Executive and to their appropriate ecclesiastical authorities.
- All activities relating to pastoral care is co-ordinated and facilitated by the Chaplaincy Department with the support of the General Services Manager.

Chaplaincy Team:

Roman Catholic Chaplains: Fr Eoin Hughes, Fr Suresh Babu, Rosaleen Butterly, Fr Daniel Callaghan, Fr Dennis Sandham and Michael Ward.

This is a 24 hour onsite service accessed through a bleep system.

Church Of Ireland Chaplains; We welcomed a new chaplain Olwen Lynch to the team in May and in July Hilda Plant resigned. We thank Hilda for her committed and dedicated service to our patients and wish her every good wish for the future.

Methodist Chaplains; Rev David Nixon

Presbyterian Chaplains; Susan Dawson, Rev Lorraine Richie Kennedy. Regular weekly visits are made by this service and wards can contact the service through the Chaplain's bleep to organise specific visits.

Volunteer Service: Beaumont Hospital has a proud tradition of volunteers within the service, over 200 covering the areas of Ministers of the Eucharist, Choirs, Readers and Pastoral Associates.

2017 continued to be a busy year for the service. We welcomed new Chaplains; Olwen Lynch (Cof I) Michael Ward (RC) to our team and said goodbye to others; Fr John Kennedy and Fr Deo Gratias . We thank them for their service and wish them well in their new positions. In 2017 we said a sad farewell to Fr John McCarthy who provided us with a voluntary service over many years, may he rest in peace.

Activities in 2017:

There is a daily service in the Chapel at 1pm Mass is celebrated on Saturday evenings and Sundays. Eucharist Ministers visit patients Tuesday to Friday and offer Holy Communion.

On the 24th of March 2017 we had an interdenominational service of blessing of hands in the hospital chapel for our newly qualified nurses. They received their certificates of nursing qualification after the service.

On the 19th of May 2017 in conjunction with Beaumont hospital chaplaincy, transition year students from the local secondary school of Our Lady of Mercy Beaumont, and St. David's secondary school Artane, completed a programme as ministers of the Eucharist. This programme was a huge success both for the students and for the patients in the hospital. The students received special certificates from Mr. Brian Fitzpatrick, Head of Facility Management and Campus Development.

A number of services were provided in the chapel to remember deceased members of staff.

The annual inter-denominational remembrance service for adults took place on the first Saturday and Sunday of November which was a huge success which over 800 attendees. The annual event provides an opportunity for reflection for relatives of those who died in the previous year. Feedback from attendees was very positive.

Picture of Remembrance Service in hospital chapel



Committee Membership

The chaplaincy team are members of a number of hospital committees to include, Final Journeys/End of Life, Ethics Committee, Delivering Bad News.



The Pope at his discretion can award a special 'Benemerenti Medal' to those who have provided outstanding service to the Church. We are delighted that his honour was bestowed to Mr Jimmy Dunne, one of our Volunteer Co-Ordinators who has demonstrated great service over the last 30 years.





Technical Services Department



Leo Hughes

Chief Technical Services Manager:



Projects during 2017 brought yet another busy year for the Technical Services Department.

This year saw the formal opening of the new dialysis therapies centre a thoroughly modern dialysis unit affording treatment for our renal patients in specifically designed spacious patient areas along with the latest technology in bed head services. TSD worked closely with the contractors and stakeholders to deliver this unique facility.

Main concourse: Beaumont's main concourse atrium face lift brought a brighter sharper image with more focus on the main entrance, and tied nicely into the new dialysis therapies centre.

The high ceiling features suspended pendant lighting in addition to modern led-lights throughout the area. The new lighting scheme really lifts the area giving the organisation cleaner and more efficient energy use.

Radiology: CT 2 project planning TSD were involved from a very early stage of the phased CT scanner replacement project. This included relocation of the PHILIPS scanner to St Joseph's Hospital Raheny and associated builder's works. Building works

and upgrade of the final phase of these works and installation of the new CT 2 scanner in 2018 will bring about the installation of a new electrical sub distribution board which will strengthen the electrical infrastructure providing safer reliability for the equipment served. Again, it is proposed the project will be delivered without loss of service and ensure business continuity for the duration of its delivery.

Theatre operating lights: The start of an operating light replacement programme phase 1 provides for the supply commissioning and servicing of 4 new state of the art surgeons lighting systems to provide optimum lighting at the work surface. TSD engaged with our colleagues in the Medical Physics and Engineering Department to help deliver this most essential project. This will be a new feature in theatres 11, 5, 4 & 3. The systems feature audio visual facilities along with touch screen surgical grade monitors. It is anticipated this programme will continue through 2018

Numerous minor and small projects were successfully delivered this year.

Doctor's Residence: The final phase of works here which includes corridor flooring painting and the complete upgrade of the wash room facilities.

DOSA and TCU: TSD undertook the relocation of both these services to a more accessible and conveniently located area for patients requiring day of surgery assessments. The new location is conveniently adjacent to the theatre suites. TCU have been relocated to a brighter more airy lounge facility on the floor above which is more suitable for patients awaiting discharge.

ITU Relatives rooms: Completion of a modern sitting room and overnight room, rest rooms, tea and beverage making facilities, for the relative of patients in our general ITU department.

Help desk: Logging of work orders at our help desk underwent some scrutiny and discussion. Meetings took place with service providers and a small working group was set up to develop and help progress this service flexibility allowing for the use of electronic field devices for technical staff, reducing paper use and speeding up service delivery to the end user. This year alone the TSD help desk processed 11,997 work orders for various disciplines within our department.



Emergency Department: Waiting area upgrade with the installation of new flooring / lighting / ceiling and seating. Special flooring was chosen to reduce installation time and minimise dust from the stripping out process.



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