



Beaumont Hospital



Annual Report
2015



Contents

	Page
Chair Report	1
Beaumont Hospital Board members - Meeting attendance	3
Beaumont Hospital Organisational Chart	4
CEO Report	5
Finance Report.....	13
Nursing Report	18
Human Resources & Medical Administration Department	27
Organisational Development	36
Integrated Quality and Safety Department	43
Information and Communications Technology	61
Clinical Directorates	62
Critical Care and Anaesthesia Directorate	63
The Imaging and Interventional Radiology Directorate	67
Laboratory Medicine Directorate	69
Medical Directorate	79
Neurocent Directorate	80
Surgical Directorate	86
Transplant, Urology & Nephrology Directorate	91
Clinical Services Directorate	106
Chaplaincy	148
General Services	149
St Joseph’s Hospital Campus	165
Royal College of Surgeons in Ireland	167

Chair Report



Ann Fitzgerald
Chair
Beaumont Hospital Board

The Board and I as Chair are now at the midpoint of our three year term of office. We are fully committed to helping create a clear strategic direction which places Beaumont at the forefront of delivering high quality healthcare. There are considerable complexities and challenges associated with this and understanding and accepting the extent of change and transformation required is an essential step.

Beaumont's 5 year Strategy "A Hospital without Walls" was approved by the Board in the course of the year. *A Hospital without Walls* acknowledges that the current model of service provision, focused mainly on hospitalised care, is unsustainable. As an acute hospital, we recognise that considerable shifts of emphasis towards supporting care in the community, imparting knowledge and skill to improve self-care, and enhance social and emotional well-being is required. Our commitment to delivering the highest quality of patient care and excellent training and learning opportunities in a friendly, stimulating and professional environment is a constant motivator, throughout changing contexts and emerging developments. It is also clear that the requirement for creating a compelling vision in collaboration with key stakeholders is very strong, and the need for innovative and creative plans for influencing the external environment could rarely be greater. We also recognised that our strategy needed to be more grounded and resonant with hospital staff, so that strategy formation and day-to-day decision making is more interconnected. As a hospital we maintain ongoing engagement and interaction with a wide range of internal and external stakeholders, and we have endeavoured to capture their views, perspectives, needs and ambitions for Beaumont. *A Hospital without Walls* builds on the development

work of Beaumont over the years and identifies a clear vision and direction for the hospital at every level. This is vital in ensuring that staff are clear about their individual role and the contribution this makes to the overall objectives. As a board we are very aware of the extent of the work ahead to drive improvement in safety, quality, efficiency, productivity and morale alongside the integration of the hospital and community providers. This requires a shift in culture, further blending of existing good practices, and finding ways to overcome obstacles in order to embed a culture that is focused on the delivery of world-class patient outcomes. I am pleased that the strategy encompasses a detailed three-year implementation plan and sets out both an ambitious and pragmatic 'road map' for the next five years.

The strategy is launched at a critical juncture in the context of the establishment of Hospital Groups, an important transformation in the future health service. It aligns with the concept of reorganising healthcare delivery based on population health needs, to improve access and quality for a catchment population of in excess of one million, and for the national population associated with Beaumont's very distinct national specialties. The strategy also places a huge value on strong governance and stewardship, ensuring efficiency, fairness and transparency, so that those depending on Beaumont are assured high quality and compassionate care. This is our overriding responsibility and priority.

The Board also commissioned a review of processes and practices to act as a guide for our stewardship and governance of the hospital and to ensure that day to day operational management is effective and aligned to the overall strategic direction and vision.

External reviews by the Health Information Authority (HIQA) into care provision in other similar healthcare institutions had a major influence on the Board's actions and decisions in 2015. In particular the findings and recommendations of the HIQA investigation into the provision of care at the Midlands Regional Hospital highlighted some matters which we considered needed to be approached differently and led to the introduction of the Beaumont Hospital Performance Improvement Plan, which is detailed in the Chief Executive's report. HIQA's findings in relation to the accountability and responsibility of local management and those matters deemed to fall under the wider jurisdiction of HSE/Department of Health had a particular impact on the board. The Board and Senior Management Team comprise "local management" in a public funded voluntary hospital and in this context the Board worked

with senior management and senior clinicians to put in place immediate operational plans and to conclude the work which was underway on the new strategic plan for the hospital.

In concluding this report I would like to thank the members of the Board for their commitment and generosity. These are unpaid positions and we indeed are fortunate that our high-calibre board members feel a huge sense of loyalty to the hospital. They have done sterling work both as main board members and on the Governance and Risk Committee, Finance Committee and Audit Committee. On behalf of the Board, I also wish to thank the management and staff of Beaumont Hospital for their loyalty and commitment; notwithstanding challenges, they continue to show a genuine concern for the care and treatment of our patients.

Ann Fitzgerald
Chair, Beaumont Hospital Board

Beaumont Hospital Board members - Meeting attendance

Name	Nominated by	Term of office	Board Meetings attended in 2015	
			Expected no. of meetings to attend 2015	No. of meetings attended 2015
Ann Fitzgerald, Chair	Minister for Health	17.12.13 – 16.12.16	12	12
Professor Anne Matthews	Dublin City University	26.02.15 - 16.12.16	7	7
Dr Ursula O'Brien Counihan	Corrigan Faculty of Royal College of General Practitioners	17.12.13 – 16.12.16	12	10
Prof Fergal Malone	RCSI	23.12.13 – 16.12.16 <i>Resigned December 2015</i>	12	7
Ms Laura Cuddihy	Chair	03.02.14 - 02.02.17	12	11
Mr William Early	Chair	16.01.14 - 15.01.17	12	9
Dr Stuart Evans	Minister for Health	26.02.14 - 24.02.17	12	11
Mr Brian Healy	Chair	12.02.14 - 11.02.17	12	10
Mr Mel Greaney	Minister for Health	09.04.14 - 08.04.17	12	10
Ms. Alison Gilliland	Minister for Health	08.04.15 - 08.04.17	7	7
Ms Geraldine Robbins	Minister for Health	09.04.14 - 08.04.17	12	9



Internal Audit

Medical Executive

Board Sub- Committees
- Audit Committee
- Governance & Risk Committee
- Finance Committee

Hospital Board/Board Chairman

RCSI Hospital Group

Chief Executive

Dept of Health

HSE

SENIOR MANAGEMENT TEAM

Clinical Directors
Lead CD
Chair of Clinical Governance
Radiology
Medicine
Laboratory
Surgery
Neurocent
TUN
CC&A

HR Director
• HR, Admin & Superannuation
• Employee Relations
• Staff Support & Wellbeing
• Work Force Planning
• Recruitment & Career Development
• Medical Manpower/Administration

Head of Organisational Development
• Organisation Design & Development
• Strategy Development
• Corporate Learning Development & Education
• Leadership Development/ Succession Planning
• Governance/ Quality & Safety
• Risk Management
• Engagement/ Communications

Director of Finance & Procurement
• Management Acc.
• Patient Acc.
• Salaries
• Financial Acc.
• Creditors
• Procurement/ Materials Mgt.
• HIPE/Casemix Management

ICT Director
• IT Developments /Strategy
• National IT Interfaces
• Telephony/ Communications
• Computer Operations
• Training

Director of Nursing
• Nurse Workforce Planning & Skill-Mix, Re-Profiling
• Performance Management - Directorate Nurse Mgrs
• Nurse Education
• Professional Standards
• Out of Hours Site Management
• Recruitment Retention
• Executive Lead for Services on St. Joseph's site

Chief of Operations
• Unscheduled Care
• Scheduled Care
• Improved Performance Project Lead
• Patient Flow
• Directorate Business Managers
• Campus Development and Estates Management
• Facilities Management
• Catering
• Portering
• Security
• Decontamination
• Hygiene Standards
• Medical Records

Head of Clinical Services/ Business Planning
• Care Professions; Physio/OT/Speech & Language Therapy /Pharmacy/Social Work
• COTE Workstream Lead IPP
• Outreach/Community Integration (Lead)
• AHP Professional Standards/Education
• Service Planning & Development/New Service Development
• Business Intelligence

Chief Executive's Review



Liam Duffy
Chief Executive

In 2015 the pressures on the acute hospital system continued and further escalated with respect to some of Beaumont's services.

The Hospital Board and emerging RCSI Hospital's Group corporate structures worked with hospital management to enhance our management of growing demand, to ensure robust governance and oversight and to assist with planning/positioning significant capital developments. In my statement I have provided an overview of the Hospital's key performance indicators and highlighted some significant developments/milestones throughout the year. These are expanded upon within the respective departmental reports and many other initiatives and achievements are also described.

External Context

In 2015 the Health Information and Quality Authority's (HIQA) role in promoting sustainable improvements, safeguarding people accessing health and social care requirements and supporting informed decisions about how and where healthcare is delivered greatly influenced Board and Management Team decisions in Beaumont. The HIQA investigations and findings into the governance and assurance arrangements in place to ensure the safety, quality and standard of services provided to patients, in the Midlands Regional Hospital (Portlaoise Hospital) highlighted findings and recommendations of significant relevance for all healthcare providers. There was a concerted effort to undertake a thorough self assessment against relevant findings and recommendations and to agree a comprehensive action plan.

Improved Performance Plan

Whilst many of the governance structures and quality and safety arrangements identified in the HIQA report were well established in Beaumont a significant challenge in respect of timely access and patient experience in ED and other sub-optimal treatment areas remained. Senior

managers and clinicians with the approval of the Board developed a local plan to integrate improvement initiatives, reduce blockages and increase services/capacity in specific areas. This became known as the Improved Performance Plan. The Improved Performance Plan aims to bring together outstanding actions from the previously referred to Self Assessment, Special Delivery Unit recommendations regarding maintaining flow for patients through the hospital and incorporate advices and guidance emanating from an external Care of the Elderly Review which the management team commissioned. There are five identified priority areas in place:

1. Enable patient flow by working on 'back door' processes (discharges).
2. Focus on care of elderly through a system wide approach (Age Friendly Hospital) and the 'front door' (avoid admission and deliver care as close to home as possible).
3. Standardise acute floor processes and achieve greater integration with wards.
4. Reduce delays by increasing Radiology and Cardiology capacity for emergency and admitted patients.
5. Enable scheduled care to function in the surgical specialities by achieving reduction in length of stay and curtailment of medical outliers.

Provision of additional resources to support reduction in current waiting list breaches for OPD, day case and inpatients, and enhanced support to address specific specialties i.e. Endoscopy

There are detailed project plans and performance metrics developed for each theme and a full update provided at each Board meeting. There is a shared accountability across Chief Executive and Lead Clinical Director to the Board.

Whilst the impact of the Improved Performance Plan is still at the early stages by the end of 2015 some improvements in discharges and flow are becoming evident, particularly in respect of the changes introduced in the Medicine Directorate concerning post-call handover, and in relation to access to diagnostics with 8-8 radiology services having been very successfully introduced in September.

Activity

Overall activity in 2015 remained very much in line with 2014 levels. In an environment where the majority of services are constantly functioning at and beyond full capacity activity is determined by capacity/resources to treat rather than demand for services.

A detailed breakdown of activity levels is included in this report. The average Length of Stay (LOS) in 2015 was the same as in 2014. There was a slight decrease in routine and elective surgery in 2015 and 2% reduction in all admissions to the hospital. There was a 2% increase in medical activity, a 1% increase in Transplant Urology and Nephrology (TUN), Radiology and Laboratory activity and 2% increase in outpatient attendances.

There were improvements in the total number of bed days lost due to delayed discharges amounting to 17% less days lost in 2015. In the latter months of the year i.e. November and December and continuing into early 2016 Beaumont experienced a surge in demand relative to other Dublin Academic Teaching Hospitals. Ambulance referrals to the Emergency Departments were up by 5% and the percentage of patients waiting for admissions was 20% higher in 2015 than in 2014.

Clearly this is not a satisfactory service, causing extreme discomfort and concern to patients, their families and carers and creating a constantly pressured environment for staff.

The actions in the Improved Performance Plan are targeted specifically at addressing deficits and blockages and improving efficiencies and in parallel the Board and Management worked at developing a commitment to capital development, seeking to extend and improve the patient care areas of the hospital.

Finance

Considerable financial pressures continued throughout 2015, and the final budget allocation

was €263,330 million. A major constraint is the limited working capital. This is an ongoing feature of the “cashing model” which bears heavily on public voluntary organisations. Overall there was a strong financial performance and we ended the year within our budget allocation and managed to contribute €3 million towards reducing a funding deficit carrying forward since 2011.

Capital investment in the hospital saw a sizeable increase predominantly in the areas of much needed equipment replacement and infrastructural development. Pay costs increased as a result of meeting the cost of higher rates of pay for categories of staff and growth in pension payments.

The Finance Function continues to develop understanding and interpretation of the evolving Activity Based Funding and Patient Lead Costing models. They also successfully brokered a HSE/VHI Economic Agreement releasing payment of unsigned claims and also necessitating redesign of patient accounting processes. Work on implementing an ambitious procurement strategy improving performance and generating improved value for money yielded excellent results.

Quality and Safety

Delivering safe effective reliable care to multiple service users is a core component of healthcare provisions. In a large complex dynamic teaching hospital there are many components of ensuring and assuring this is as evidenced from the Integrated Quality and Safety submission to this report.

Health Information and Quality Authority (HIQA) Inspections:

There was an **Unannounced Inspection** to monitor compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections. (12 August 2015.) The Department of Radiology, CKB Haematology Day Unit and Oncology Day Ward were assessed and three wards i.e. St Marys, St Brigids and St Martins were revisited to assess the level of progress since a previous inspection in 2014. HIQA found that there was proactive management of the issues identified in 2014 and complimented the hospital for the actions taken. Overall the hospital performed well during this inspection, with high standards of hygiene demonstrated. A small number of areas for improvement were also identified including implementing a systematic approach to the ongoing assessment of our water supply and quality, the infrastructure and treatment environment in the CKB Haematology Day Unit needs to be reviewed

and expanded, and the creation of a separate “dirty” utility room in the Radiology Department. The Hospital was commended for a significant improvement in Hand Hygiene Performance. A Quality Improvement Plan was developed and is being progressed to address these areas.

Announced Inspection/Review of Antimicrobial Stewardship at Beaumont Hospital (4 November 2015). Beaumont was one of 14 out of 49 public hospitals to be visited for the purpose of gaining a better understanding of the implementation of antimicrobial stewardship at a local level.

While the Final Report did not come into Beaumont by the end of 2015 HIQA feedback confirmed that there was a well established innovative and effective antimicrobial stewardship programme in place and the hospital has implemented the national guidelines very well. There are acknowledged deficiencies in respect of resourcing (shared by other hospitals) and hospital infrastructure which impinge on effective infection, prevention and control of antimicrobial resistant organs. HIQA indicated that hospitals needed the support of the HSE and Group structures to progress these issues.

4th Annual Clinical Audit and Patient Safety Meeting

The Annual Clinical Audit and Patient Safety meeting was held on 14 May 2015. This year’s theme was “making a difference: Quality and Safety starts with you”. The purpose of this annual gathering is to bring together members of the multi-disciplinary team involved in the provision of patient care and provides a setting for staff to meet, learn and share local knowledge and recognise accomplishments in improving quality and safety for our patients and staff.

This year the keynote speakers were Dr Tricia Woodhead, Quality Improvement Fellow, Health Foundation UK, whose presentation focused on the key ingredients for organisation wide quality improvement and patient safety. This was followed by a very engaging presentation by Dr Fidelma Fitzpatrick, Consultant Microbiologist on the use of twitter for healthcare improvement.

65 posters were presented with parallel sessions of 14 oral presentations. Prizes were awarded for the best oral presentations in each stream and best posters.

The Workforce

In 2015 Beaumont experienced the continuing restrictions of the Moratorium on Public Sector

Recruitment and the need to demonstrate compliance with Public Service Pay Policy. In 2015 the previous employment control framework, primarily based on a general moratorium on recruitment and promotion, was replaced by a Pay and Staff Numbers Strategy with its focus on operating within pay allocations and affordability into the next financial year.

Recruitment and retention of staff in the public health service remained 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 specialities it is vital that we attract and retain the highest calibre of staff. Obviously we are competing in a market often categorised by skill shortages relative to overall demands for some categories of staff.

In 2015 HR continued to support managers in improving levels of attendance, staff health and staff morale by working closely with Occupational Health, Health & Safety, Health Promotion, Staff Counselling, Learning & Development, Line Managers and Trade Unions. The focus on absence management has been one of prevention, promotion and rehabilitation. The cumulative effect of these measures has helped achieve a reduction in overall absence rates. From an overall average absence rate of 3.95% recorded in 2013, the average absence rate has now dropped by over 0.5% to lower values of 3.31% for 2014 and 3.29% as recorded for 2015. This is an outstanding achievement and demonstrates commitment and dedication of staff, together with well embedded HR policies and line management practices.

Acknowledgements

Finally, I wish to thank all the staff of the Hospital for their continued commitment to delivering the highest quality care to our patients in the challenging environment in which we work. I would also like to express a sincere thank you to the staff in my office during 2015, Claire Tyrrell, Tracey McDonald, Jenny Boggan and Dee Mooney, for their ongoing support and efforts. I also wish to take this opportunity to acknowledge the extensive contribution of Claire Tyrrell to Beaumont since its opening. Claire was a member of the Hospital Commissioning Team prior to opening and worked in the Chief Executive’s Office until her retirement in April 2015.

Liam Duffy
Chief Executive

Admissions Activity 2012-2015

	2012	2013	2014	2015
Cardiology	632	552	560	497
ENT	1,423	1,394	1,254	1,188
Medical	8,783	10,963	11,461	11,462
Nephrology	1,199	1,104	1,069	1,027
Neurology	826	731	770	663
Neurosurgical	2,478	2,455	2,626	2,485
Surgical	5,665	5,819	5,491	5,361
Urology	1,568	1,616	1,659	1,684
Total	22,574	24,634	24,890	24,367

In-Patient Admissions by Hospital Catchment and Non Catchment Areas

2015	Medical	Surgical	ENT	Neurosurgery	Neurology	Neph & Urology	Total
Catchment Area	10,385	4,200	565	397	425	1,267	17,239
Non-Catchment Area	1,574	1,161	623	2,088	238	1,444	7,128
Total	11,959	5,361	1,188	2,485	663	2,711	24,367

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

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

Bed Days Used 2012 - 2015

Specialty	2012	2013	2014	2015
Surgical	44,823	40,458	42,408	42,490
Neurosurgical	25,470	25,339	24,382	25,894
Urology	8,644	8,533	8,711	7,932
ENT	5,729	5,704	5,031	4,061
Medical	106,552	116,507	119,711	117,490
Nephrology	10,613	10,505	11,525	11,442
Cardiology	12,092	10,978	11,669	10,147
Neurology	9,897	9,934	10,800	10,653
Unallocated				
Total	223,820	227,958	234,237	230,109

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

Day Case Discharge Procedures 2012- 2015

Specialty	2012	2013	2014	2015
CARDIOLOGY	1,150	1,268	1,110	1,175
DERMATOLOGY	1,986	1,740	1,699	1,452
ENT	4,746	5,400	4,983	4,634
GYNAECOLOGY	1,143	1,201	978	866
MEDICAL	30,789	31,132	33,092	34,423
NEUROSURGERY	247	248	175	186
NEUROLOGY	347	516	697	815
NEPHROLOGY	791	944	913	1,053
ORTHOPAEDICS	687	523	1,574	1,293
PAIN RELIEF	813	652	547	838
SURGICAL	9,256	9,972	9,919	10,495
UROLOGY	4,265	4,372	4,535	4,614
TOTAL	56,220	57,968	60,222	61,844

Haemodialysis	2012	2013	2014	2015
	26,009	25,324	25,689	23,268

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

Neurophysiology is included w.e.f. 2008.

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

OPD Attendances 2012- 2015

	2012	2013	2014	2015
New	49,128	51,677	48,088	47,278
Return	125,904	129,712	128,416	133,653
Total	175,032	181,389	176,504	180,931

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

Emergency Department Attendances 2012 - 2015

	2012	2013	2014	2015
New	48,005	47,500	47,403	46,235
Return	3,291	3,545	3,874	3,685
Total	51,296	51,045	51,277	49,920

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

Total Lab Activity Requests 2012 -2015

	2012	2013	2014	2015
Total Requests	2,125,324	2,264,207	2,389,403	2,540,260
G.P. Referrals	765,021	833,560	861,705	941,909
Beaumont Private Clinic	26,712	26,289	26,076	24,559

Theatre Activity 2012 - 2015

Beaumont Hospital Theatre Activity				
Specialty	2012	2013	2014	2015
Surgery	3,075	2,853	2,819	2,611
Orthopaedic	1,379	1,337	1,196	1,239
Urology	1,803	1,680	1,701	1,700
ENT	1,269	1,126	1,068	947
Neurosurgery	2,073	2,093	2,163	2,125
Gynaecology	282	260	250	246
Breast Surgery	222	259	291	275
Medical Spec	323	320	329	304
Total	10,426	9,928	9,817	9,447

St. Josephs Theatre Activity				
Specialty	2012	2013	2014	2015
Endoscopy	881	313	184	23
General	771	869	819	784
Urology	567	502	537	502
Dermatology	168	141	154	122
Plastic surgery	199	198	279	265
Pain Relief	282	256	289	621
ENT	470	426	437	366
Locals	924	848	945	1,022
Total	4,262	3,553	3,644	3,705

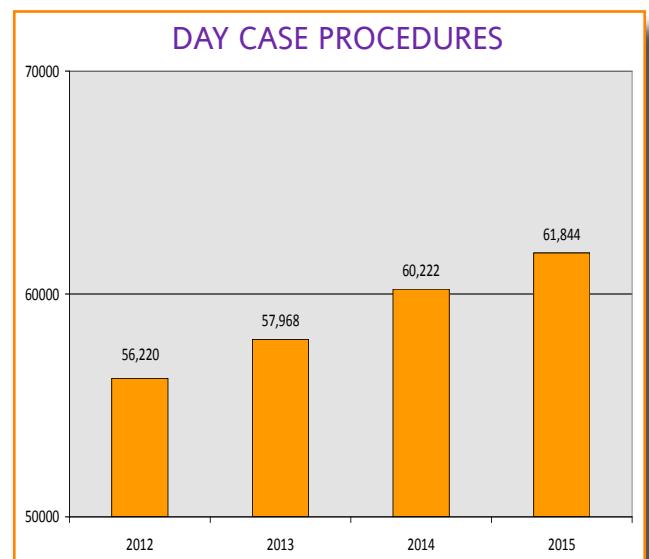
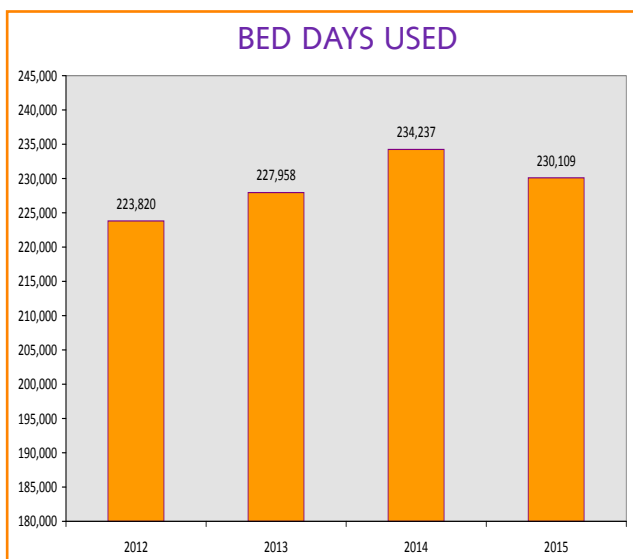
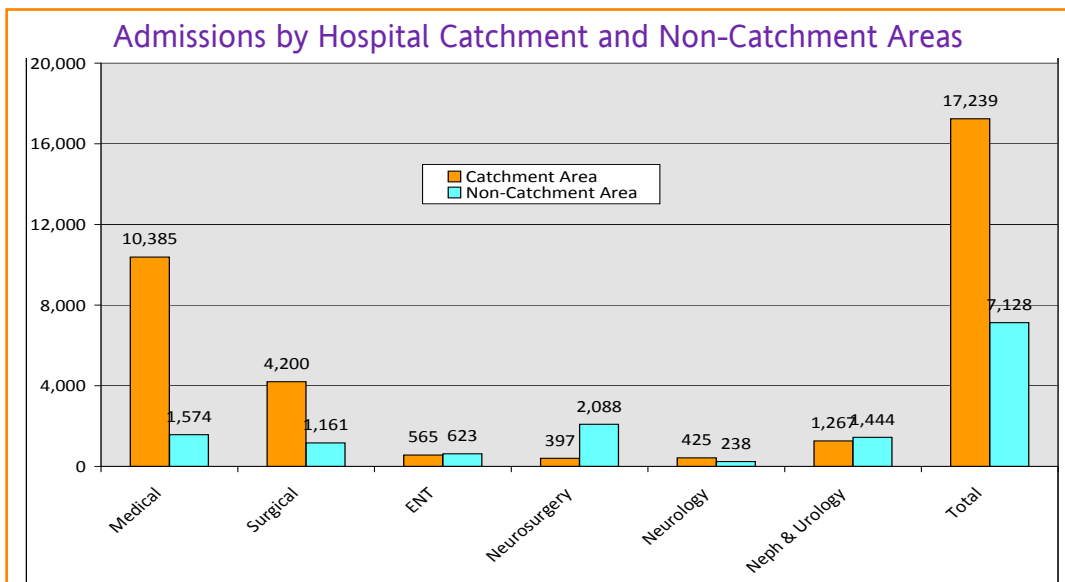
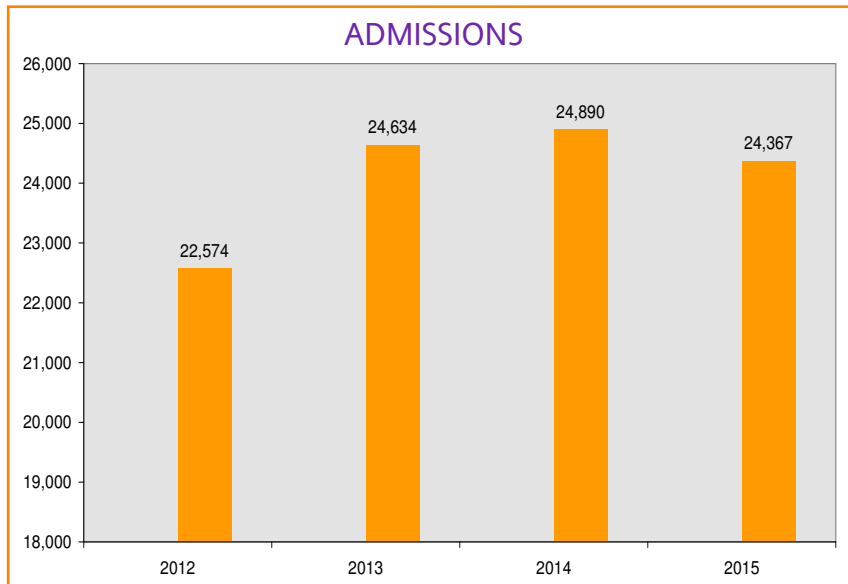
In-Patient Public Waiting List > 3 months December 2012 - 2015

Speciality	2012	2013	2014	2015
Surgery:				
ENT	135	135	437	400
General	123	163	375	330
Gynaecology	6	28	75	67
Maxillo facial	1	1	5	4
Neurosurgery	193	155	391	410
Orthopaedic	18	16	68	67
Pain	2	4	6	4
Plastic surgery	16	28	98	77
Urology	19	36	77	90
Vascular surgery	8	7	11	14
Medicine:				
Cardiology				
Endocrinology				
Gastroenterology	2	10	28	18
Infectious diseases				1
Nephrology	6	5	6	3
Neurology	7	5	23	35
Respiratory medicine			3	2
Rheumatology	2	1	1	2
Total	538	594	1,604	1,524

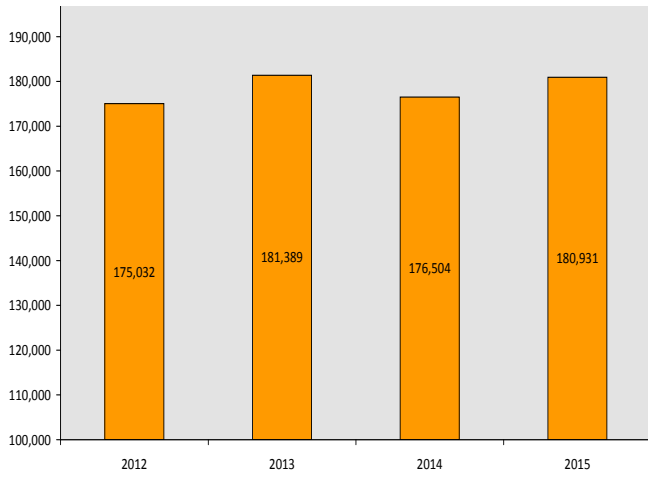
Above information represents a snapshot of patients waiting > 3 months in December of appropriate year.
From 2012 public patients only. Child 0 - 15 years included

Average Length of Stay - Days 2012 - 2015

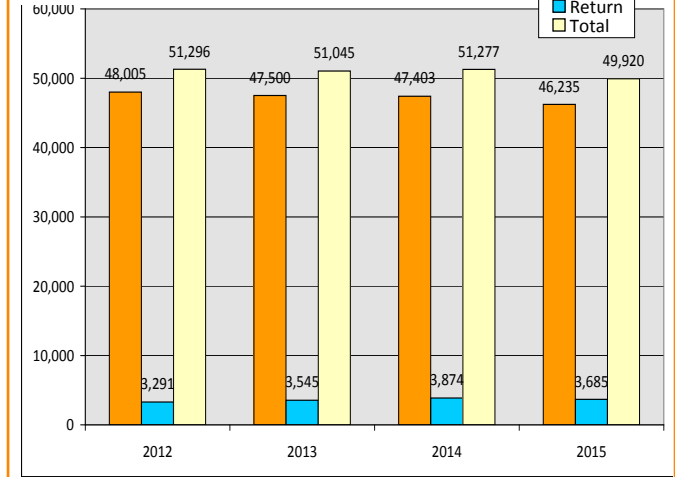
Year	Ave LOS
2012	9.9
2013	9.25
2014	9.4
2015	9.5



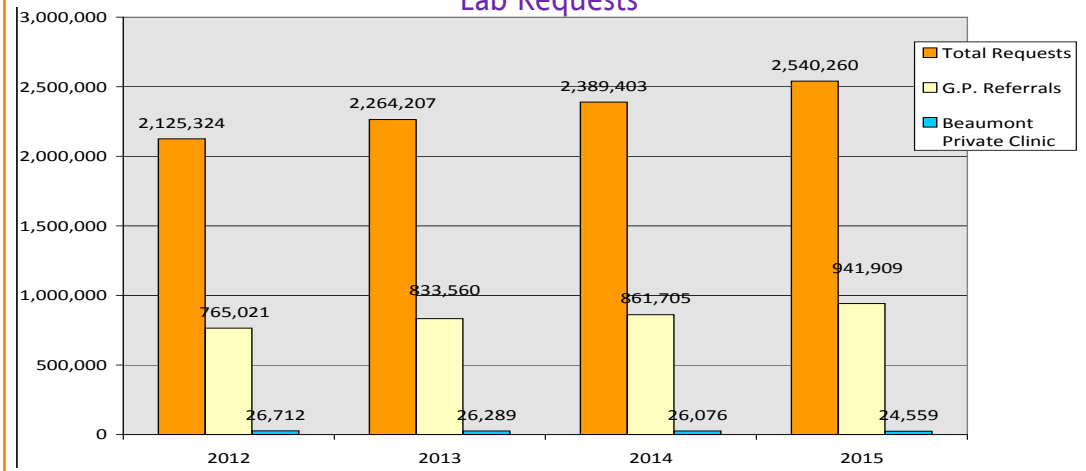
OPD ATTENDANCES



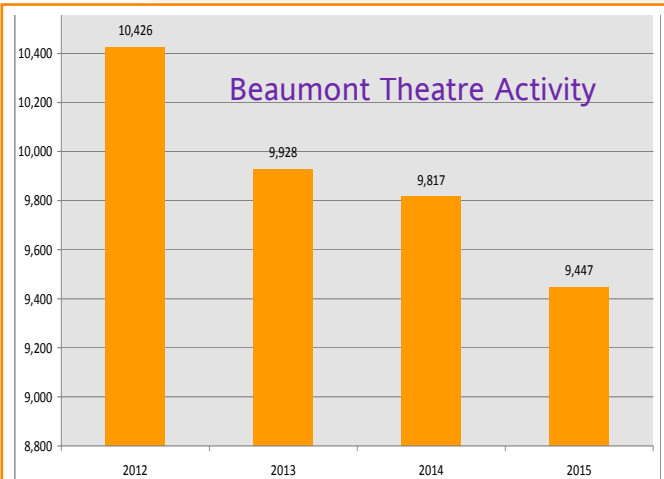
A & E Attendances



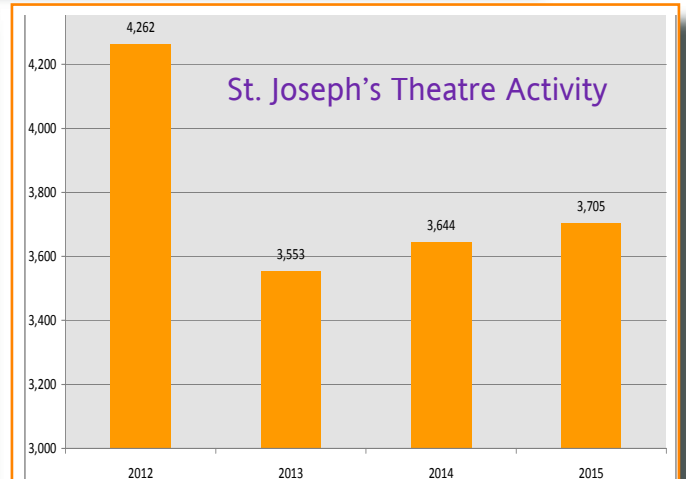
Lab Requests



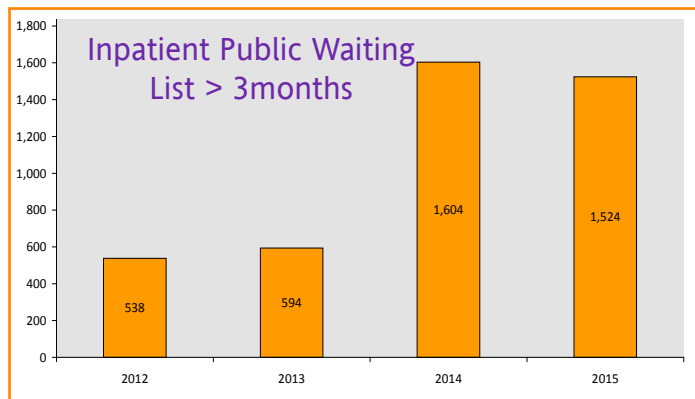
Beaumont Theatre Activity



St. Joseph's Theatre Activity



Inpatient Public Waiting List > 3months



Finance Report



Mary Farrelly
Director of Finance

Introduction

The financial situation in 2015 remained challenging as service demands increased while additional funding was capped nationally. The budget was initially set at €252.78 million, an increase of €2.72 million from the 2014 final allocation. The final budget allocation for 2015 was €263.33 million.

The significant financial pressures, particularly in working capital, remained from an opening deficit of €17.184 million, the final allocation contributed to reducing the deficit by €3 million. Our commitment to patient care and quality required continued investment in pharmaceutical supplies, medical and surgical supplies, clinical staff and patient support costs.

Financial Outcome

The year culminated in increases in Pay 1%, NonPay 15% and Income 11%, combined with the sustained budget funding the 2011 brought forward deficit closed 2015 at €13.422m.

Gross expenditure in the year increased by €18.727m, this increase was largely attributable to:

- Pay cost increases €1.565m
- Pension and Lump Sums increases €1.124m
- NonPay increases €16.038m

Income increased by €7.304m compared to 2014, €2.591m relating to recouped drug costs under the HSE drug reimbursements scheme, €2.756m private patient charges related to a restatement of our bad debt provision bringing Beaumont in line with HSE methodology. The remaining increase in private patient charges related to increased patient activity in 2015.

Funding

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

The revenue allocation for 2015 was €263.325m,

which was up €13.265m from 2014. The 2015 capital allocation, at €9m, was up by €6.01m.

Capital Funding

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

Project Name	Project Allocation €M	Draw down to date €M	Draw down remaining €M
Minor Capital 2015	€ 0.350	€ 0.350	€ Nil
National Equipment Replacement Programme 2015	€ 2.450	€ 0.739	€ 1.711
Renal Dialysis Unit	€ 6.000	€ 0.274	€ 5.726
Cardiology Refurbishment	€ 0.150	€ 0.150	€ NIL
2 nd Cath Lab	€ 0.105	€ 0.105	€ NIL
St Damians Ward and H&I Ward	€ 3.700	€ 2.960	€ 0.740
Cochlear Implant Expansion	€ 1.000	€ 0.248	€ 0.752

Service Developments

The largest service development for 2015 was the commencement of the Beaumont Improved Performance Plan; this facilitated the opening of the Raheny Day Hospital service for our elderly patients, additional services for frail elderly patients and additional diagnostic capacity for patients accessing Beaumont services.

Significant Issues

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

Finance Developments

The 2015 developments priorities for the Finance function were:

- ❑ Continued implementation of Hospital Procurement Strategy. This ambitious plan to embed compliance and improve value for money for the hospital saw our compliance reach over 80% by year end.
- ❑ The Hospital signed a HSE/VHI Framework Agreement that immediately released payment for pended and unsigned claims to the hospital; on December 4th the Hospital received €8.3M in cash from VHI. This necessitated a speedy and accurate redesign of the associated processes in Patient accounts.
- ❑ Operation of effective cost, revenue and cash management controls remains a key focus for all members of the Finance Team.
- ❑ Activity Based Funding and Patient Level Costing: The Finance function continues to develop the understanding and accuracy of this for the Hospital.

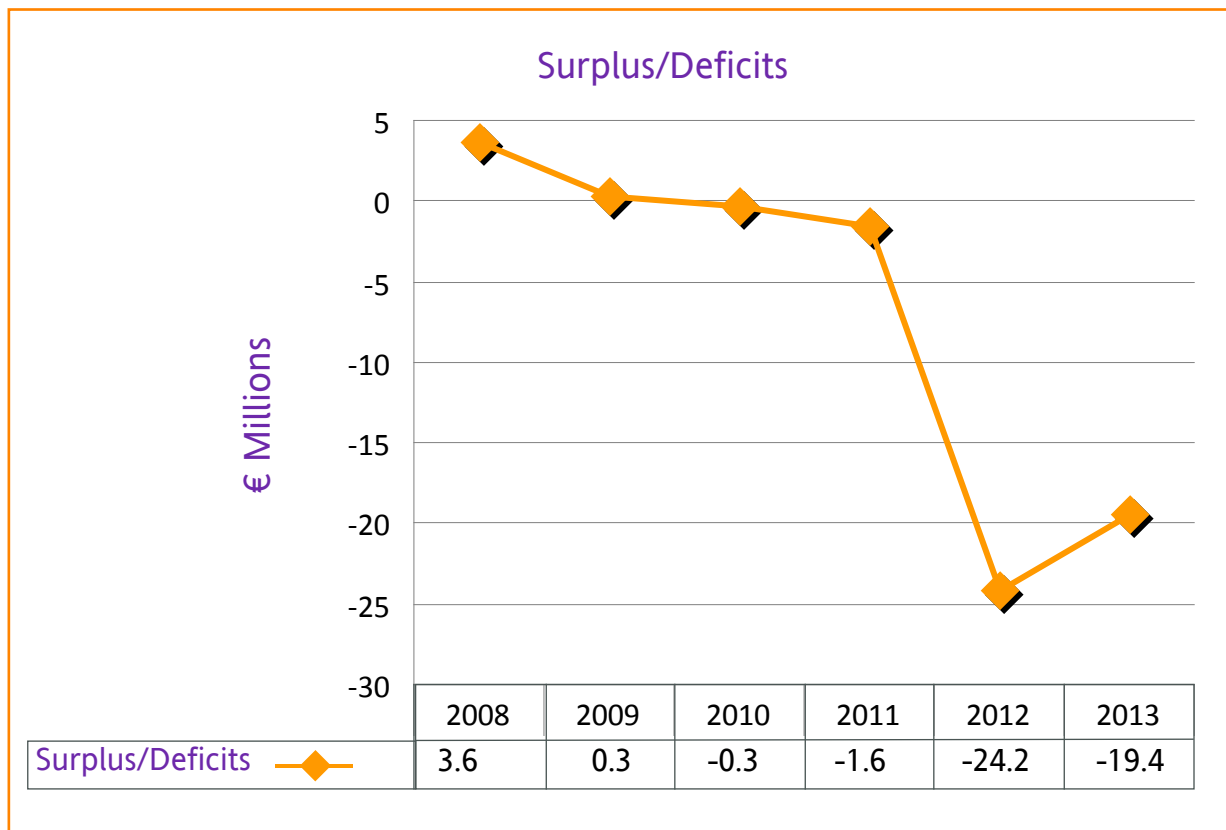
Allocation History

Year	Allocation	€ Variance	% Variance
2008	288.2		
2009	274.9	-13.3	-4.6%
2010	251.8	-23.1	-8.4%
2011	238.3	-13.5	-5.4%
2012	223.9	-14.4	-6.0%
2013	250.5	26.6	11.9%
2014	233.4	-17.1	-6.8%

Performance to Budget

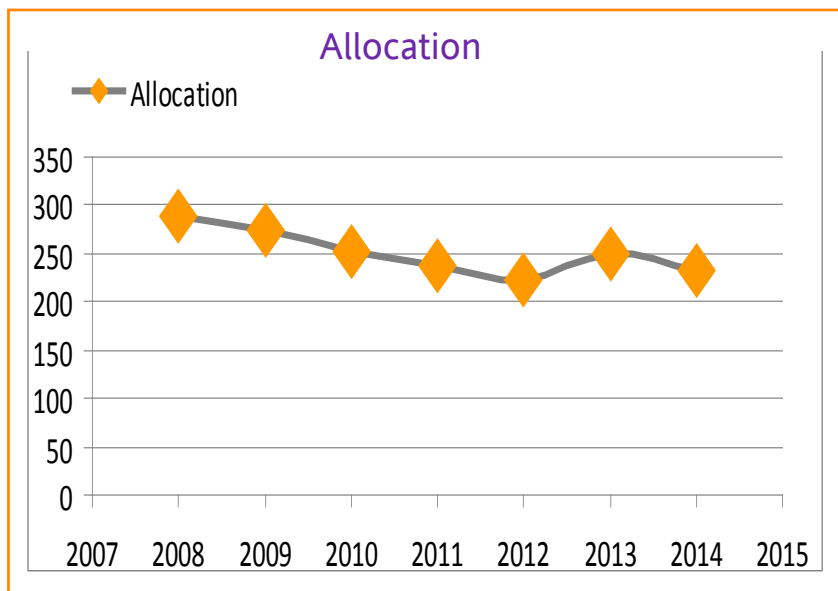
Year	Allocation	Annual Spend	€ Variance to Allocation	Closing Surplus/Deficits
2008	288.2	281.2	7.0	3.6
2009	274.9	276.9	-2.0	0.3
2010	251.8	252.7	-0.9	-0.3
2011	238.3	239.9	-1.6	-1.6
2012	223.9	246.5	-22.6	-24.2
2013	250.5	245.6	4.9	-19.4

Year	Surplus/Deficits
2008	3.6
2009	0.3
2010	-0.3
2011	-1.6
2012	-24.2
2013	-19.4



Allocation History

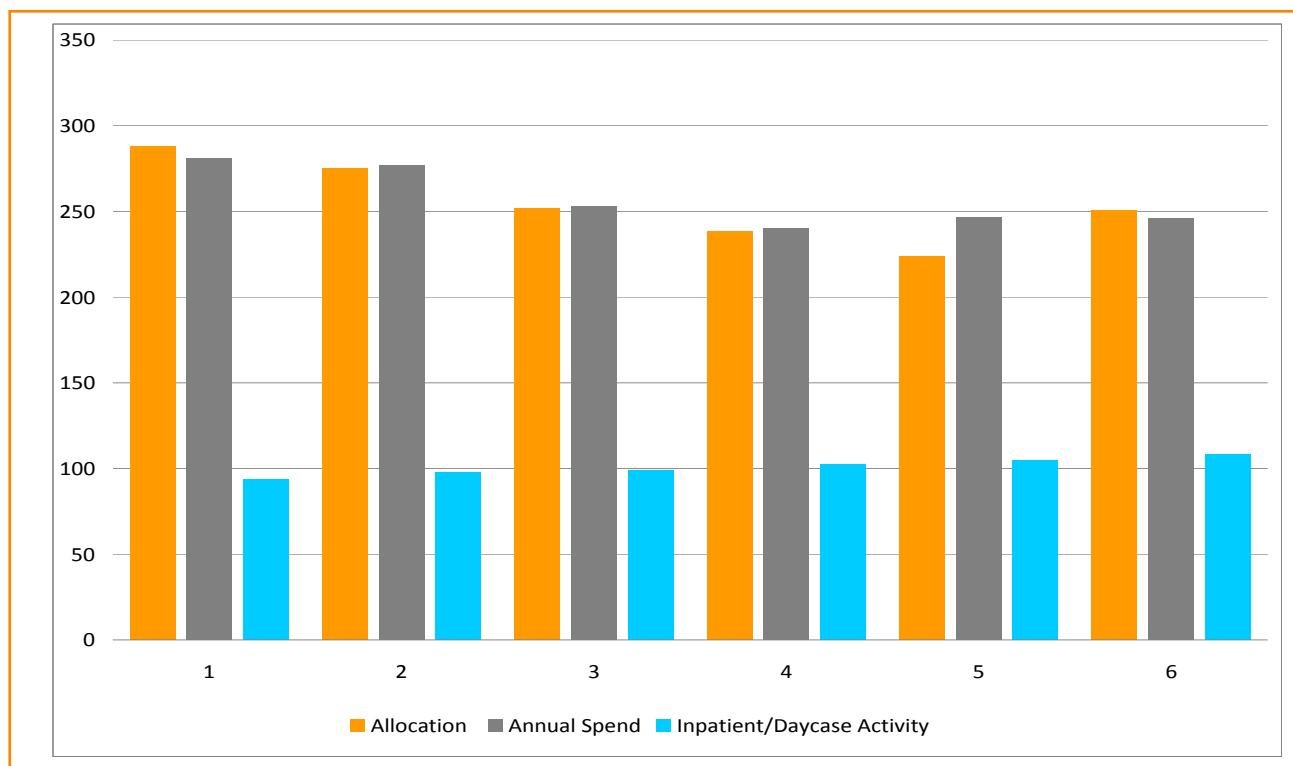
Year	Allocation
2008	288.2
2009	274.9
2010	251.8
2011	238.3
2012	223.9
2013	250.5
2014	233.4



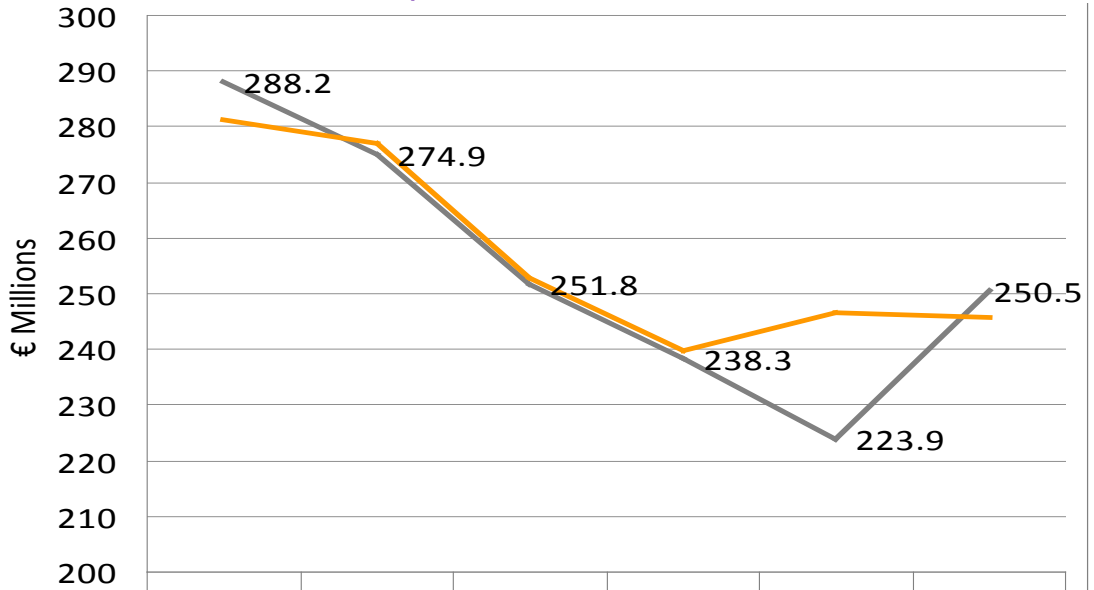
Performance to Budget

2008	Allocation	Annual Spend	Surplus/Deficits
2009	288.2	281.2	3.6
2010	274.9	276.9	0.3
2011	251.8	252.7	-0.3
2012	238.3	239.9	-1.6
2013	223.9	246.5	-24.2
	250.5	245.6	-19.4

Year	Allocation	Annual Spend	Inpatient/Daycase Activity
	€'000	€'000	
2008	288.2	281.2	93.733
2009	274.9	276.9	97.936
2010	251.8	252.7	99.142
2011	238.3	239.9	102.63
2012	223.9	246.5	104.769
2013	250.5	245.6	107.945

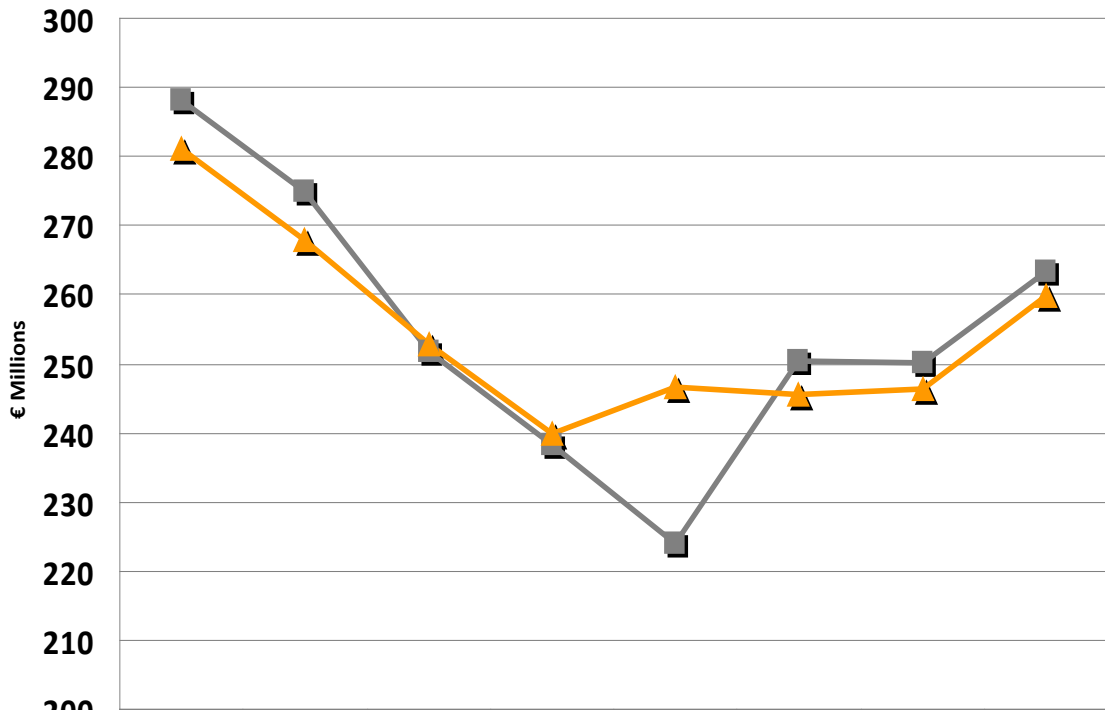


Allocation Spend 2008 to 2013



	2008	2009	2010	2011	2012	2013
Allocation	288.2	274.9	251.8	238.3	223.9	250.5
Annual Spend	281.2	276.9	252.7	239.9	246.5	245.6

Allocation Spend 2008 - 2015



	2008	2009	2010	2011	2012	2013	2014	2015
Allocation	288.2	274.9	251.8	238.3	223.9	250.5	250.1	263.3
Annual Spend	281.2	267.9	252.7	239.9	246.5	245.6	246.4	259.9

Nursing Report



Karen Greene
Director of Nursing



Petrina Donnelly
Deputy Director of Nursing



Mary Keogh
Hospital Manager
St. Joseph's Hospital
Raheny



Bernie Lynch
Medical Directorate
Nurse Manager



John Walsh
Medical Directorate
Nurse Manager



Melanie McDonnell
TUN Directorate
Nurse Manager



Denise Fahy
NeuroCent Directorate
Nurse Manager



Mary Kelly
Surgical Directorate
Nurse Manager



Mary Cooney
Critical Care/Anaesthetics
Nurse Manager

Nursing Report



Karen Greene
Director of Nursing

2015 brought significant change to the nursing management team with several new appointments. In May 2015 I was delighted to take up the position of Director of Nursing following the departure of Ms Sheila McGuinness as Chief Director of Nursing for the RCSI Hospital group. My appointment opened the Deputy Director of nursing position which was filled by Ms Petrina Donnelly. Other new and welcome appointments to the team were Melanie McDonnell being appointed as Directorate Nurse Manager in the TUN directorate, Mary Cooney as Directorate Nurse Manager in the Critical Care & Anaesthetics Directorate and Jennifer O'Hanlon as Assistant Director of Nursing in the RCNU. Our Out of Hours service also had some changes to it with Anne Lynch Pope, Sinead Connolly and Vanessa Kelleher joining the team. With this amount of change significant focus was placed on developing a service plan to ensure that there were focused and progressive aims for the Nursing Department.

The Nursing Department continued during 2015 to demonstrate its commitment to the delivery of quality and safe patient care. Nursing were at the forefront of many changes and improvement processes which supported the Clinical Directorate Teams to enhance patient care across all directorates.

In 2015 the Department of nursing faced a number of challenges with ongoing changing needs of the aging population of North Dublin, the increasing demands on our services from patients across the region and nationally, and the ongoing requirement for additional capacity. International nursing recruitment has been extremely challenging and was placed as the single biggest priority by the Department of Nursing to ensure safe care delivery.

In the face of these difficult circumstances, I would like to take this opportunity to extend my most sincere appreciation to all our nursing and health care assistant staff for their continued focus on ensuring optimal care for our patients and their families. As you will see within the body of this report, nursing staff have been at the forefront of many strategic projects and initiatives in both service and practice developments, policy development and are continually pushing the boundaries of education and delivery to ensure responsiveness to a changing healthcare landscape

Nursing Recruitment & Retention

Recruitment of skilled nursing staff was placed as the single biggest priority for 2015 to ensure that safe patient care was delivered. Given the context and shortfalls within the national market Beaumont engaged with the Dublin academic teaching hospitals to establish the needs particularly of level 4 hospitals and developed a DATH's recruitment brand that would be used internationally to make Ireland be seen as a location for experienced international nurses to continue and be afforded opportunities to progress their careers. Through this focused international campaign, Beaumont embarked along with its level 4 hospital counterparts a number of successful trips to the Philippines and India whilst individually keeping a presence in the UK market at regular intervals attending trade fairs and offering on location interviews to potential employees. Beaumont reached out to potential Irish trained nurses working in Australia by advertising in the Irish Echo in Sydney to offer opportunities to returning nurses to have suitable employment in place for their return date.

Retention of nurses coupled with the above was a necessary focus for the entire nursing management team. Significant focus, attention and reassurance

was required particularly at undergraduate level in the context of previous policy decisions at national level. Permanent contracts, offers of leave of absence for periods of travel and new educational approaches and pathway developments such as the development of the critical care foundation programme were key to offering the required assurance. The Nursing Department established a student forum in 2015 with representation from undergraduates from each of the 4 years, academic partners and nursing management has facilitated more opportunity for our nursing students to partner with the Department to put in place retaining opportunities from the earliest career stage. Access to postgraduate education continued to be one of the main attractions to Beaumont as well as pathways to advanced practice and advancements in regional and national speciality care.

Skill mix was understandably a challenge given the extent of the challenges faced nationally. Beaumont in recognition of this and in preparation for the continued requirement to recruit internationally extended its practice development resource to ensure a focused approach to induction and management of the adaptation period for candidate nurses was in place with the aim of nurses being developed to meet the needs of the complexity of care and case mix.

Tapping into potential Beaumont Hospital employees of the future another successful TY programme

was held. 100 Transition Year students from Beaumont Hospital's catchment area participated in this Programme. The TY Programme which has been designed and co-ordinated by members of the Hospital Nursing and Health & Social Care Professionals is aimed at TY students with an interest in a career in healthcare. The purpose of this initiative was to provide a structured insight for TY students into the Multidisciplinary Team workings in a modern day teaching Hospital and to build and develop community network supports.

International Nurses day

International Nurses Day is celebrated around the world every year on May 12th, the anniversary of Florence Nightingale's birth to mark the contribution nurses make to society. The theme for 2015 was Nurses: A Force for Change – Care Effective, Cost Effective – improving health and wellbeing. The Department of Nursing recognises this day as being an important calendar event to appreciate nursing staff and celebrated the day with a variety of activities including presentation of badges & fob watches to many of our nurses, raffles, cake delivery to wards for those who couldn't partake in the events.

The day gave the Department the opportunity to celebrate the hard work and commitment of all our nursing staff who on a daily basis deliver the highest possible standards of care to our patients and to thank them all for their achievements and innovations towards excellence in patient care in Beaumont.

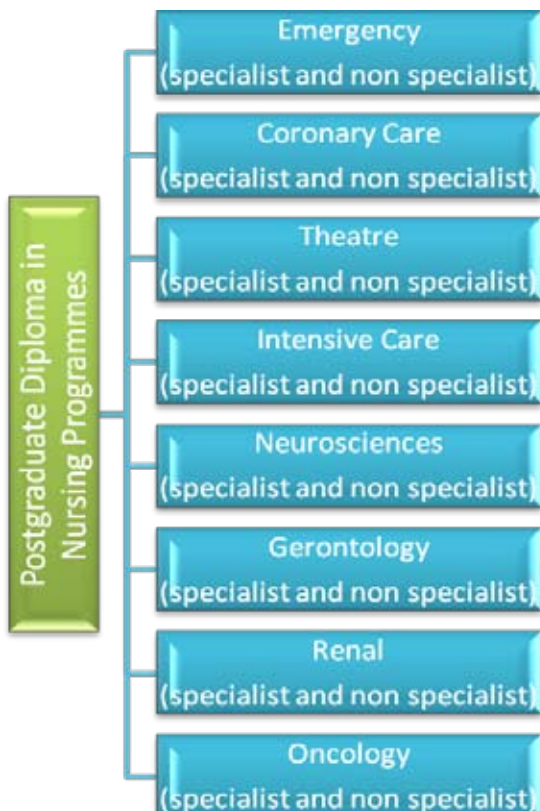


Centre of Nurse Education and Practice Development report 2015

The Department of Nursing and Beaumont Hospital as a whole recognises the importance of investment in our nursing workforce and thus provides a wide variety of educational opportunities across a broad spectrum of in-service education, mandatory training, individual study days, bespoke educational events, and postgraduate programmes leading to the award of Stand-Alone Module, Postgraduate Certificate or Postgraduate Diploma at Level 9 on the National Framework of Qualifications.

Postgraduate Diploma in Nursing programmes

In 2015 Beaumont Hospital offered 8 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. This change in programmatic structure has further enabled us to offer our broad suite of programmes to a wider range of staff both internally and externally and, along with our other offerings detailed below has enhanced and expanded Beaumont Hospitals' reputation as one of the leading providers of clinically focused postgraduate nursing education.



The following tables outline postgraduate education activity completed in 2015.

PGDip programmes 2015:	Completed:
Coronary care	3
Emergency nursing	1
Gerontological nursing	9
Intensive care nursing	-
Neuroscience nursing	5
Cancer nursing	1
Perioperative nursing	4
Renal nursing	4
TOTAL	27

Postgraduate Certificate

A new option for the 2015 intake of students was the Postgraduate Certificate in Nursing. This 3 module programme allows the student to undertake theoretical instruction in any of the eight specialities offered at Postgraduate Diploma level. This option is particularly appealing to those students wishing to focus solely on coalescing their knowledge and experience in a particular specialty, or those who have previously undertaken core modules at level 9.

Stand-alone modules

In addition to the Postgraduate Diploma programmes, we have over the last number of years, offered stand-alone modules in Acute Coronary Syndromes, Heart Failure, Urology, Colorectal Diseases, Breast Care and haemodialysis. These programmes were developed in response to specific needs of the specialist areas and are aligned to national strategic objectives. Stand-alone modules have proved popular with nurses both from within and outside Beaumont Hospital, and we now offer all modules from all programmes as stand-alone options. We continue to further develop the module options available to staff in response to clinical need and are currently progressing new modular offerings.

Stand-alone modules:	Completed in 2015:
Haemodialysis	15
Heart failure	10
Colorectal	11
Urology	5
Breast Care	9
TOTAL	50

Specialist Practice Programmes

Finally with regard to postgraduate education programmes, we also offer a variety of Specialist Practice Programmes in areas such as Neurosciences, Intensive Care, Emergency Department, Oncology and Medical / Surgical nursing. These 6 month programmes aim to fulfil the learning needs of novice and advanced beginner nurses, with the focus being on the development of nurses in caring for patients in these specific clinical settings.

Specialist practice:	Programme completed in 2015:
Neuroscience	-
Oncology	6
Intensive care	4
TOTAL	10

Stand-alone module in Rehabilitation of the Frail Older Adult

Frail older persons are at risk of recurring ill health and the focus of care and indeed the rationale for this module is on maximising the potential of frail older people with rehabilitative needs. This module aims to further develop nurses' specialist knowledge, skills and attitudes regarding the rehabilitation of the frail older person ethos with a view to facilitating re-enablement, improving functional outcome and ultimately enhancing the care of the frail older person. Content experts in the field of Gerontology are working alongside the Gerontology Course Coordinator to develop this module. The module descriptor has been submitted to our academic partners in the School of Nursing and Midwifery for review with the aim of having the programme ready for 2016.

Critical Care Foundation Programme

In response to the challenges of critical care nursing recruitment, the Centre of Education in conjunction with the Neurocent Directorate developed and successfully submitted a funding application for the implementation of a Critical Care Foundation Programme. The programme is due to commence in February 2016 and is developing the knowledge, skills and autonomy of the junior nurse in this specialist area of practice.

Code of Professional Conduct workshop

2014 saw the introduction of a new Code of Professional Conduct and Ethics for Registered Nurses and Midwives (NMBI 2014). In response to this the Centre of Education ran a workshop to embed the code into professional practice within the Beaumont setting to protect patients and ensure essential professional standards are kept at the forefront of care delivery.



Code of Professional Conduct Workshops

Robert Adams Lecture Theatre
Friday 14 November 2014, 11.00am - 1.00pm

This 2 hour workshop is directed at nurses and midwives in practice development, education and management to familiarise them with the Code so they in turn can share this new professional guidance within their own organisations and practice settings.

If you would like to attend please contact rlindsay@nmbi.ie to register with your name and current position. Places are limited and are allocated on a first-come-first-served basis. Those who are successful will be emailed to confirm their booking

Promoting and celebrating expertise in others

An integral part of the role of the Centre of Education is recognising and celebrating achievement, and promoting expertise in others as well as sharing our experience of care delivery nationally. A number of nurses from Beaumont presented posters and oral presentations at the 34th RCSI International Nursing and Midwifery Research and Education Conference and other national and international conferences.



Annual Nursing Practice Initiative Symposium

Now entering its fourth year, the Annual Nursing Practice Initiative Symposium provided the opportunity for nurses who have completed specialist postgraduate education programmes to share their learning with the wider organisation and was extended to our colleagues within the RCSI group. This event allows the Department to display and share best practice initiatives that have been implemented and initiated in departments throughout the hospital.

Critical Care Nursing Study Day

A joint study day was developed with the Intensive Care Unit in Tallaght Hospital. The day was actively supported by senior nursing management across both sites and proved hugely successful. Jointly hosted by both Beaumont and Tallaght Hospitals, the day aimed to enhance the attendee's knowledge regarding the critical care management of patients with a variety of conditions. This event was attended by over 120 nurses from across the country. This was just one of a range of conferences hosted within Beaumont across a diverse range of specialities.

Virtual Learning Environment

Over the last two years, work had been ongoing in relation to the implementation of a Virtual Learning Environment /Learning Management System for Beaumont Hospital. NMPDU funding was awarded to nursing in Beaumont which can now move the project to its implementation phase. Such a system will allow staff to complete and update their education and training at their own pace, thus facilitating autonomy in practice, whilst also allowing the organization better access to talent management capabilities.

New programmes were introduced to support the care of our changing client group and to meet needs of the clinical staff. Dementia Awareness in Acute Care (DAAC) programme has been developed as part of the National Dementia Education Project. Beaumont Hospital was one of the first hospitals to introduce the DAAC training facilitated by Nursing, Physiotherapy and Occupational Therapy. Prevention & Safe Management of Violence & Aggression (PASMVA) programme was provided in house for the first time this year, facilitated by nine work based trainers.

The Nurse Education and Practice Development team continue to provide a complex suite of services including undergraduate, post graduate and continual professional development for nurses and HCA's while supporting practice innovation and development also. In the last two years the continuing professional development activity has increased by 70% and it is accessed by more external services than ever before. In total for 2015 there were 1944 programme attendees.

Undergraduate Report

Facilitating nursing students to meet the clinical requirement of the Nursing and Midwifery Board of Ireland (NMBI) and enable them to join the profession is a vital component of our service. In 2015 61 nurses completed their internship and graduated with BSc (Hons.) in General Nursing with the School of Health Sciences, Dublin City University (DCU) in partnership with Beaumont. 980 student placements were facilitated. To support the clinical staff who teach students the team organised a National Conference titled 'Enhancing Clinical Learning Environment' which was held in June.

**Centre for Learning & Development
At Tallaght Hospital**
A Teaching Hospital of Trinity College Dublin

Critical Care Nursing Study Day

Centre for Learning and Development, Tallaght Hospital
Friday 6th March 2015

Jointly hosted by Beaumont and Tallaght Hospitals, this study day aims to enhance *your* knowledge regarding the critical care management of patients with a variety of conditions. Topics for discussion include:

Traumatic Head Injury Subarachnoid Haemorrhage
Pancreatitis Pelvic fractures
CRRT and Citrate Brain stem testing

!!! Book now !!!

Places are strictly limited and are on a first come first served basis
Fee: €50 (morning coffee and lunch included)
To book your place, for further enquires or to obtain an application form,
email: Caroline.Ward@amnch.ie or phone 01 414 2745

NMBI Category I Approval pending

The Nursing and Midwifery Board of Ireland (NMBI) carried out a two day site visit in June. They visited nine clinical areas as well as meeting with student nurses, education staff and nurses management team. Beaumont has been approved as a teaching hospital until the implementation of new Nurse Registration Programmes Standards and Requirements (2018). An action plan has been compiled the issues and recommendation

of the Nursing and Midwifery Board. The Nursing Graduation Ceremony took place on the 26th March 2015 during which the Department of Nursing presented the Beaumont Hospital Badges to 67 new graduate nurses. Post Graduate Diploma and Specialist Certificates and prizes were also presented.



Service developments / Achievements

Opening of St Damien's Ward

In November 2015 we welcomed the opening of a newly refurbished St Damien's transplant ward. The ward now has 21 dedicated surgical and medical transplant beds including 12 single en-suite rooms and benefits from a state of the art ventilation and air filtering system. The unit has 3 dialysis points and each of the single rooms benefit from central patient monitoring units back to the nurses' station. As part of this

new development there was a review of nursing workforce requirements to reflect the changing dynamics of the transplantation programme.

A development project as significant as this requires immense focus and cannot be delivered without some interruptions to normal service along the way. Therefore I wish to extend sincere thanks to the staff on St Damien's and the wider support team as well as the adjacent clinical areas who ensured that care delivery was continued throughout this very welcome project.



Pictured here is the first transplant recipient patient arriving to the unit accompanied by Clinical Nurse Manager 2 Monica Cunningham, Porter Anthony Nardone and Dr Fardod O'Kelly, Urology Registrar.

Opening of a second frailty ward

Hardwicke Ward became a dedicated ward for Care of the Elderly facilitating the development of a Frail Elderly Pathway which has been embraced by the multidisciplinary team. This initiative has led to significant improvement in waiting times for elderly patients attending the Emergency Department. The re-designation of Hardwicke ward from a surgical to medical ward required both the nursing managers at ward level and their team to up-skill and specialise their knowledge to the complex field of gerontology. This challenge required huge leadership at the frontline and the commitment from the team was exemplary. The ward has gone on to initiate numerous quality improvement initiatives to enhance patient care and it is a testament to the team involved.

Advanced Nursing Practice

Further development of the Advanced Nurse Practitioners in Emergency Nursing was undertaken in 2015 with the appointment of two Candidate ANP posts in rapid access triage to add to the existing compliment. This resource ensures the patient experience times are optimised and assessment and treatment are coordinated and managed. 2015 also saw the development of two candidate ANP roles in acute cardiology leading to the delivery of a 7 day service and ensuring equitable service access for patients presenting with acute cardiac conditions. Other advanced practice roles were appointed in the areas of dermatology and pain bringing the total number of advanced practice roles in Beaumont to 20 WTE's. This is a welcome development and is in line with the current HSE strategy.

Nutrition Steering Committee

The Nutrition Steering Committee in Beaumont Hospital was formed in January 2015 and jointly chaired by nursing and clinical services. The purpose of the Nutrition Steering Committee is to direct and support the implementation of a comprehensive programme of nutritional care within the organisation, which is designed to ensure that all patients of Beaumont Hospital receive nutritional care and/or nutrition support appropriate to their needs and preferences, and that the risks associated with poor patient nutrition are mitigated or prevented. The Committee endeavours to oversee all aspects of nutrition, including screening and assessment, nutrition research and audit, catering and food, nutrition supplements, enteral and parenteral nutrition. This level of governance and leadership is fundamental to the delivery of high quality nutritional care.

In 2015 Olivia Sinclair from the HSE Quality Improvement Division provided assistance to members of a multi professional team from Hardwicke Ward to help introduce malnutrition screening using the Malnutrition Universal Screening Tool (MUST) on the new Frail Elderly Ward. Using Quality Improvement methodologies (including Model for Improvement, PDSAs and Patient Shadowing) the team members successfully introduced MUST as standard practice over an eight week period. There are regular audits carried out at ward level to ensure compliance with this practice has continued. This project has led to the development of a MUST Improvement Guide document from the HSE QI Division which will be used across all HSE sites.

Controlled Drugs working group

Three new initiatives were successfully introduced to improve the safe management & storage of controlled drugs (CD's) in Beaumont and St Joseph's Hospitals.

1. A secured CD storage system was introduced for clinical areas that are not operational 24/7 to ensure compliance with regulations.
2. A new CD register and order book were developed and piloted using a quality framework and have now been successfully implemented to all areas.
3. A CD information day was held on 25th August, reminding staff of our policies and procedures in relation to Controlled Drugs.

This work is essential in ensuring Beaumont is compliant with standards of care in this area and ensuring risk mitigation is optimised.



Fundraising

Our very successful fundraising event for 2015 was Strictly Come Dancing 'Jive for Joes' in The Regency Hotel on 30th October. Staff from St Josephs Hospital Campus and Beaumont participated. Funds raised on the night will go towards the development of a garden for the residents and patients of the campus.

Human Resources & Medical Administration Department



HR Director:
Patricia Owens

Introduction

The HR & Medical Administration Department provides a key service in supporting clinicians, managers and staff throughout the organisation to provide quality health services to the public and has an integral role in strategic planning and development at executive level.

As part of the Hospital's on-going change programme and the implementation of the Hospital Strategy it is clearly recognised that staff are the key resource in implementing and sustaining change. The HR & Medical Administration Department is a vital link to combining HR policy and people management initiatives which create frameworks for supporting staff and managers to work together to develop excellence in patient care whilst pursuing the service and developmental objectives of the hospital's strategy.

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

Our Workforce

Revised Employment Control Procedure

2015 brought with it new challenges to the Senior Management Team as we seek to balance growing demands for services, requirements for greater efficiencies and new ways of working, corporate and clinical governance requirements and the challenges of maintaining high levels of staff morale against a background of the continuing restrictions of the Moratorium on Public Sector Recruitment and the need to demonstrate compliance with Public Service Pay Policy.

It is acknowledged that the Hospital's internal management structures have been developed over the past number of years with the clear intent at Executive and Board level of devolving decision making nearest to the point of delivery of care, in keeping with the principles of the clinicians in management model for health service delivery. In 2015 a report by Grant Thornton, commissioned by the Hospital Board, recommended that the Hospital move to the next stage of devolved decision making. Following receipt of those recommendations and in consultation between the Hospital Executive, Board and Clinical Directors it was recognised that those structures are now sufficiently embedded to devolve authority for decision making to recruit and to devolve responsibility and accountability for the management of the associated pay budget within the parameters established nationally.

In the context of all of the above with effect from 1st September 2015, devolved authority and accountability for recruitment decisions was given to Directorate Management Teams and Heads of Departments in line with a revised Beaumont Hospital Employment Control Management Procedure.

In Quarter 4 Employment Control conducted a due diligence exercise with line managers to finalise and sign off on staffing complements in accordance with the principle of posts in the 2014/15 run rate and systems updated accordingly.

Staffing Levels

In 2015 the previous employment control framework, primarily based on a general moratorium on recruitment and promotion, was replaced by a Pay and Staff Numbers Strategy with its focus on operating within pay allocations and affordability into the next financial year.

Beaumont Hospital Actual Census Returns

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Increase in 2015
Medical	472.51	475.05	476.91	473.34	469.27	465.27	478.1	478.6	480.44	482.44	478.17	481.18	8.67
Nursing	1109.73	1109.23	1109.72	1115.19	1114.78	1111.62	1098.7	1095.46	1108.04	1122.54	1120.91	1111.63	1.9
Clinical	439.26	437.65	437.95	438.41	435.17	441.57	436.25	452.14	464.71	469.04	479.23	484.68	45.42
Admin	483.23	485.98	484.83	485.31	484.05	480.88	480.3	487.12	490.64	499.1	506.08	509.11	25.88
Support	380.87	380.94	385.64	387.62	390.43	388.73	384.23	384.45	382.08	386.9	392.41	392.1	11.23
Other Patient Care	167.89	166.3	163.73	167.88	167.1	168.92	170.78	172.78	172.18	169.3	171.38	170.08	2.19
Support \Interns	69	69	72	76	76	77	73	84	89	95	104	106.43	37.43
Overall Total	3122.49	3124.15	3130.78	3143.75	3136.8	3133.99	3121.36	3154.55	3187.09	3224.32	3252.18	3255.21	132.72

As can be seen from table one above, our actual wte has increased by 132.73 wte in 2015 due to a range of initiatives which impacted on our staffing levels as outlined below:-

- Recruitment to the Hospital Improvement Plan (58.55 wte approx)
- Conversion of agency to less costly directly employed staff in order to reduce and eliminate agency and overtime costs
- Increase in support interns to cover vacant posts and to decrease agency costs
- WRC Agreement posts to address nursing shortages – (28.5 WTE approx)
- Recruitment of additional administration staff to address clinic secretary and ward clerk deficits
- Pre-Registration Nurses (27 wte)
- Service Development Posts (9 wte)

Hospital Improved Performance Plan

In July, 2015 Beaumont Hospital Board approved a set of proposals developed by the Senior Management Team in order to improve Beaumont Hospital performance against key patient experience and quality indicators, such as Patient Experience Time (PET) in the Emergency Department and Acute Medical Assessment Unit (AMAU) and Medical Length of stay (LOS) which was consistently below expected performance.

In summary the main proposals were: -

- Develop an assessment area for comprehensive geriatric assessment at the 'front door' to enable an MDT consensus to be reached to ensure best possible care for the patient with admission avoidance where possible.

- Create a frail elderly ward in order to implement the frail elderly pathway and support safe early discharge where possible. Support pathway with appropriate staffing to enable rehabilitation at earliest possibility. Ensure ethos of daily decision making, communication and planning for discharge from admission. Prevent deconditioning by promoting independence and activity.
- Expand the existing Day Hospital service from two days per week to the recommended five days per week as the navigational hub for integrated services. This will facilitate both admission avoidance and early supported discharge back into the community
- Expansion of complex rehabilitation capacity to meet requirements as per NCPOP analysis (2012). This will require appointment of additional Health and Social Care professionals.
- Liaison with community services to support integration, rehabilitation and day hospital services. Coordinate required services across both domains with intention to maintain the older person at home where possible.

In this context it was agreed that an additional 109 posts (104 wte) were required consisting of all grades and disciplines of staff. During 2015, 58.55 wte were filled and remainder due to be filled for 2016.

Recruitment & Retention

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 specialities it is vital that we attract and retain the highest calibre of staff. Obviously we are competing in a market often categorised by skill shortages relative to overall demands for some categories of staff and we continue to operate within the confines of the Moratorium on Public Service Recruitment which has been in place since 2009. Despite these pressures the HR Team, in collaboration with line managers worked tirelessly throughout the year to ensure that Beaumont Hospital succeeded in minimising vacancies and filling new posts established under the Hospital's Service Level Agreement with the HSE. In the context of the strict financial constraints under which the Hospital must operate and in the context of the continuing restrictions on recruitment HR and line managers rose to the challenge of co-operating with measures put in place by the Executive to manage pay costs within allocated budgets while maintaining our existing service levels and developing new agreed services.

Medical Recruitment

2015 was a very busy year for medical recruitment at Beaumont Hospital as the Hospital engaged in recruitment activity for replacement of retiring consultants, filling of new approved consultant posts and seeking replacements for consultants on short term leave arrangements. Particular challenges have been experienced in seeking to fill urologists posts associated with the Living Donor Programme and the Hospital has engaged in both national and international advertising and has secured one candidate with a start date in July 2016.

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 232 doctors through approximately 56 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.

Beaumont Hospital was one of the many national and international exhibitors at the inaugural 'Irish Medical Times' Careers Fair, a two day event in Clyde Hotel Ballsbridge on October 20/21st 2015.

The event was advertised widely to the IMT's clinician subscriber list of all grades of doctors, including consultant, NCHD's and GPs with delegates drawn from the hospital sector, primary care, general

practice, community and public health, university and research, industry and commercial etc.

This initiative had several aims, to raise the Beaumont Hospital profile and presence in the recruitment market so that we are better positioned to attract and retain quality employees to meet our service needs and ensure long term sustainability. Also our objective was to make contact with interested NCHD's with a view to filling vacancies in what is a tight and challenging recruitment market. It was also an opportunity to network with other exhibitors and health sector organisations to gain wider insight and share experiences.

The event involved engagement and collaboration with Beaumont staff, NCHD's and Consultants. The Project Team designed relevant material and handouts to help promote Beaumont Hospital and ensure our exhibition stand would be aesthetically inviting. Medical administration team members were on hand over the two days to receive applications from interested parties. In addition Beaumont had our own NCHD brand ambassador, Lead NCHD who also gave a presentation on the day. The event was a success on all levels and we are currently following up on CV's and contacts made over the two days. In addition our stand was photographed and was featured in the Irish Medical Times publication the following week.

Nurse Recruitment

Nursing staff make up approximately one third of the workforce of the Hospital and pay cuts, together with the introduction of the reduced entry level pay for new graduates, has resulted in shortages across the board for nurses. This is not a unique challenge to Beaumont as it is both a national and international challenge to fill nursing vacancies. Working closely together, the HR Team and Nurse Management have undertaken a number of initiatives to minimise the impact of the national context on delivery of patient care at Beaumont as follows:

- Leaflet designed and dropped to 70,000 homes in North Dublin
- Relaunch of Facebook page with vacancies advertised.
- Overseas advertisement through Irish web based newspaper in Australia.
- Promotional photo-op with Sinead Desmond from TV3 that was carried in a number of medical outlets.
- Direct mail contact with graduate nurses who did not take up employment at the end of their student year.
- Christmas recruitment campaign at Dublin Airport.
- Participation at recruitment fairs in London and Belfast.

Intern Scheme for Health Support Staff

Under the Haddington Road Agreement, the intern scheme for Health Support Staff allowed for the introduction of an initiative to recruit up to 1,000 intern Health Care Assistants, Multi-Task Attendants and other Support Grades on a 2 year programme to be employed at 85% of the first point of Band 3 salary in year 1 progressing to 90% of same in year 2. 97 Interns in total were appointed. 64 Intern Healthcare Assistants, 20 Intern Catering Assistants were appointed and 13 Porters/Household Interns were appointed.

This initiative was advertised by Beaumont Hospital in October 2013 and in 2014 consequent to which the hospital appointed 69 Interns to various support grades. In light of the many support staff posts lost throughout the Moratorium this initiative was greatly welcomed by managers and staff across the support grades and made significant contribution to reducing pay costs within these groups.

While HSE HR Circular 14/2013 give effect to the above scheme following discussions around the proposed Public Service Stability Agreement 2013-2018 (Lansdowne Road Agreement), it was agreed that there would be a process put in place to appoint interns to permanent positions subject to satisfactory health service after 18 months. The implementation of this recommendation is ongoing and to date 62 appointments have been processed.

Staff Turnover

Table 2 below shows overall staff retention was 94%, 93.5% and 92.7% for 2013, 2014 and 2015 respectively, with most leavers being attributed to nursing and clinical staff moving to gain further experience as part of their natural career development. Overall retention levels in 2015 compared to 2014 saw an increase of 1.39%. The nature of staff turnover however means that Beaumont will often become a beneficiary of such movements in the future, gaining from the enhanced experience of these staff when they return.

Category	2013 Turnover	2014 Turnover	2015 Turnover	2015 v 2013
Health and Social Care	9.04%	9.63%	11.55%	2.51%
Management /Admin	2.71%	1.49%	3.92%	1.21%
Medical	8.86%	7.80%	3.33%	-5.53%
Nursing	7.11%	8.34%	11.24%	4.13%
Other Patient and Client Care	1.64%	6.65%	3.72%	2.08%
General Support	3.46%	3.32%	2.81%	-0.65%
Total	5.92%	6.50%	7.31%	1.39%

Table 3 below provides the **five primary** reasons for leavers with these accounting for over 94% of all reasons in total. Where turnover has occurred the number one reason at 39% was taking up work elsewhere which given the nature of many of the roles within the hospital is to be expected as staff look to gain further experience as part of their on-going career progression. Retirement and personal reasons account for approximately 31.36% as employees reach the end of their working career or move to refocus on other issues. Employees looking to seek travel and overseas work opportunities accounts for just over 7.14%. Finally on-going training or education accounts for just over 4% reflecting the positive emphasis many of us place on personal growth and development and we wish all our leavers the best in their future endeavours.

Reason	Percentage of all leavers
Alternative Job Role	39.92%
Resignation/Personal Reasons	21.01%
Retirements	11.34%
Contract Finished	11.34%
Travel or went abroad	7.14%
Education / Training	4.20%

Absence Management

In 2015 HR continued to support Managers in improving levels of attendance, staff health and staff morale by working closely with Occupational Health, Health & Safety, Health Promotion, Staff Counselling, Learning & Development, Line Managers and Trade Unions. The focus on absence management has been one of prevention, promotion and rehabilitation.

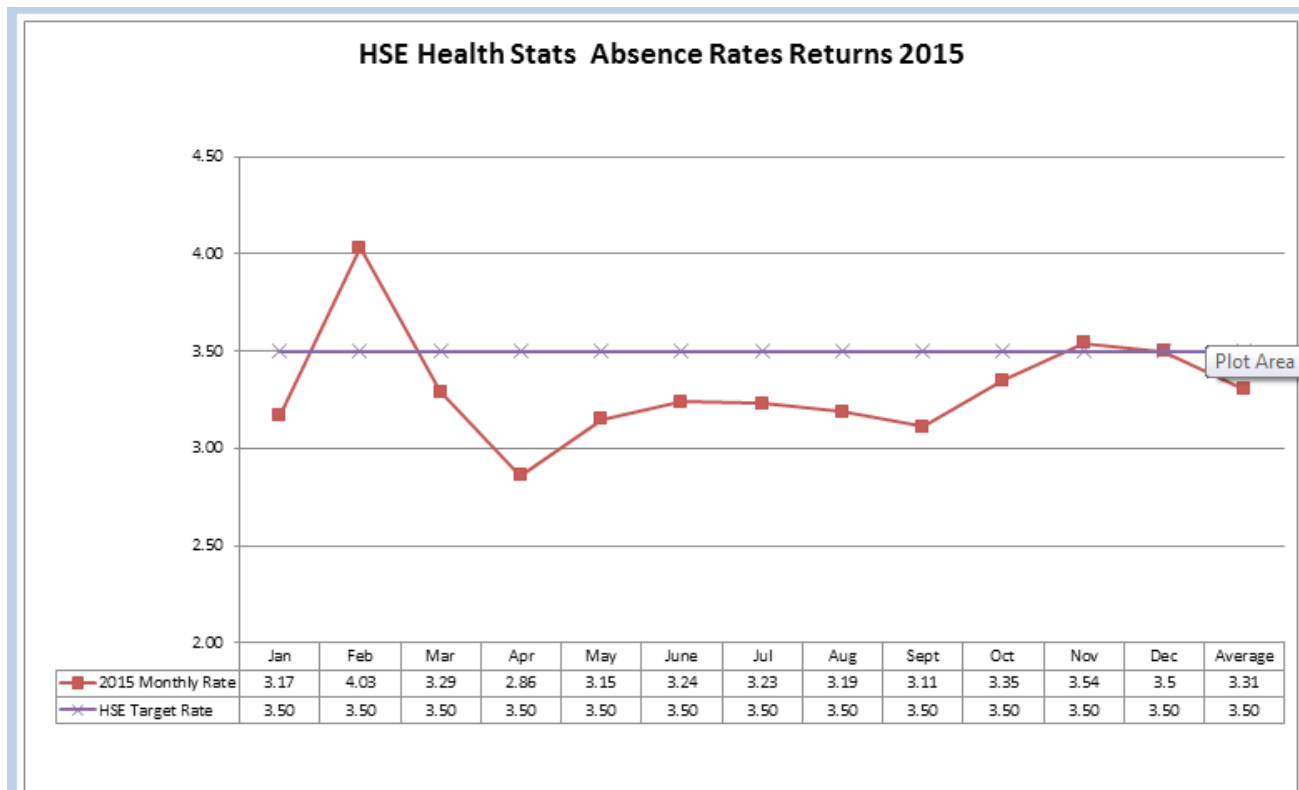
Monthly reports issued to all managers outlining their performance against the maximum level of absenteeism for each department of 3.5% and quarterly reports issued to the Senior Executive on those departments exceeding the 3.5% maximum level. In addition, back to work interviews and more detailed analysis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

Managers, Occupational Health and HR continue to work closely together in order to provide rehabilitative measures to staff such as phased returns from long term sick leave, adjustments to duties for short periods and in certain instances where possible re-assignment is considered.

The cumulative effect of these measures has helped achieve a reduction in overall absence rates. From an overall average absence rate of 3.95% recorded in 2013, the average absence rate has now dropped by over 0.5% to lower values of 3.31% for 2014 and 3.29% as recorded for 2015. However monthly rates in 2015 for February and November still exceeded the 3.5% HSE target rate due to the outbreak of influenza and noro-virus throughout the hospital.

Figure 1 below represents the absence % rate per month for 2015.

Figure 1



Staff Engagement

NCHD Forum

The Forum, established in 2014, has continued to meet on a regular basis and to collaboratively work to address issues of interest to the junior doctor workforce. During the year the two lead NCHDs worked tirelessly in collaboration with all other NCHDs, clinical directors/consultants, management and other multidisciplinary staff in this regard.

EWTD compliance continued to be a challenge throughout the year and the NCHD Forum provided opportunity to develop solutions to many of those challenges. In addition, as progress was made on the implementation of an integrated e-rostering system for junior doctors, the Forum proved to be an important communication vehicle to ensure that NCHD's were kept up to date on project developments. With respect to compliance levels concerning the compliance with maximum 24 hours shift target 97% compliance was achieved by year end 2015. These targets were achieved in no large part due to the contribution of all concerned working with and connected to the e-Rostering project. The additional recruitment of NCHD and the issuing of EWTD compliant rosters were key enablers of that success.

Commitment by senior managers, consultants and clinical directors for the NCHD Forum made it possible for the necessary NCHD participants to attend and contribute without undue disruption to work/training requirements has been invaluable.

HR Business Partnering supporting HR Best Practice

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

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

- Performance Management System (Grade8+)
- Intern Scheme
- New entrant salary scale and agreement re. assimilation for those returning having previously worked in another EU Member States Public Service
- Special Leave with Pay to Volunteer in Exceptional Humanitarian Crisis
- Policy on Fraud and Corruption updated following Circular 007/2015
- Shorter Working Year
- Travel Scheme
- Continuation of HRA Increments and related balancing measures
- Refined Sick Leave Scheme amendments incl., Pregnancy Related Sick Leave, Transitional arrangements - Serious Illness prior to introduction of new Public Service Sick Leave
- 2015 Certification of Registration of Nurses and Midwives with the Nursing and Midwifery Board of Ireland
- Legislation on accrual of annual leave during sick leave
- Legislation Workplace Relations Commission

In the context of the provisions set out in the General Guidance on the Management of Payroll Envelopes and the Public Sector Workforce issued in March 2015, which provides for recruitment where demonstrable pay savings can be identified, the

Nursing and Human Resource teams within the RCSI Group proposed the establishment of a Nursing, Midwifery and HCA Bank. The benefits to be gained include; Clear and demonstrable reduction in the costs of agency, opportunities for management to address short and medium term capacity issues and vacancies in an efficient and effective manner, enable the delivery of the highest possible quality of care to patients. Beaumont Hospital HR, Nursing and Finance team commenced working on this initiative at the end of 2015 for implementation across the hospital for 2016.

Throughout 2015 the HR Department in collaboration with Senior and Line Management has introduced individual and group change, flexibility, managing grievances and complaints. Most of the issues have once again been resolved locally and a small number have been referred for third party consideration to resolve the issues.

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

A number of new initiatives and projects commenced in 2015:

- ❑ New Sick Leave Calculation Report that will significantly reduce the time taken to process sick leave
- ❑ Training new and current sick absenteeism Returning Officers
- ❑ Development of the Relationship Managers to partner with the business – attending IBEC HR Forums, Breakfast Meetings, Employment Legislation Updates.
- ❑ HR Metrics & KPI's to measure hospital performance

Staff Benefits and Entitlements

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

- **Haddington Road Agreement**
During 2014, the Hospital continued to implement changes arising from the Haddington Road Agreement, 2013-2016. This agreement covers a series of pay and productivity measures to be implemented

in order to achieve the necessary savings in the cost of the pay and pensions bill and to reduce government deficit.

- **Additional Working Hours**

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

- **2013 Merged Pay Scales**

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

- **Increments and related balancing measures**

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

- **Payment of Night Duty Hours to NCHD's**

From July 2014 EWTD rosters scheduled NCHD's for duty through the night as part of core hours. HR Circular 003/2014 provided for the payment of a night duty payment of T1/4 to all NCHD's working such arrangements. An 'if and when required' contract has been developed which regularises this group of NCHDs and confers rights to sick leave, annual leave and superannuation.

Superannuation

In February the Minister for Public Expenditure and Reform made an Order under the Financial Emergency Measures in the Public Interest Act 2013 which extended the "grace period" from 30th June, 2015 to 30th June, 2016. In December this was further extended to 1st April, 2019. This allows staff who retire on or before 1st April, 2019 to have their superannuation benefits calculated by reference to the salary scales applicable before the pay cuts under the Haddington Road Agreement which was implemented on 1st July, 2013.

In December the Minister also announced changes which would be effective from 1st January 2015 in relation to a reduction in the Pension Related Deduction (PRD) and the Public Service Pension Reduction (PSPR).

In 2015 a total of forty-three staff retired whilst twelve ex-staff members claimed preserved retirement benefits. As at 31st December, 2015 there were a total of 723 pensioners on the hospital's payroll.

To assist staff in preparing for retirement, 33 employees attended a pre-retirement course which was held in April in the Marino Institute of Education.

The Superannuation staff act as Secretary and Treasurer of the Beaumont Hospital Active Retirement Association. The group travelled to Sicily for the annual holiday in June and several day trips were organised, both in Dublin and around the country and were very well attended. The A.G.M. was held in October and the year ended with the annual Christmas party.

Performance Enhancement

During 2014 discussions took place under the Haddington Road Agreement in relation to a Performance Management Policy for the Health Services. The Project Team in Beaumont Hospital amended policies and framework in alignment to the nationally agreed policy. A training plan was designed and developed for managers and the Performance Cycle Review was implemented to the Senior Managers (Grade 8+) across the hospital in 2014.

Throughout 2015 the Hospital implemented one full cycle of the Performance Cycle Review process. This involved all managers at Grade VIII (or equivalent) and above, including the CEO in a goal setting and review process. An initial goal setting meeting was held in January 2015 and this was followed by a mid year review of progress and an end of year review/goal setting for 2016 meeting.

HR Business Information & Data Management

Throughout 2015 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:

- Diver Reporting – Diver reporting continues to be an integral part of generating urgent reports required both internally and externally and has proven to be very efficient and time saving. In 2015 diver reporting was used to capture complement v actuals reporting and plans are underway to automatically schedule these reports on a monthly basis to managers to review staffing numbers.
- SharePoint is a Web based application which is used for the sharing of information, documents and collaboration thus improving productivity and efficiency throughout the hospital. SharePoint was initially introduced into HR to replace the existing manual method of submitting ECMG applications for approval. Managers now enter their own applications at local level. This has eliminated the many tedious processes, saves time, avoids duplication and ensures accuracy and efficiency.
- The Hospital has also utilised various survey tools to gain insight into understanding the particular needs of groups of staff across the workforce. In 2015 particular attention was given to the NCHD cohort of staff. A survey was designed by HR aimed at gaining a better understanding of the impact of various work patterns on NCHD attitudes to working at Beaumont. The survey also took into account other issues that might impact the working life of NCHD's. This first survey on this group of staff attracted a 15% response rate. The survey was divided into two categories, the view of NCHD's of Beaumont as an employer and the view of NCHD's on existing work patterns.
- The survey identified some very positive views of aspects of working life at Beaumont, as well as areas requiring attention. It was identified that more could be done to improve key issues impacting NCHDs such as training and development, handover process and some shift rosters. When asked about their work patterns NCHD's identified that there was a clear correlation between longer shifts and higher levels of stress and tiredness, with a corresponding reduction in perceived work quality. 24 hour shifts in particular were identified as seeing the lowest levels of work quality.

NCHD Rostering Project

The development and implementation of new NCHD Rosters and processes in line with EWTD to include a new IT system, incorporating automated rotations, automated roster to payroll production and EWTD reporting for Beaumont's NCHD's has been ongoing throughout 2015.

This project is not only a large culture change for approx 300 staff members but redesigns processes across 3 departments, Medical Administration, Human Resources and Payroll. The IT system is comprised of 3 main sections, Roster, Time and Attendance, Payroll, with many peripheral links to other systems such as security and HR.

2015 saw organisational processes being designed by members of the E-Rostering Project Team in consultation with relevant NCHD's. These policies were approved and agreed by the EWTD Steering Group. Projects covered were: NCHD Time and Attendance Policy, NCHD Rostering Compliance, Leave and Management Policy and NCHD Annual Leave, Public Holidays, Educational Leave and Shift Swap Procedure.

The project team has been working with project stakeholders in the various specialties during 2015 to configure and develop electronic rosters speciality by specialty in addition to rolling out the clocking (time and attendance) module. At the end of 2015, in excess of 150 staff have been rostered automatically from the system, 50 – 60 staff are clocking against their roster and all NCHD staff have access to view their clockings and rosters on line.

With regards to the payroll module, 2016 will be an exciting phase for the project. The payroll module will be tested by a Pilot Group of NCHD's in Nephrology to pay doctors directly from the clocking system. This will see the replacement of the existing manual system for claiming payment for out of hours work to automated pay based on electronic recording of time and attendance.

This will then complete Phase 3 of the project that will enable a junior doctor to receive his/her roster electronically, to record attendance on the clock card system and to be paid directly from the system thus eliminating the need for Time and Attendance cards. This will be a first in the Irish national health service and an achievement that will result in a much more efficient and transparent method of rostering and paying staff.

Medical Administration

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

Medical Induction

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

Medical Training and Education

- The Post Graduate team in Medical Administration in partnership with the Post Graduate Coordinator, manages, co-ordinates and arranges the teaching programmes for NCHD's preparing for MRCPI part 1 and part 2 exams. The programmes are supported by Consultants and SpR's /Regs who present tutorials twice weekly. Weekend revision courses and mock clinical exams are organised for these NCHD's. In addition Medical and Surgical Grand Rounds and Intern tutorials are held weekly.
- An annual GP Study Day is organised encompassing plenary and interactive sessions presented by our Consultant staff. This event maintains important links to the community and serves to keep the GP's up to date with recent clinical developments in the hospital.

Support for Medical Staff

- Medical Administration works closely with the Intern Tutor, the SHO Co-ordinator and the Post Graduate Co-ordinator to manage the quarterly assessments process for junior doctors. In addition regular meetings are organised with the Intern and NCHD representatives and admin-

istrative support is provided for the Medical Board, the Medical Executive, Medical Cogwheel, Surgical Division and the Neuroscience Cogwheel.

Challenges for the Future

- The department has a long history with respect to its administration and support of the Hospitals medical staff. The weight of history can be heavy and in that context there is a plan for the new year to set out a detailed task list which will review all processes within the department and in doing so will endeavour to streamline the processes and ensure efficiency and productivity in an effort to provide greater support and time to our customers and all medical staff.

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

Conclusion:

It is clear from the activity outlined above that the Hospital holds our 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 sustained despite severe financial constraints in recent years. In this context Beaumont Hospital will continue to invest in staff development and engagement to ensure that the staff voice is heard and that we continue to grow and develop all those who work here to further contribute to the provision of high quality and timely services for all our patients.

Organisational Development



Head of Organisational Development:
Anne McNeely

“We cannot solve our problems with the same thinking we used when we created them”
Albert Einstein

Introduction

Organisational Development as practiced in Beaumont Hospital has to get “on the balcony” and observe/orchestrate across the whole system. It’s not easy to do this in a crisis-driven, action-orientated environment. It is becoming more accepted that many of the tried and tested solutions/responses are no longer adequate for the global crisis, and there is a requirement to adapt and create new ways of doing things. So ultimately, we are all having to work on the edge between fully exploiting existing best practices and creating new/next practice. This can be very exciting but also dangerous. We are continually building a strong network of collaborative allies across the organisation and beyond, and we know we must create space (s) for our personal care and well-being. Similar to most service organisations, Beaumont’s biggest financial investment and resource in terms of delivering care is our staff, so a priority must be creating the best conditions for all staff to bring their whole selves to work: their experience, expertise, knowledge, compassion, creativity, leadership, professionalism and commitment to Beaumont Hospital the organisation, and to colleagues and patients alike. This is what we mean when we talk about maximising staff potential.

After almost 10 years of an Organisation Development (OD) based approach to change, staff now accept as normal practice the provision of facilitated opportunities for them to learn and reflect together. In these spaces they use their day-to-day experiences as the foundation for conversations that explore the true complexity of their work. The perspective taken is collective and less siloed, with a clear focus on the need to connect and integrate improvement initiatives. More recently, we’ve been developing and customising patient engagement and community consultation practices that encourage meaningful interfaces between staff, patients, family members and their communities. This work highlights another even

more essential voice and perspective to connecting the efforts to deliver real improvements.

Organisational Development Values



Scope of Service



Our organisational development model is continuously evolving and includes top-down support and guidance, bottom-up ownership and empowerment, and middle-out implementation. Engagement, participation and collaboration are essential ingredients at all times. In part, our focus is on making our organisational culture visible in order to see and differentiate between what needs to be changed and what we want to retain. We have accepted that change is a “long haul” journey. Often, the practices, behaviours and attitudes that need to change in healthcare have been formed and passed down through the generations and, indeed, aspects of current professional and management training and education still remain these foundations.

In 2015 we continued this approach, with a number of notable achievements, both in supporting organisation-wide change, development and learning and in more local service related development and improvement.

‘A Hospital without walls’, Beaumont Hospital Strategy 2015-2020



2015 saw the completion, design and endorsement of the new Beaumont Hospital Strategy – *A Hospital without walls, Beaumont Hospital Strategy 2015-2020*.

The Strategy was launched internally by the OD team in December at the Heads of Department meeting. This marked the culmination of extensive consultation with staff, patients, representatives, local community members, healthcare colleagues, academic, research and business partners. It presents a confident roadmap for the future development of Beaumont Hospital, one that recognises the need to work collaboratively and creatively both within and beyond the boundaries of our campus. The strategy promotes the involvement of patients and families as partners in the design of healthcare services. It further acknowledges that there is a greater role that can be taken up by acute care providers to support patients in the ongoing management of their health and wellbeing, in collaboration with colleagues across the healthcare system and in other sectors.

Ultimately, quality of care must be the touchstone of all that we do and all that we strive for. “A Hospital without Walls” is a document that is deliberately rooted in reality, acknowledging the complexity of the current healthcare environment and the unique challenges facing acute services. However, we strongly feel that, as part of a wider system of health, huge gains are possible when healthcare staff move beyond territorial boundaries and collaborate across organisations and sectors in the interest of better, more sustainable health and social care for all.



Pictured with the Hospital Strategy in January 2016: Peter Conlon, (Clinical Director, Medicine), Ann Fitzgerald, (Chair, Beaumont Hospital Board), Liam Duffy, (CEO, Beaumont Hospital), Brendan Howlin (Minister for Public Expenditure & Reform), Debbie McNamara (Clinical Director, Surgery) and Aodhán O’ Ríordáin (Minister of State)

We hope this will be a starting point and not a limit to what can be achieved as we plan for the future of our services. If there is a key message in the strategy, it is that we are stronger when we work together, and current models of 'hospitalised care' are unsustainable across the world.

The Strategy Document is now available on the hospital intranet and internet sites.

Launch of Beaumont Hospital Coaching Programme

In May 2015 the OD department launched Beaumont's Coaching Programme. The purpose was to mark the launch of our internal coaching panel comprising of 10 staff in Beaumont who have successfully completed certified coaching qualifications, including 2 members of staff from OD.

Offering coaching to staff forms part of the wider 'people development' agenda in Beaumont. Staff of all grades, disciplines and backgrounds can benefit from coaching in managing change and work challenges, optimising performance and realising leadership potential.

As the photo below indicates, Beaumont was privileged to have two inspirational speakers in Joe Schmidt and Cathriona Hallahan; both of whom gave authentic accounts of their own development journeys, and acknowledged the impact of having coaches and mentors who believed in them at critical points in life and work. Beaumont staff and coaches also contributed to the very well attended event comprising of internal staff, external trainers and coaches and representatives from other organisations / programmes.



At the Launch of Beaumont Coaching Programme: guest speakers Joe Schmidt, Cathriona Hallahan and Viv McDaid with Liam Duffy CEO, Anne McNeely DCEO and members of the Coaching Panel

The internal coaching panel will expand and grow as others become qualified and this enables increasing opportunities to be coached to more staff throughout the hospital.

Organisation-wide communication and shared decision making: Heads of Department Workshops

Organisational Development continued to convene and co-ordinate the regular Heads of Department meetings throughout 2015. These meetings constitute an internal element of striving for whole systems engagement.

The meetings provide Heads of Department and Senior Management with much needed 'headspace' for strategic thinking, and opportunity for collective sense-making, analysis and decision making.

In 2015 the idea of inviting 'plus ones' to the meeting was introduced as a way of engaging with a diversity of views and inputs and ensuring opportunity for new voices to be heard, incorporating social change movement techniques.

The Heads of Department meetings generally involve the use of creative techniques to blend hospital ambition with striving for improvements and engaging staff; encouraging everyone to have different conversations about how and why change happens in big organisations; and have a specific focus / theme relating to matters of importance to the whole hospital / whole system.

Enabling system-wide improvement by engaging with staff, patients, families and our local community

In 2015, Organisational Development supported a number of system-wide engagements which led to service improvements for patients and families.

End of Life Care

In October, OD worked with a team of multi-disciplinary staff who were seeking to celebrate and re-energise a programme of work supporting end of life care in the Hospital. Following a collaborative design process, OD facilitated a workshop of members of staff from across the hospital representing nursing, healthcare assistants, porters, social work, catering, doctors, household and clerical staff. The event was an opportunity to celebrate the many examples of compassionate person-centred end-of life care that were evidenced on the day. It was also an opportunity for staff to have a conversation in a safe way about the elements that can get in the way of

- of the part they play in the overall process
- commencement of regular meetings with Insurers to provide 2 way feedback and address issues/concerns
- electronic process to aid claims completion by medical staff

Radiology

In May 2015 staff from LDE and OD supported focus groups with administration staff from the Radiology directorate. The purpose of the focus groups was to review the current service, in light of changes following the introduction of PACS, associated staffing changes, retirements, and role changes, and other service developments. The sessions focused on envisioning what the ideal service would look like, both for patients and staff. Challenges and limitations of the current service were identified and analysed, and opportunities for improvement were highlighted, ranging from the updating of equipment and modernisation of the environment to process improvement, training opportunities and role equalisation / development. While all conversations centred around providing the best possible service for patients, opportunities for personal development were also highlighted and the value of staff being involved in service development was acknowledged and appreciated.

Medical Directorate – Medical Model

December saw the launch of a new Medical Model in the medical directorate. Organisational Development worked with Directorate staff to capture and describe key shifts / changes required from medical, nursing and patient flow staff. OD also assisted with developing hospital-wide communications; and through the BICS Project, were involved in the early implementation of these changes.

Programme Management

The Beaumont Improving Care and Safety Manager took up a role supporting the programme management of the Improved Performance Plan from July 2015, following the Duncan Conroy Review of Care of the Elderly Services in June 2015. This was done whilst maintaining strong links with OD, thus ensuring a whole system change focus alongside quality and process improvements.

Another staff member continued to lead and support the implementation and sustaining of the *Plan for Every Patient (PfEP)*. Roll-out continued in 2015 to incorporate AMAU, St. Clares Ward, and Hardwicke ward. A group of 10 allied health trainers were also trained during 2015, to provide individual and small

group training across all in-patient allied health staff. With the change in function of Hardwicke ward to become the second frail elderly ward, a new MDT approach was supported and embedded incorporating PfEP ‘board rounds’ into the daily routine, which is working very successfully. The visibility of delays across the system that the PfEP enabled also added to the case for change in terms of access to diagnostic tests, and improvements enabled by the Improved Performance Plan have yielded good benefits to date for patients. Similarly leading out this project from within OD helped keep a focus on the wider system and the extensive culture and behavioural change required.

Education, Learning & Development

Consistent with the HSE *People Strategy, 2015 – 2018*, and the National Standards for Safer Better Healthcare 2012, investment in staff education, learning and development in Beaumont Hospital is about acknowledging and valuing our staff and the benefits for individual employees, patient care and performance when we **engage, develop and support our workforce**.

Against the backdrop of managing increasing change and complexity LDE worked collaboratively with staff across Directorates and Departments to identify and design learning and development interventions to support individual staff needs, team needs and business needs. In 2015 following a learning needs analysis and informed by the clinical experience of mental health professionals supporting staff and patients within the hospital, professionals from learning and development, staff counselling, and the department of psychology designed an innovative programme called “**Resilience Plus**” that would enable employees to access leading edge self-care and wellbeing strategies. Resilience Plus includes a combination of direct modes of learning including education in stress and communication models, social learning through group contact, web based learning through signposting and discussion of on line materials, experiential learning in meditation and mindfulness, and peer support and development through short peer-to-peer meetings. The Resilience Plus programme was designed as a high impact initiative that could be funded within existing resources and which required minimal release time for participants from busy service areas. In terms of outcomes, anonymised pre and post quantitative measures demonstrate statistically significant improvements in general health and

well being and emotional intelligence among participants. Qualitative feedback supports the direct positive impact on work related stress.

Prevention & Safe Management of Aggression & Violence - PasmaV Education Programme

In collaboration with members of the Managing Challenging Behaviour Steering Group & colleagues in Nurse Education and Health & Safety LDE supported the design and launch of a Train the Trainer model and provider programme aimed at supporting staff to recognise and manage challenging behaviour in the workplace.

The PasmaV Programme is modular based and employees are asked to complete relevant modules depending on the defined risk level. Lower level risk training comprises of two modules, a theoretical component and low level breakaways and safe holding techniques. The third module is currently reserved for staff working in areas of higher risk such as security staff. In 2015 LDE continued to build on **collaborations with industry and community partners**. A third cohort of senior managers took part in the UL Lean Leadership Programme in association with Lean Business systems and IMDA network to support the delivery of hospital & directorate priorities e.g. improving flow in Radiology and the cardiac intervention suite. RCSI Lean experts commenced an improvement project with staff in the Endoscopy Unit to enhance patient flow and turn-around times building on previous improvement work.

Almost 100 **TY students** from local, regional and national second level schools attended our week long programme aimed at attracting the future healthcare workforce whilst at the same time contributing to building healthier communities. The programme which is a collaborative with Beaumont Hospital, RCSI Medical School & DCU School of Nursing & Health Sciences is highly sought after with more than 70% of attendees reporting an interest in pursuing a career in healthcare on the final day of the programme compared with 30% reported interest on day one. The top five healthcare careers of interest in 2015 were medicine, nursing and physiotherapy, laboratory science and speech & language therapy.

40 frontline Inter-disciplinary staff from across the hospital together with nursing colleagues from the local community worked on **local and cross-boundary improvement initiatives** in part fulfilment of the **Organisational Skills & Development Programme** which is a QQI level 6

accredited programme. Line Managers worked closely with participants and LDE to support and to refine improvement projects which were directly linked to supporting departmental and directorate priorities. Project themes consisted of improving care and performance through re-designing workflow systems, improving patient outcomes through innovative practice and patient-centred collaborations as well as improving efficiency and eliminating waste. Another very significant output of the programme are the internal and cross boundary networks and relationships that are fostered which contribute to new and innovative ways of learning and working.

Management & Leadership Development

LDE and senior nursing colleagues worked in collaboration with the RCPI and HSE National Quality Improvement Division (NQID) to research & co-design a bespoke Leadership development programme to support the rollout of Quality Safety Walk rounds (QSWRs) in Beaumont Hospital. LDE secured funding through the NQID for the initial programme which comprised of five modules from January to October 2015. The programme was attended by the CEO and members of Executive Management Team, the Chair of Clinical Governance, four senior medical colleagues, Integrated Quality & Safety Department team members, Facilities Management and Technical Services Management team members. The QSWRs initiative has contributed to the development of an enhanced, more open, reflective model of engagement between frontline staff and senior management, a proactive approach to addressing safety priorities and a way of enhancing a culture of continuous improvement in the hospital. The QSWR leadership programme & QSWR implementation programme in Beaumont Hospital culminated in the Co-design of the HSE national QSWR toolkit. The toolkit which was developed in collaboration with staff to build capability, understanding, commitment and sustainability of the QSWR programme locally also contributed to the national patient safety agenda by sharing our learning. Two cohorts of managers from across clinical and non-clinical groups of staff attended our internal **management development programme** aimed at supporting newly appointed managers and supervisors to be more effective in an ever changing workplace environment. Managers are encouraged to avail of our internal coaching programme to compliment the learning attained on our LDE programmes and to further enhance and sustain leadership development.

Presentations at Conferences

In May 2015, Anne McNeely led a delegation of staff to Waterford Institute of Technology to present at their annual Lean Forum conference. A team of Anne, Therese Callinan, Donal Rorke, Sean McArt, Lisa White and Amy Anslow described the Beaumont experience of applying lean concepts and the benefits thereof. The presentation was entitled

- *“Utilising lean to ensure that all elements of the patient’s journey are aligned and connected to enhance the patient experience and improve outcomes”* and received very positive feedback from industry experts.

In November 2015, Amy Anslow and Lisa White were accepted for poster presentations at the National Patient Safety Conference. The posters were entitled:

- **“A Collaborative Approach to Understanding and Enhancing the Patient MRI Journey”**
Lisa White (BICS Programme), Áine Davern & Amy Anslow (Plan for Every Patient), Donal Rorke & Sean McArt (Imaging and Interventional Radiology Directorate Management Team), Sinead Maguire (Clinical Specialist Radiographer, MRI), Elaine Gillen & Emma Hickey (Clinical Nurse Management team, St. Brigids Ward).
- **“Plan for Every Patient (PfEP): Introducing a mechanism for visually planning patient care in Beaumont Hospital”**, Amy Anslow (Organisational Development) & Áine Davern (CNM3) Beaumont Hospital.

Amy Anslow also gave an oral presentation at the conference, of the same title.

The *Plan for Every Patient* was also featured as oral and poster presentation for the Annual Beaumont Hospital Clinical Audit and Patient Safety Day in May 2015.

Continuous Professional Development

Ann Quinn (OD) and Kate Costelloe (LDE) completed the Diploma in Executive Coaching in September 2015, and are members of the Beaumont Coaching Panel.

Involvement in Local, Regional, National & International Groups

- Ann Quinn and Kate Costelloe are members of the Association for Coaching, Ireland.
- Ann Quinn and Anne McNeely are members of Organisation Development Ireland.
- Anne McNeely is also a member of the Irish Group Relations Organisation and the Standards and Procedures Committee of the Pharmaceutical Society of Ireland.

Conclusion

Beaumont’s investment in supporting more distributed leadership and autonomy is all for the purpose of facilitating staff to embrace the imperative for fundamental change in our role as an acute care hospital, and to contribute to new understandings of health and well-being. Staff in Beaumont experience times when the application of these more contemporary understandings of progressive change and action are visible and warmly embraced. We accept these are also times when the pressures of financial constraints, losing experienced staff, and growing demand on services, impact directly on the quality of care they can provide, and the working environment is barely tolerable.

In the old paradigm of organisation and leadership, success is judged by the capacity to enable the hospital to run as effectively and as cost-efficiently as possible. There is no doubt that this is still a compelling requirement, however we believe that it is also necessary to collaborate with fellow professionals and colleagues internally and beyond to help re-imagine holistic health and well-being outcomes that between them meet future health needs. To achieve this, we know we need to work together, listen to and respect each other, nurture our resilience and capacities to work well with uncertainty, innovate in counter-intuitive ways and hold fast to our values, principles and convictions.

Organisational Development challenges people’s familiar realities. Our objective is to get people creating the change themselves. When change comes from within, each stakeholder, internal and external can take true responsibility for that change, so that it becomes driven by informal as well as formal systems, and is embedded as the new culture.

Integrated Quality and Safety

Head of Department:
Pauline Fordyce

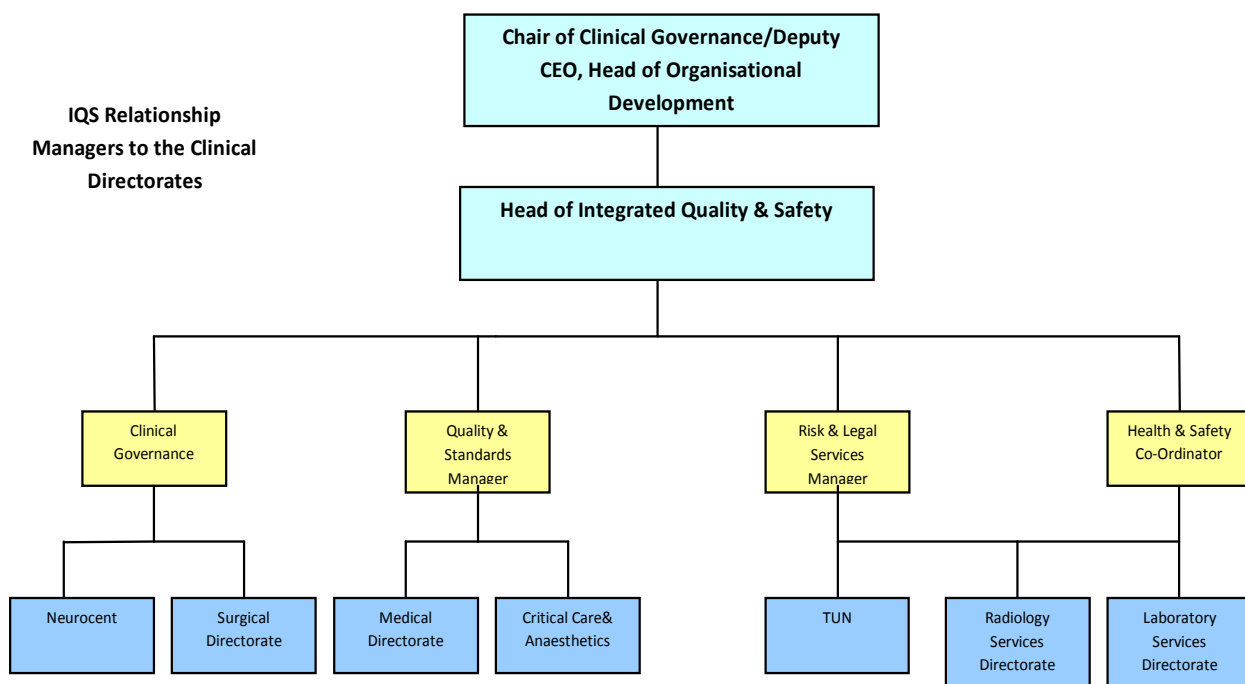
Introduction

The Integrated Quality and Safety (IQS) Department continues to provide support and lead on the quality and safety management programme in 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 the care that is intended to help,
- Effectiveness – aligning care with science and ensuring efficiency,
- Patient-experience – including patient-centeredness, timeliness and equity.

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

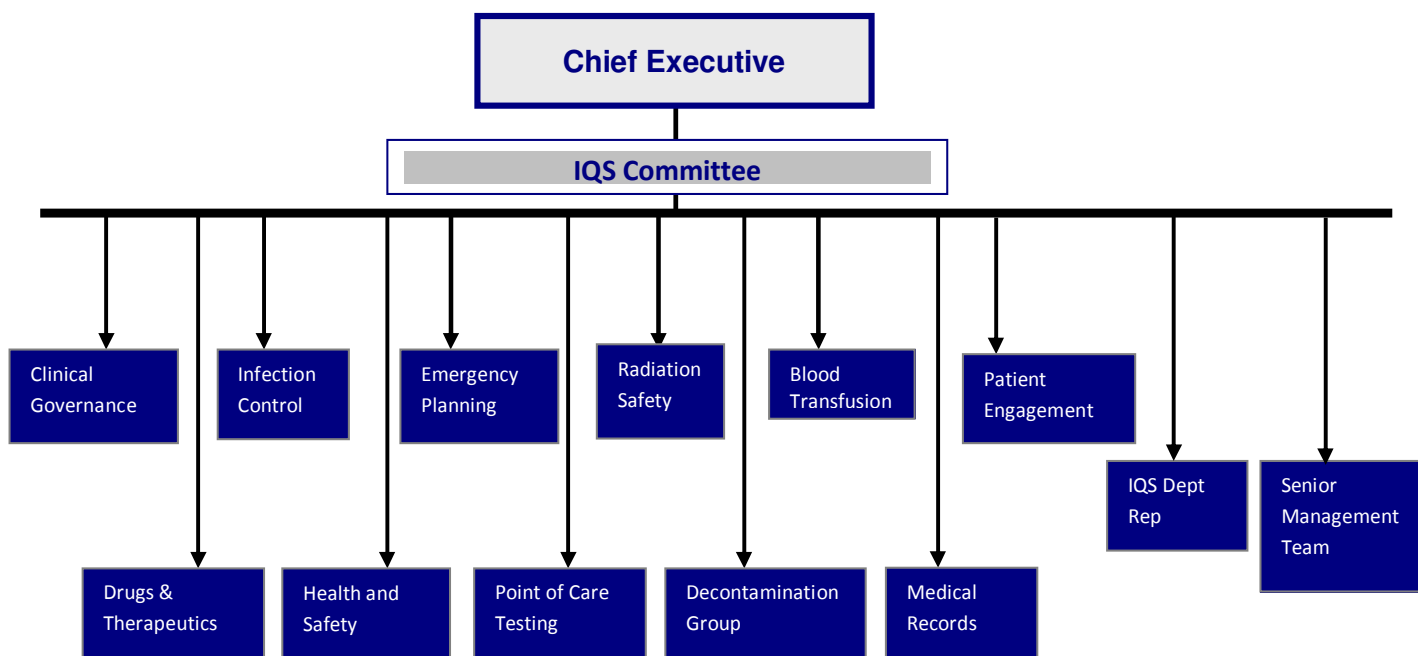
Advice is provided to the teams by their nominated IQS relationship manager. Due to the interdisciplinary nature of the IQS Team, clinical and specialised clinical support services and advice is provided on risk and



Relationship Managers support quality, patient safety and risk within the Clinical Directorates working with the Directorate Management team and their Clinical Governance committee with an agenda of complaints, adverse events, incidents, quality improvements plans, learning and risk registers.

legal services, quality management systems, systems analysis and root cause analysis, legislative overviews, wellness programmes and human factors.

The ongoing agenda tabled at the IQS Committee still require full attention for the team and the member of the committee. A wider range of committees continue to provide reports with developments and ongoing quality improvements to the committee; Drugs and Therapeutics/Medication Safety, Blood Transfusion, Emergency Planning, Occupational Health, Radiation Safety, Health and Safety, Clinical Governance, Healthcare Records Group, Point of Care Testing, IPC, Vigilance Committee, Discharge Planning, and Decontamination.



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

Clinical Governance and Audit

The Clinical Governance Department together with colleagues in IQS 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.

Clinical Governance Committee

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

The terms of reference for the Committee were reviewed, updated and approved in 2015 and include a schedule of reports from a number of committees and groups where assurance on developments and quality improvements will be sought in addition to raising any patient safety concerns to the Committee. The Committees/Group scheduled to report in 2016 are as follows:

- Infection Prevention & Control Committee
- Early Warning Score Steering Group
- Drugs and Therapeutics Committee
- Medication Safety
- Quality Care Metrics
- End of Life Care Steering Group
- Nutrition Steering Group
- Consent Working Group
- Clinical Ethics Committee
- National Audits (NOCA)
 - Major Trauma Audit
 - ICU Audit
 - Hip Fracture
 - National Audit of Hospital Mortality

Directorate Clinical Governance Committees

The Chair of Clinical Governance and the Clinical Governance Manager 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.

4th Annual Clinical Audit & Patient Safety Meeting

The Annual Clinical Audit & Patient Safety meeting was held on May 14th. This annual gathering brings together members of the multi-disciplinary team involved in the provision of patient care and provides a setting for staff to meet, learn and share local knowledge and recognise accomplishments in improving quality and safety for our patients and staff. The theme for this year's event was *'Making a difference: Quality & Safety begins with you'*.

This year the keynote speakers were Dr Tricia Woodhead, Quality Improvement Fellow, Health Foundation UK, whose presentation focused on the key ingredients for organisation wide quality improvement and patient safety. This was followed by a very engaging presentation by Dr Fidelma Fitzpatrick, Consultant Microbiologist on the use of twitter for healthcare improvement.



Dr Fidelma Fitzpatrick, Consultant Microbiologist and Dr Tricia Woodhead, Quality Improvement Fellow, Health Foundation UK.

In 2015, for the first time an invitation was extended to hospitals within the RCSI Group to submit abstracts for consideration for oral and poster presentations. Abstracts were submitted from Our Lady of Lourdes Hospital Drogheda, Connolly Hospital and the Rotunda Hospital.

65 posters were presented with parallel sessions of 14 oral presentations. Prizes were awarded for the best oral presentations in each stream and best posters as follows:

Best oral presentations

Ms Fiona Hillary, CNM3 Medical Directorate, Beaumont Hospital and Ms Gwen Regan, Clinical Nurse Specialist, Infection Control, Dublin North Community.

'Bridging the Gap: Crossing Organisational Boundaries to improve Clinical Handover'

Dr Fiona Kiernan, Clinical Lecturer, RCSI
'Improving the care of Septic Patients with Behavioural Economics'

Best poster presentations

Ms Angela Bagnell, Renal Patient Care Co-ordinator, Beaumont Hospital

'Transitioning to the Adult Service – Bridging the Gap'

Mr Reece Guilfoyle, RGN, St. Peters ward, TUN Directorate.

'Time to Handover our Traditional Methods?'

Dr Barry Lunny, Palliative Care Registrar
'Care Planning for the Frail Elderly'



**Dr Fidelma Fitzpatrick, Ms Helen Ryan, Prof Edmond Smyth, Dr Tricia Woodhead
Clinical Audit**

National Audit - National Office of Clinical Audit (NOCA)

There are a number of national audit programmes established in Beaumont Hospital: Major Trauma Audit, Intensive Care Audit and Hip Fracture Database.

Representatives from NOCA attended a Clinical Governance Committee meeting at the beginning of the year and delivered a presentation entitled '*Turning Clinical Data into Quality Information*'. NOCA was established to create sustainable clinical audit programmes at national level. National clinical audit is an ongoing review of clinical practice- measuring structures, processes and outcomes to make improvements.

The Clinical Governance Committee will provide oversight for these audit streams and under the revised terms of reference for the committee reports will be scheduled for 2016.

Local audit reports presented to the Clinical Governance Committee included: Healthcare Records Audit, Intravenous Devices Clinical Audit, Audit of PPPGs on Q Pulse and Quality Care Metrics.

Clinical Handover

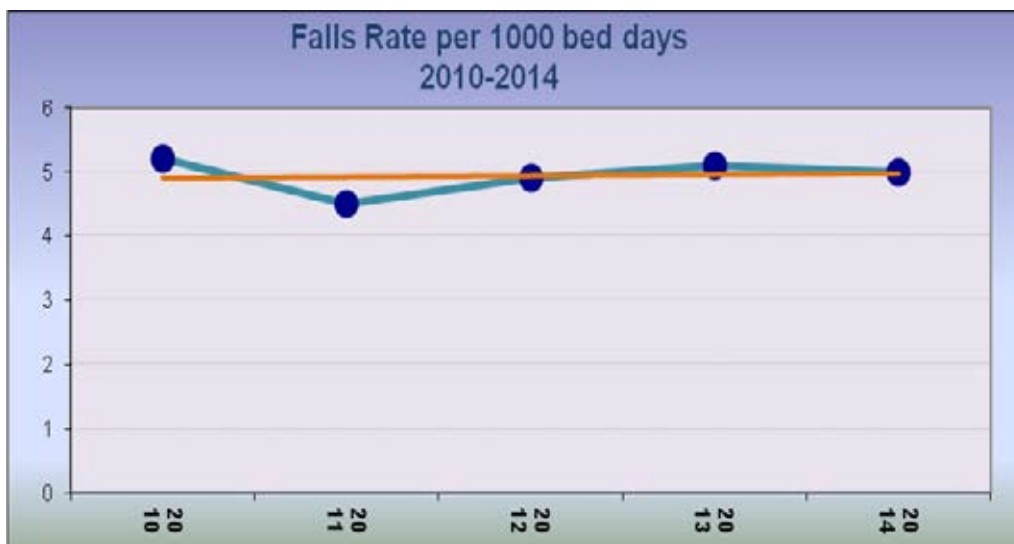
During 2015 a project commenced supported by Clinical Governance and led out by the IT Department to design and implement a system for the requesting of tasks involved in patient care from nurses to doctors.

The aim of the system is to streamline the requesting of tasks and negate the use of whiteboards and paper lists at ward level whilst reducing the number of bleeps that doctors are required to answer and in so doing release time for patient care. The system, NOTED was designed and progressed to a testing phase in the Neurocent Directorate. This was accompanied by ongoing training for nurses and doctors focusing initially on interns. A project team was established to oversee implementation and membership included representation from Clinical Governance, IT, Nursing and NCHDs.

The plan is to complete the testing phase and progress to whole hospital implementation in 2016.

Falls Group

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



Falls rates per 1000 bed days 2010-2014

In Beaumont, the average falls rate for the last five years 2010 -2014 is **4.9 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).

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.

In 2015, the Falls Group designed and implemented into practice a serious fall review form with the aim of instigating a review of the fall to include looking at the contributing factors to that fall, the key causal factors and learning from the event including the identification of any quality improvements. The term of reference of the group were reviewed, updated and approved in 2015.

The group commenced work in relation to developing a list of proposed design considerations for use when an area is being upgraded/ refurbished or indeed a new design. This list will make suggestions for environmental interventions that may aid in mitigating falls. It includes for example the positioning of grab rails in different areas, flooring, lighting, colours used etc. It is envisaged that this will be completed in early 2016.

Freedom of Information/Routine (Direct) Access/ Death Notifications Department

This year brought a very challenging time for the Department with an increase in the volume of requests, queries and the introduction of the new FOI Bill in 2014 and Code of Practice.

The new Freedom of Information Act 2014 and Code of Conduct came into effect in October 2014. With it brought changes in fees, changes in sections of the Act, and the introduction of a Publication Scheme and disclosure log of non personal requests which came into effect in 2015. The FOI Publication Scheme has been set up on the website and it included an update on requesting records under FOI, Routine Access and Data Protection, but this is still work in progress. The disclosure log will be put up on the website in the near future.

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

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

These rights are subject to exemptions, as per legislation.

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

FOI requests can be requested as follows:

Personal Information: Which can include records of the deceased, incapacitated patients and minors, and also requests for amendment of records that the FOI Body may hold on them. These would be requested by the next of kin, legal profession, Coroner, Ombudsman, Medical Council, Insurance Companies, staff, etc.

Non Personal information: members of the public, media, etc looking for information of a non personal nature. There is no longer an application fee for these requests.

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

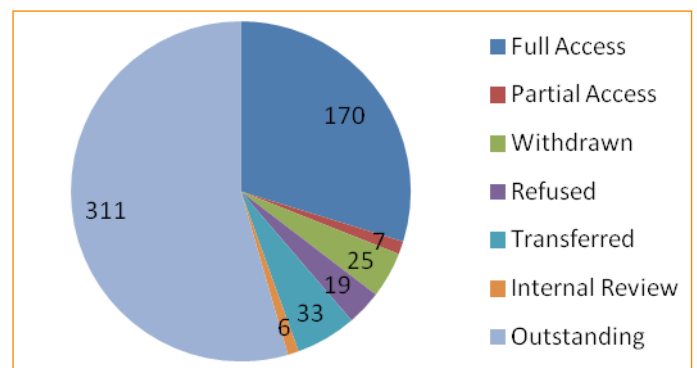
A routine (direct) access is available which enables patients or staff, etc to gain access to their medical records or staff records.

Death Notification Forms:

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

Total of Death Notification Forms which were administered through the Freedom of Information Office is 866.

Activity:



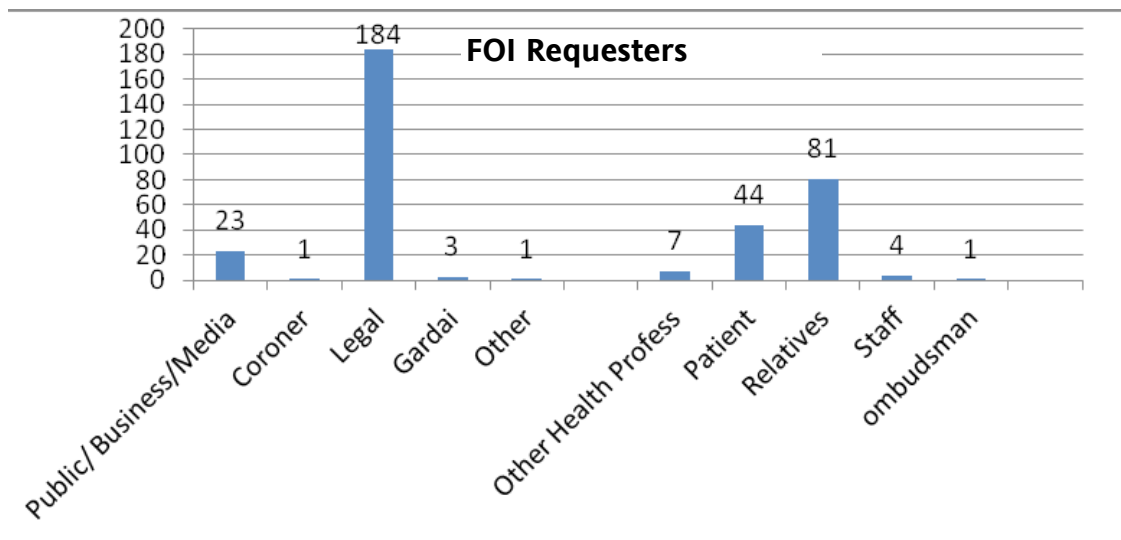
Total of requests received and processed through the FOI/Routine Access Department is 2583.

F.O.I Internal Reviews: 6

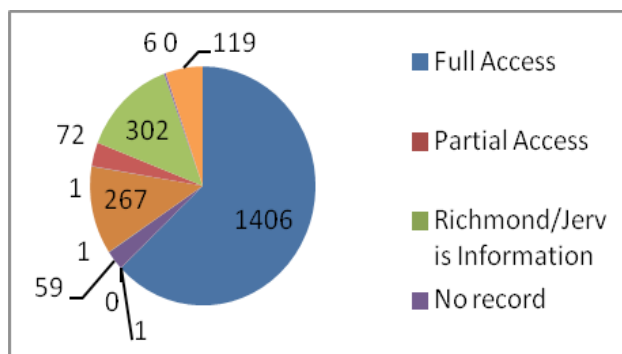
F.O.I Information Commissioner Reviews: 3

Freedom of Information – Breakdown of Activity for 2015:

Breakdown of Personal & Non Personal Requests for 2015



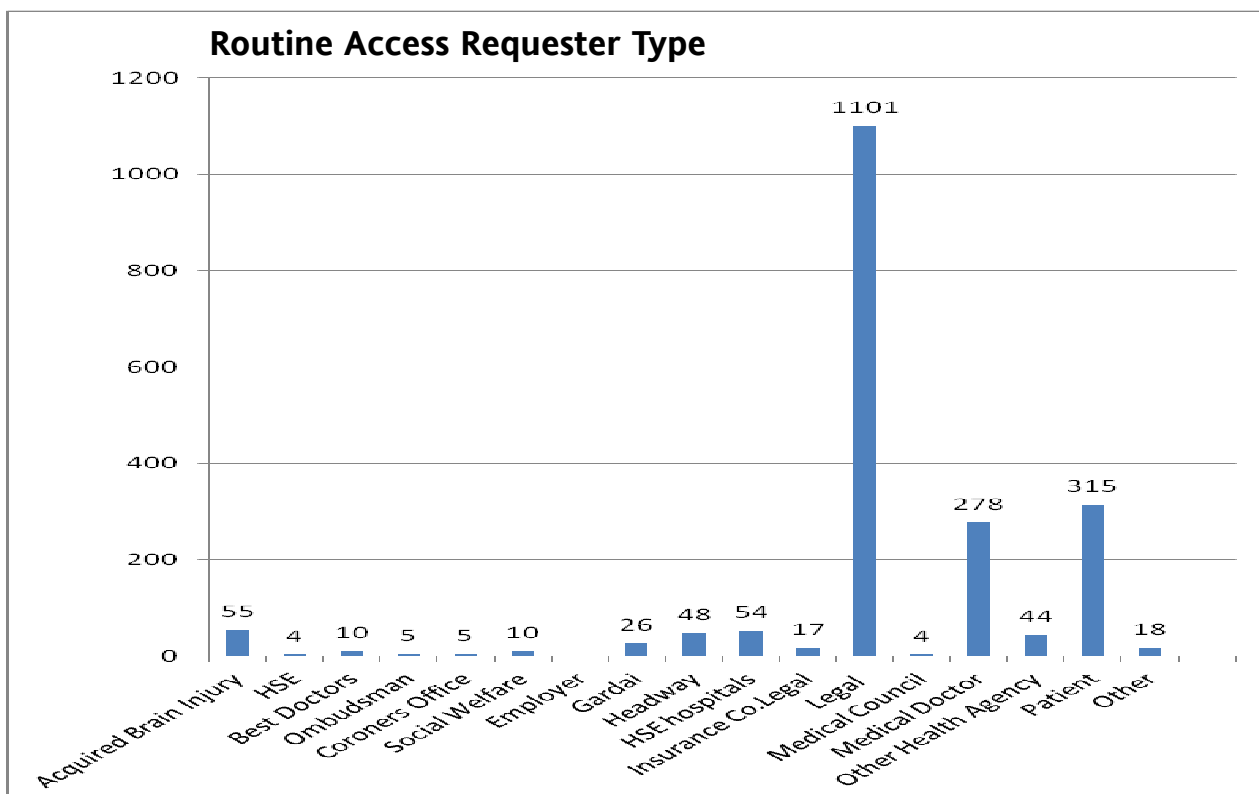
Breakdown of Routine Access Activity for 2015:



Plans for the future developments within the FOI Department:

- Review of Information Governance/Compliance with FOI & Data Protection Legislation.
- Review of the need for an increase of Internal Reviewers within the Hospital.
- Publication Scheme to be updated, including Disclosure Log which is a requirement under the Code of Practice.
- Review of Standardised Schedule of Records.
- Updating/Revision of Standard Operating Procedures for FOI, Routine Access (Data Protection), and issues of Death Notification Forms.

Breakdown of Routine Access Requester Type for 2015:



Health & Safety Department

The Health and Safety Department as a function of the Integrated Quality and Safety Department provides appropriate and effective support to facilitate the Hospitals attainment of its core objective of safe patient care whilst preserving the highest quality of health and safety practice across the Hospitals wide spectrum of activities.

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 2015 the 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 Technical Services Department, the Decontamination Service, St Joseph's Hospital Campus and the Out of Hours Service.

In 2015 the Department facilitated an additional eleven risk assessments across hospital services including the Emergency Department and all Day Wards administering Cytotoxic Agents as recommended by the National Cancer Control Programme.

Auditing

Fire Safety Auditing:

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

In accordance with the 2015 fire safety audit plan directorates were audited on a quarterly schedule.

Michael Slattery & Associates (MSA) as the hospital fire safety advisors have implemented an on-line fire safety auditing tool for the hospital.

The main aspects and benefits of this system are to electronically record findings, allocate actions and track completion of remedial works identified in our fire safety audits and inspections.

DGSA Audit:

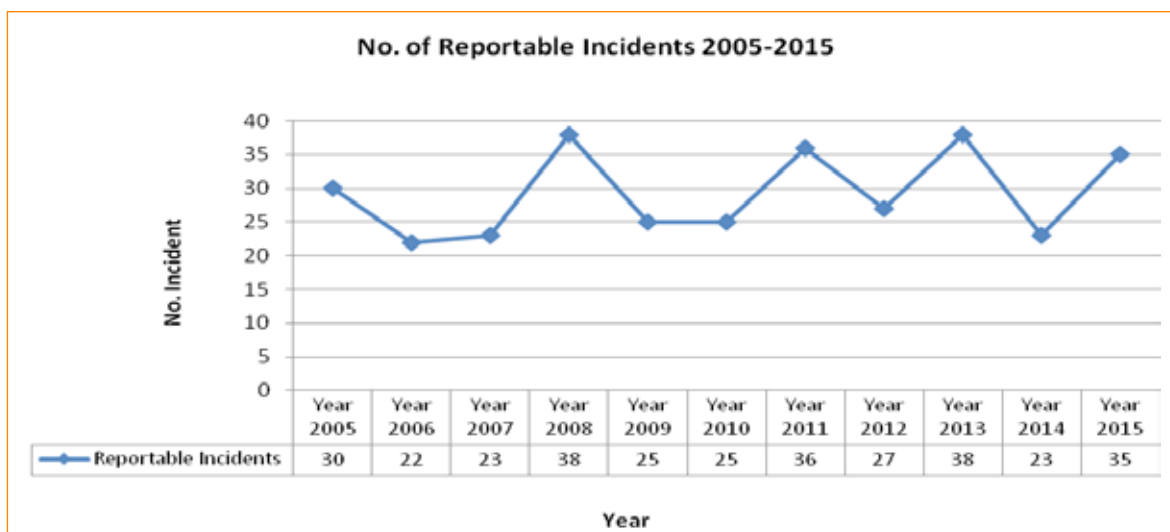
ADGSA audit involves the auditing of the procedures and processes involved in the segregation, storage, handling, transport and disposal of Dangerous Goods.

In 2015 a cross sections of areas/Departments were assessed during the audit which identified one non-conformance and twelve observations.

System Analysis Investigation

- In 2015 the Health and Safety Department reported 35 incidents to the HSA. This equates to approx. 7% of the total employee incidents for 2015;

Chart 1 – Total No of Reportable Incidents 2005 - 2015 (Note: Reportable incident: Staff member lost 3 days or more)



- Chart 1 presents the total of HSA Reportable incidents from 2005 to 2015.

- Chart 2 shows the number of reportable incidents by type. Incidents relating to Manual Handling were the highest reportable type in 2015.

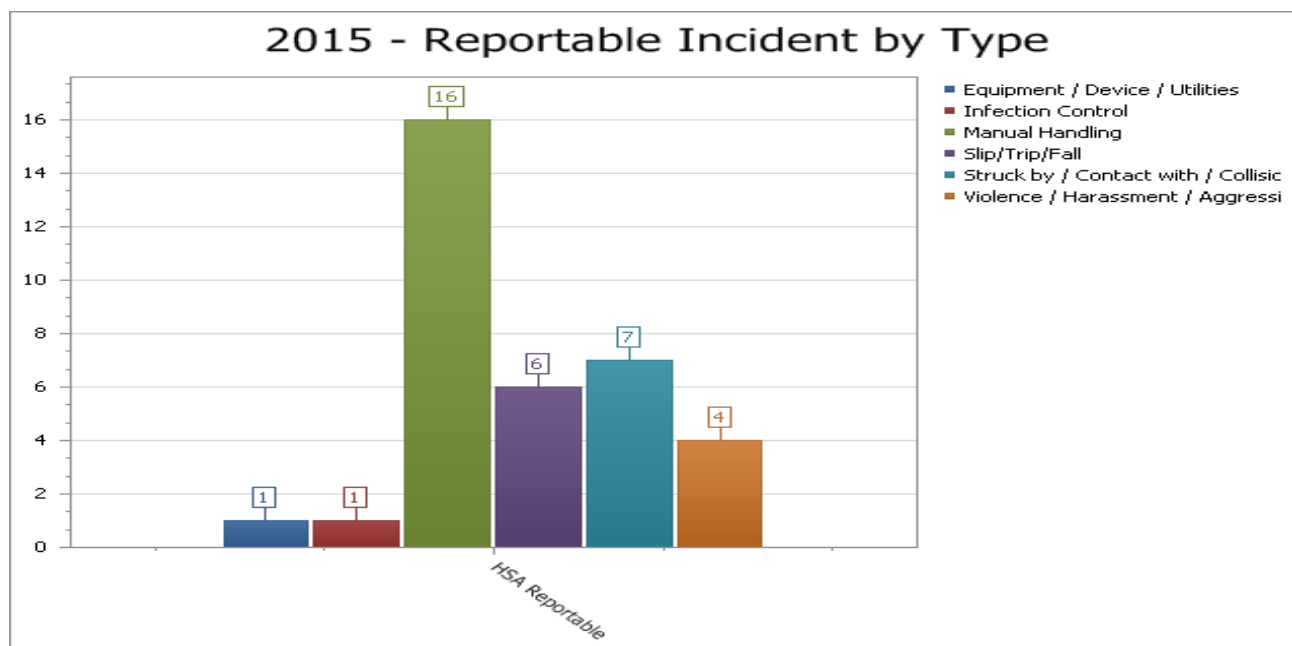


Chart 2 – 2015 Reportable Incidents by Type

- Chart 3 illustrates an incident type comparison for year 2014 and 2015.
 - o *Patient Moving and Handling* Incidents increased from 4 to 12 which represents a 33% increase on 2014 incident rate. In terms of the total no. of employee incidents for 2015 the *Patient Moving and Handling* reportable incidents equates to 4.6% of the incidents.
 - o *Struck by /Contact Collision* increased from 2 to 7 which represents a 28% increase on 2014 incident rate. In terms of the total no. of employee incidents the *Struck by /Contact Collision* reportable incidents equates to 2.7%.
 - o There was a small decrease in reportable *Inanimate Manual Handling* and *Violence and Aggression* incidents.

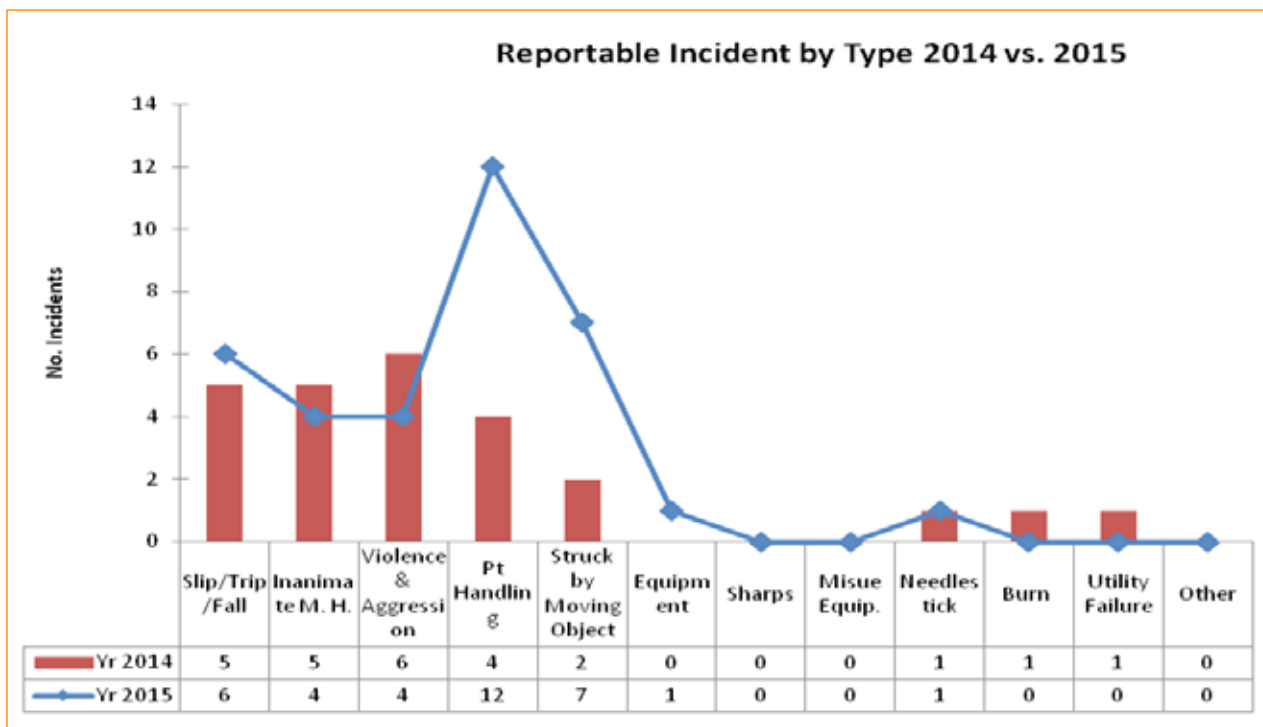


Chart 3 – Reportable Incident 2014 vs. 2015

Risk Controls Systems required to manage the risks:

Manual Handling - Patient Moving and Handling

The Patient Moving and Handling incident category was the highest HSA reportable incident for 2015. Patient Moving and Handling incidents increased from 4 to 12 which represents a 33% increase on 2014 incident rate.

Systems Analysis Investigation were carried out for all the incidents, the incidents were reported to the HSA. The HSA sought no clarification in relation to the incident reported.

In quarter 2, the HSA conducted an inspection on the hospital compliance with the Manual Handling regulations in particular the organisational management of manual handling/patient moving and handling. Following the inspection various documents relating to Manual Handling were requested by the HSA, these documents were submitted and the HSA sought no further clarifications following the site inspection.

Struck By/Contact with/Collision

The Struck By/Contact with/Collision incident category was the second highest HSA reportable incident.

Four of the incidents occurred in Corporate Support Services. Apart from the trend in incident type there was no other significant trend. Whilst the incidents occurred under the category of Corporate Support Services the affected staff grouping varied.

Two of the incidents occurred in the Medical Directorate (St Joseph's Hospital & CNU). Both related to the doors closing on the staff member's hands. In both cases a review of the doors was carried out one of the doors required no further action whilst another was changed to a sliding door type. Both incidents were closed.

Health & Safety Training and Awareness

In 2015 the Health and Safety Department provided a programme for the delivery of mandatory health and safety training, this included fire safety training and inanimate manual handling training. Each quarter Department heads and directorate management teams are in receipt of reports indicating their Departments compliance on attendance at mandatory health and safety training.

Additional health and Safety training programmes

In 2015 the Department continued to provide further health and safety training as follow:

- 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
- Safe Pass - in conjunction with the Voluntary Hospital H&S Advisory Group

Review and development of Training Programmes

The Department undertook a review of both the Security and Incident Manager Fire Safety Training Programme in 2015.

Work commenced on the development of a training programme for the use of the Patient Evacuation Lifts which is scheduled for delivery in 2016.

Liaison with Enforcing Authority

The Health and Safety Authority completed two statutory site inspections in quarter 1 and 2 of 2015 relating to the Emergency Department and the Hospitals compliance with Manual Handling Regulations.

In quarter 4 2015, the HSA requested that the hospital facilitate an inspection of the Chemical Pathology Laboratory and the Microbiology Laboratory. The focus of the inspection was to review the processing of Cerebral Spinal Fluid in both Laboratories.

The Hospital responded to the HSA on all documentation requests and have not sought further clarifications in relation to this matter.

Capital, Major and Minor Projects

The delivery of construction projects within the statutory parameters of the *Safety Health & Welfare at work (Construction) (Amendment) Regulations 2012* is a key role of the Health & Safety Department.

Capital Projects

St Damien's Ward/H&I Upgrade

The St Damien's upgrade project commenced in March 2015 and was completed by November 2015. The primary areas of focus for the H&S Department with this project were as follows:

- Overview of compliance with the client duties under the Construction Regulations:
 - review and input into the development of the preliminary health and safety plan, fire certification status, statutory appointments such as Project Supervisor Design Process (PSDP), Project Supervisor Construction Stage (PSCS) and assigned certifiers.
- Controlling the impact of the construction work on patients, staff and visitors –
 - o Method statement review .
 - o Attendance at weekly construction stakeholder meetings.
 - o A continued working relationship with the Project Manager and Communication Liaison appointed for the project.
 - o Maintaining emergency access and egress in a 'live' construction site, whilst ensuring the site is secured for patient staff and visitors.
 - o Controlling the impact of noise and dust (advise provided by IPC)

Haemodialysis Unit - 1st Floor Ashlin Building

The final layout for the unit was agreed and construction is planned to commence Jan 2016. The duration of the construction programme is estimated to be approx eleven months, with the first phase of the project being the construction and installation of a link corridor from the first floor of the Ashlin Building to link in near the front entrance of the Hospital. This will require hoarding installation. The Health and Safety Department form part of a Construction Stakeholder Group which also includes TSD, IPC and Haemodialysis.

Minor Project

In 2015 the Department worked closely with the TSD on delivery of numerous minor projects within the Hospital. In total both Departments collaborated on the safe delivery of 54 minor projects.

Communication and Consultation

Staff Safety Committee

The primary method of communication in respect of hospital wide health, safety and welfare issues is the Staff Safety Committee. Beaumont Hospital Staff Safety Committee was established as part of 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.

Hospital Committees

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

Voluntary Hospital Group - Health & Safety Advisory Group.

Beaumont Hospital 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 (20th-24th October) focused on the theme Stress in the workplace. The Department co-ordinated a week long awareness campaign reflecting the European theme called 'Mind Ourselves/Manage Stress.

Health Promotion Department

The Health Promotion Department in Beaumont Hospital 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. The Department partner with and support staff to continually develop the Hospital as a Healthy Workplace.

Tobacco Free Policy

Beaumont Hospital continues to strive to achieve Tobacco Free Grounds. The Tobacco Free Policy Group has continued their work throughout 2015 to address the challenges that arise within a large hospital site.

This has included;

- Working with staff and patients to advise them of the non-smoking outdoor areas and assist staff in dealing with patients that require exemptions.
- A review of the allocation of staff to address smoking at the hospital entrance.
- Improvement of signage within the grounds of the hospital to encourage patients, staff and visitors not to smoke in smoke free zones on the grounds.

These changes have seen some improvements in the outdoor areas. We must be cognisant however, that ongoing work is continuing and necessary to bring about any change to such an addictive behaviour.

Smoking Cessation Service

The Health Promotion Department continues to provide a part-time Smoking Cessation Service (SCS) for staff and patients. **247** clients accessed the service in 2015. The Hospital is continuing to work towards implementing the requirements of the Tobacco Control Framework.

Smoking Cessation Information Sessions for patients and family members continued throughout 2015 and DVDs of sessions have been developed for ongoing use by certain patient groups e.g. COPD

Lifestyle Change Training in Brief Intervention for Smoking Cessation

The above training is part of the HSE national training programme and is a requirement for clinical staff under HSE, DNE Service plan as part of the Tobacco Control Framework.

The Health Promotion Department facilitated this training for **23** staff members and **100** undergraduate student nurses trained in DCU in 2015. Additionally information sessions in relation to smoking cessation continue for staff members throughout the hospital to include Heart Failure Group, Student Nurses etc.

This training programme and the education sessions will continue in 2016 pending staff availability to attend.

Wellbeing and Stress Management

The Wellbeing and Stress Management Programme for Outpatients is now in its sixth year and **44** patients attended for 8 months of 2015. Running

times for the programmes were reduced due to injury absence. Patient feedback is 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, meeting with the Healthy Ireland National Implementation key indicators.

The Mindfulness and Relaxation Centre (MARC) hospital website continues to be of great ongoing support to the patients that have completed the programme above. Patients, staff and the public have access to this site and the content reinforces some of the techniques taught on the programme. The Health Promotion Co-ordinator attended additional training in the much researched “Better Health, Better Living” programme for patients with chronic illness in 2015. Health Promotion staff will facilitate running this programme in the future.

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

The health promotion Department presented its poster entitled ‘**Wellbeing & Stress Management for Out-Patients**’ at the 4th annual Clinical Audit/Patient Safety Meeting in 2015.

Additional Wellbeing Initiatives for Staff:

Massage Therapy; Yoga; Pilates and Circuit Training continued for staff throughout 2015.

Health & Safety Week

The theme for 2015 was ‘Mind Yourself - Manage Stress’. The Department saw this as an opportunity to support our staff and in partnership with members of the IQS Dept. facilitated health promotion stands relating to this theme. This included Blood Pressure and Body Mass Index testing for 100 members of staff with individualised advice, Reflexology and Wellbeing sessions available over the course of the week.

Patient Representative Department

The Patient Representative Department continued in the role of managing the hospital's "Formal Complaints" as well as engaging with patients and relatives, regarding their informal concerns.

With regards to formal complaints (Reactive Role) there were a total of 823 in 2015 compared with 782 in 2014. Complaints under the heading of "Access" (across all Directorates) were the most frequent (45%), followed by concerns with "Safe and Effective Care" (32%). Nine per cent of complaints related to non-directorate services (i.e. parking, transport issues, finance, smoking, catering and healthcare records).

As such "Access" as the main category of complaints, reflected a similar trend to complaints during 2011 – 2014. These primarily related to concerns with delays in patient admission (53%) and appointments (30%).

Complaints relating to Safe and Effective Care related primarily to: unsatisfactory treatment and care 67%; failure/delay in delivery of care 13%; failure /delay in reporting test results 5%; loss of dentures/personal property 5% and falls 2%.

During 2015 "Visual Dashboards" reflecting complaint activity for each individual directorate management team were introduced. The purpose of this strategy was to ensure that teams recognised the main complaint trends, relating to their own directorate. The dashboards were designed to further promote a culture, whereby complaints could be seen as informing the service - to the feedback or concerns from patients / relatives, albeit that this may reflect a very small population of the overall service users.

In tandem with this, the Patient Representative Department also continued with its proactive role with regards to listening and actively addressing patient and family concerns, before they developed into formal complaints. This proactive aspect of patient engagement was facilitated by a "drop-in-service" to the Patient Representative office, telephone service and visits to the clinical area by patient representative staff, as requested by patients, relatives and clinical staff.

Other activity within the Department, included "Patient Engagement Workshops" for nursing staff. These were aimed at further enhancing the organisational culture for staff to recognise the value of complaints, as one aspect of the wider patient feedback mechanism. The workshops focussed on the concept of positive and negative family engagement, using actual real (anonymous) complaints to support and guide staff in their complaint management experience and response. The issue of using actual complaints as part of the "learning process" in the clinical areas was also explored within the workshops.

In conclusion the activity of the Patient Representative Department is aimed at supporting patients and staff in a timely, non-judgemental manner with care and compassion.

Patient Information Centre:

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

The hospital team of volunteers continue to serve the centre 3 mornings a week. Their assistance has highlighted how important this service is to our service users. Other groups e.g. citizens advice service also utilise this space to assist the Beaumont community.

Nineteen Health Promotion Information Awareness Days were held in the Centre in 2015. The Health Promotion Department, Daffodil Centre Staff & Specialist Nurses facilitate these days.

Examples of Information Topics:

Lung Cancer, Mouth Cancer, Ash Wednesday Quit Smoking, Cancer Awareness /Daffodil Day, Peripheral Arterial Disease, Acquired Brain Injury, World Chrons & Colitis Information Day, Lymphodema, World Asthma Day.

Health Information Leaflets are readily available at the centre for all patients, visitors and staff.

The Register of all Beaumont Hospital Specialist Health Information Literature, developed by Printing & Health Promotion, is utilised when more specific information is required by the service user.

As a service the Health Promotion Department will continue to strive to improve the health and wellbeing of patients, staff and visitors.

Risk and Legal Services

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

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

1 Risk Management:

The Department was involved in the collation of incidents through the risk management occurrence report forms. 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 (CIS). The national incident management reporting system changed from stars web to NIMs* reporting system in June 2015.

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 Officer and senior management team. Some incidents are then escalated to a serious incident review process and further investigation.

2. Coroners Court Activity

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

In summary:

- 240 death have been reported
- 92 reports have been sent to the Coroner
- 26 inquests were attended by clinician staff.

Preparation for Inquest:

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

The process:

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

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

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

On the basis of the above information he will either sign the death certificate or hold an inquest.

All letters from the Coroner's Office to clinicians are copied to the Risk & Legal Department.

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

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

The Inquest

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

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

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

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

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

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

Issues Emerging from Inquests:

Issues specific to specialities are **always** followed up with the teams involved in the care of the patient and other concerns are discussed at the Clinical Governance Meetings and IQS meeting.

3. 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.

Year	Total Number of Claims at year end
2011	139
2012	136
2013	161
2014	172
2015	193

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

The number of new claims being received annually has significantly increased and the number of older claims being managed is reduced (many of the claims were over 5 years old and some dating back to the 1980's).

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

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

4. 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 (SCS)

Individual Counselling:

Statistical Data:

Throughout 2015 the Staff Counsellors worked with 191 cases, this represents an increase of 9% (n 16) on 2014. 88% (n.168) of these cases were new presentations, with 12% (n.24) cases carried over from 2014. 11 % (n.19) of all presenting clients were absent from work on presentation. As part of our ongoing efforts to further inform the organisation, while at the same time maintaining the confidentiality of our client base, much work has been done to capture further data throughout 2016 to allow more detailed statistical analysis to be provided. Additionally, in early 2016, a web-based evaluation and auditing system will be piloted. The following summary highlights some of the trends noted in the 2015 presentations:

Presenting issues:

In terms of new presentations: 31% (n.51) Work related issues. 69% (n.116) Personal issues.

In terms of work related issues: 85% (n. 42) were fully attributable by the client to work and the remaining 15% (9) had both work and personal components. Work related issues were cited as 63% Work Related Stress, 12.5% Interpersonal Issues, 12.5% Need for Management support, 12% (Split between Dignity & Respect issues, Critical incidents and Investigations).

Resilience Plus.

This new initiative was rolled out with 4 pilot groups being delivered. A total of 52 employees completed the programme which ran over a 9 week period. The programme involves didactic, experiential and self directing learning. It introduces participants to new concepts and invites them to consider personal and team aims and how this might impact positively on the organisation. Evaluation of the programme is being facilitated by Psychology Department with preliminary findings showing significant improvement in emotional intelligence and general health scores and strengthening, though not scientifically significant improvement in resilience. The SCS will continue to facilitate delivery during 2016 in conjunction with Learning and Development.

Mindfulness Based Interventions (MBI's).

The growth of the practice of mindfulness continues universally but most importantly within Beaumont Hospital. Morning Mindfulness sessions now take place three times per week, once on a Monday and then two sessions on a Wednesday. 20-25 employees attend weekly. Three Mindfulness Based Stress Reduction programmes were delivered and one of these took place on site in St Joseph's hospital and it is anticipated that there will be another on site there in 2016. The second residential retreat took place in July and it is envisaged that this will become an annual event. Stand alone silent days are facilitated on site in Beaumont on Saturdays on 3-4 occasions. The steady attendance figures and anecdotal positive feedback convey that these psychological interventions are welcomed by employees and importantly there is scientific validation for MBI's as interventions amongst health care workers (Shapiro et al.)

Other activities

Eight Raising Staff Awareness workshops were delivered during 2015. Due to the demands of the service it is anticipated that delivery of these stand alone workshops will be subsumed by the Resilience Plus programme. Both counsellors are members of the coaching panel. A continued presence remains in regard to the Dignity & Respect group and involvement in offering supervision to the Support Contact Persons (SCPs).

Occupational Health Department (OHD)

1. Mission Statement

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

2. Introduction

The Department provides services to Beaumont Hospital staff (incorporating St Joseph's Unit, and Richmond Community Nursing Unit) as well as pre-agreed contractors. It is part of the Integrated Quality & Safety Department (IQS) and has close links with the Staff Counselling Service, the Health and Safety Department (H&S) and the Health Promotion Department. The activity has been growing in recent years (figures available on request) and service provision in 2015 was challenged by the absence of key CNMs and locum cover was provided.

3. Staff

The team is comprised of the following:

- Consultant Occupational Physician (0.8 WTE)
- Specialist Registrar training in occupational medicine (on a rotational basis)
- CNM3 (0.8 WTE)
- CNM2 X 2 (0.8 WTE)
- Manual Handling Coordinator (0.6 WTE)
- Grade 4 Clerical Officers (3 equivalent to 2 X WTE)

4. General Activities

- **Pre-employment health assessment** for all new recruits. We have observed a significant increase in this activity since the relaxation of the 'hiring freeze' of 2009.
- **Management referrals** for fitness for work assessment. Increasingly, such referrals relate to mental health and stress related conditions, not infrequently with a work component.
- **Self-referrals** with work related health issues including stress.
- **Management of occupational injuries.**
 - o This includes the management and follow-up of occupational blood exposures. This may involve liaison with the Health & Safety team (H&S) to ensure that certain incidents are investigated (root cause analysis) and others are statutorily reportable to the Health and Safety Authority (HSA).
 - o Musculoskeletal injuries are managed in consultation with our physiotherapist (Ms Michelle Clarke). The OHD work closely with the Physiotherapy Department to ensure timely access to physiotherapy when indicated. These injuries may also require investigation and reporting (as above).
- **Employee immunisation programme:**
 - o At recruitment, employees' immunisation needs are reviewed and appropriate follow-up is provided until the process is complete.
- **Health surveillance:**
 - o Certain employees who are potentially exposed to workplace risks on an ongoing basis require

periodic health surveillance (e.g. audiometry, TB screening, night worker health checks).

- **Hospital Committees** (team members contribute to a number of hospital committees):
 - o IQS Committee
 - o DHIPCC
 - o Radiation Safety Committee
 - o Health & Safety Committee
 - o Joint OHD and HR meetings (monthly to discuss long term sickness absence cases)

5. Risk Management and Quality Improvement Projects

- **Musculoskeletal disorders:** Musculoskeletal disorders are a major component of occupational ill health and sickness absence. Staff receive training in manual handling techniques at induction with training in patient handling being provided by the Manual Handling Coordinator (and contractors) and inanimate lifting by the H&S team. Refresher training is also provided in accordance with legislation and managers have access to data relating to their teams via the hospital's STORM database. The Health and Safety team reports on compliance to the IQS Committee. Best practice requires appropriate training, job risk assessment, early identification of problems, prompt access to treatment and timely planned return to work often with temporary work restrictions pending full recovery. A working group, chaired by the Deputy CEO, explored how the hospital might optimise musculoskeletal health in our staff in the future. It recognised that further resourcing of the Manual Handling Coordinator & training role is required and permission to tender for this resource was provided by ECMG in December.
- **Implementation of 'Pointing the Way Forward':** The hospital's plan for implementation of the European Sharps Directive May 2013 was launched in April 2014 (Q Pulse June 2015). Its implementation has been challenged by the usual barriers to change as well as reluctance to purchase devices and failure to order and stock newer devices. An audit of SEDs (Safety Engineered Devices) during autumn 2015 confirmed gaps in availability,

at user level, of recommended risk reduction items (e.g. drawing up needle, Covidien Hypodermic Needle) as well as persistent use of non-safety butterfly devices. This implementation project will continue as 'work in progress' beyond 2015. It was encouraging to note that the hospital's reported needlestick injury rate in 2015 was the lowest since record keeping began. We believe this decline is due to a combination of improved compliance with Standard Precautions (attributable to training and supervision), hygiene and sharps disposal audits, as well as the introduction in recent years of a number of SEDs for high risk tasks. Nonetheless, 12% of the injuries in 2015 were serious enough to warrant reporting on a statutory basis to the Health and Safety Authority.

- **Annual influenza vaccination programme:** We achieved an influenza vaccination uptake of 45% in 2015 (range of 16-89% between clinic units). Though this was higher than the uptake in other adult DATHs, it was unchanged from our uptake in the previous year. This may be explained by the fact that during the previous season there was a mismatch between one strain of the vaccine (H3N2) and the circulating strain. This was voiced 'on the ground' as a reason for not taking vaccine. We had implemented all of our usual strategies to engage staff including feedback on performance scores to each directorate during the campaign. This was augmented by interim congratulations (using screensavers) to high performing units as well as supplementary educational sessions for those with low uptake. We also received commendation from HSE on our 'Stairway to Success' approach. We piloted peer vaccination on the St Joseph's campus and our experience and feedback will be used to inform the next peer vaccination programme. The Directorates did not achieve the target of increasing their uptake by 5% on the previous year. Nor was vaccine uptake incorporated by them as a KPI. It is worth noting that none of the wards with high uptake of staff vaccination (> 60%) experienced cases of hospital acquired influenza in their patients.

- **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. While all our consultants are now compliant with this directive, we are challenged every year to achieve compliance in our mobile NCHD population. With each intake of doctors, there is a large verification process undertaken in consultation with the Medical Administration Department. We are working with the Human Resources and Medical Administration Departments to have this risk ratified for the hospital's risk register. In the meantime, work has begun on a National Employment Record for doctors by the HSE's NDTP (National Doctors' Training Programme) which may overcome this local challenge by a comprehensive systems approach.
- **Paper-light OHD:** during 2015, we introduced a number of electronic forms as part of our OPAS software system for record keeping. Each new project takes months of working with the ICT before it can be brought to pilot phase. Management referrals are now electronic as are 'fitness slips' provided to HR for new recruits.
- **Communication:** we undertook an audit of our written communications to managers against best practice standards. For the first time, this included letters from occupational health nurses as well as doctors. Criteria assessed included clarity, professionalism, identification of employee's problem and response to queries posed. Performance against these measures varied from 78-97% which gives no cause for concern though we aim for improvement in future audits. We have also updated our Departmental leaflet.

6. Training Activities

Internal:

- Staff Induction (bi-monthly)
- I/V study days (monthly)
- Sharps training
- Grand rounds (presentations on sharps safety, flu vaccination and risk communication)
- RCSI medical students on sharps awareness and the interface between occupational health and infection control (annual)

External:

- o RCSI Safe Patient Care: **HCAI Prevention and Control for All – a Foundation Course** (Dr B Hayes) on '**Occupational Health Aspects of Infection Control**'
- o RCSI Pharmacy students: **Work and health** (Dr B Hayes)
- o **Building Resilience:** RCPI. Dr. B Hayes was involved in the design of this programme for RCPI consultants and trainees and is involved in its delivery on an ongoing basis.
- o Licentiate of the Faculty of Occupational Medicine (**LFOM**) training course for doctors (ICGP /RCPI). Dr B Hayes delivers **annual workshop** on diverse topics (legislation, ethics, blood borne viral prevention).
- o RCPI Masterclass Series of Clinical Updates, Dublin. Dr B Hayes **Vaccines for Healthcare Workers**.
- o RCPI St Luke's Symposium, Dublin. Dr B Hayes **Hospital Stressors: Who Cares?**

7. Departmental Affiliations

- Faculty of Occupational Medicine (RCPI): Dr B Hayes is member of FOM Board and is a member of the Examinations Committee, the Specialist Training Committee and Dean Elect of the Faculty.
- Royal College of Physicians of Ireland (RCPI): Dr B Hayes is a member of the RCPI's Policy Group on Alcohol and of its Steering Group on Physician Health
- Participation in **National Committees / Organisations:**
 - HPSC Scientific Advisory Committee (SAC) (Dr B Hayes) meets quarterly
 - National Advisory Committee for the Prevention of Blood Borne Pathogens (Dr B Hayes) and periodic involvement in Local Expert Group (to discuss transmissions)
 - Medical Council's Health Sub-Committee (Dr B Hayes) meetings approximately monthly
 - SSNDP – Supporting Students with Disabilities in Practice (DCU)
 - Dublin Academic Teaching Hospitals (DATHS) Nurses Group: Ms M Cagney, C McGowan and C Tully participate on a rotational basis
 - Occupational Health Advisory Group (OHAG): Dr B Hayes attends this bimonthly forum of engagement between occupational health and HR professionals.

8. Research, Publications and Presentations

- As a Department, we have contributed to the peer reviewed literature on the topic of needlestick injury, influenza vaccination in healthcare workers and doctors' wellbeing. Details are available upon request.
- Dr B Hayes is currently the lead investigator in a national survey of physician wellbeing (RCPI), preliminary results of which were published in December*.
- Dr B Hayes is a regular contributor to academic meetings and conferences both nationally and abroad (details upon request).

Quality and Standard Department

The Quality and Standards Department continue to support quality initiatives in the hospital as well as providing assurance to the regulatory authority HIQA on all compliance matters. Inspections carried out by HIQA and supported by the Department were as follows;-

1. Unannounced Inspection under the PHCAI Regulations in August 2015; QIP was developed and actions implemented; all details were posted on the hospital web page.
2. The regulatory assurance review of antimicrobial stewardship in public acute hospitals which was followed up announced inspection at Beaumont Hospital, November 2015.
3. A brief review took place of the document 'Linking learning to National Standards; How recommendations from previous HIQA investigation, statutory inquiry and review reports (2009–2015) relate to specific National Standards for Safer Better Healthcare'.

In September 2015 the Quality and Standards Manager, Ms Susan Moloney resigned from the post to take up a Quality and Safety Manager's role in the RCSI Group after eight years working within the IQS Team. Her contribution to quality within the hospital was well recognised over those years.

Information and Communications Technology



Director of ICT:
Mark Graham

Our main focus for 2015 was to continue on the enablement path to replace our aging Beaumont Hospital Information System (BHIS). BHIS has been in operation for 27 years and no longer meets the needs of a busy hospital with significant functional, usability and performance issues that are causing operational disruption and preventing the Hospital achieving its strategic agenda. In 2014 we finalised our business continuity strategy to cope with the potential failure of the BHIS, where each department which deals with patients now has clear SOP's for how to continue their service in such an event. These plans take into account the impact of how the management of patient information impacts on other departments and what information can be accessed during downtime. We also introduced downtime systems for staff during periods of non-availability. 2015 saw the beginning of the implementation of the National Laboratory Information Management

System (LIMS supplied by Cerner) – a key enabler of our replacement strategy – via the national LIMS framework. This will go live in Beaumont in February 2017 and will comprise a laboratory ordering capability to replace the lab ordering function already provisioned by our PIPE/BHIS system. We cannot replace the PAS (patient administration systems) without LIMS and we need to replace Order Comms at the same time as the IIMS. In anticipation of this we have built an integration layer which will allow in-house and 3rd party applications to continue working following the implementation of a new system (decoupling the more than 35 internal systems from the BHIS – 25 done to date). We have met with the HSE regarding our PAS options and the national iPIMS PAS will be available to us FOC but not until LIMS has been implemented. Other developments in 2015 centred on supporting the clinical care programmes and the SDU requirements. Some of the highlights include:

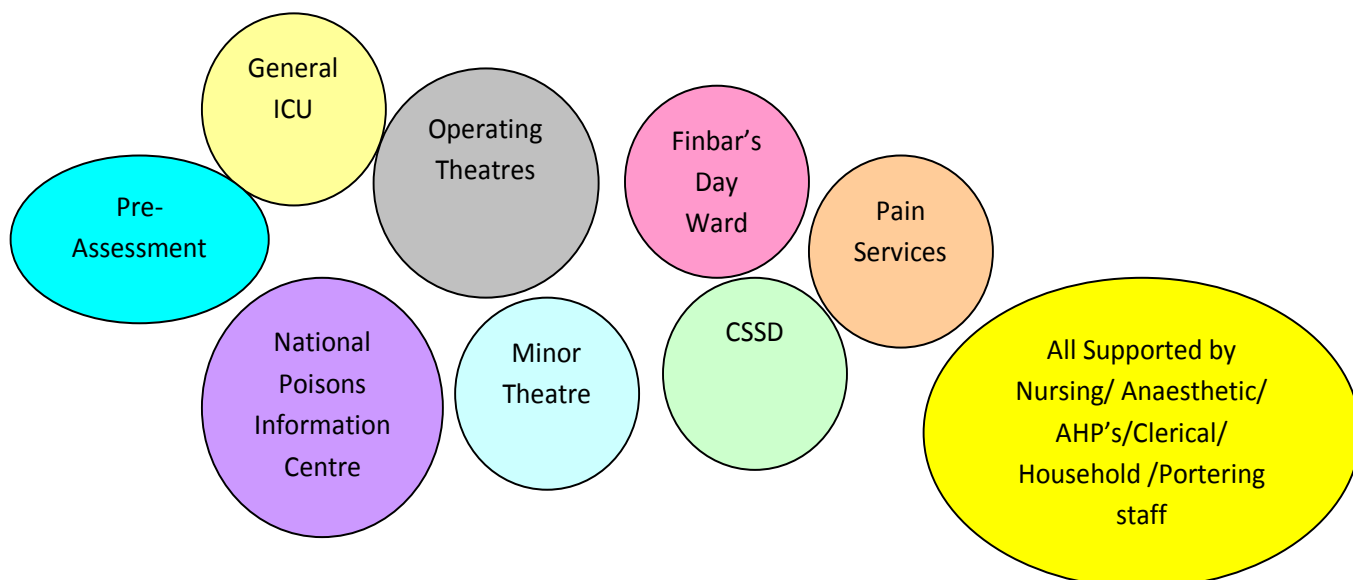
Project Name	Benefit to Beaumont
Noted	A system that allows nursing staff request tasks be performed for patients (IV Lines, Kardex etc.). This builds a worksheet that interns can use to track workloads. Once a job is completed the doctor closes the task and it is removed from the list. This allows a fully audited and tracked list of job requests from nursing to doctors. This is designed to replace the current system of notice boards/white boards.
Digital Dictation	Enables quicker turnaround time of dictated letters in the OPD clinics. The demographics feed means the patient details and GP do not need to be entered by the typist.
E-Med Renal	HL7 patient demographics interface to feed all renal patient details to the new national renal system.
Text Messaging OPD Appointment Reminders.	Allows OPD the option to send Patients a reminder of their up-coming OPD Appointment by text message.
Care of the Elderly system	Allows the users to collect extra information during a patient intervention and displays future appointments.
HR Scanning	Electronic HR Scanning System for holding all employee information transferred from file onto electronic system.
Radiology reporting	The current reports available from McKesson do not accurately capture the Radiology Department's activity. This new data store will allow more accurate information to be accessed meaning more realistic activity reports.

Clinical Directorates

Critical Care & Anaesthetics Directorate

Clinical Director
Directorate Nurse Manager
Business Manager
Clinical Support Manager
Chair of Anaesthetics

Josh Keaveny
 Mary Cooney
 Therese Callinan
 Frances Thomas
 Michelle Halpenny



General Intensive Care Unit

Activity Comparison Report

	2015	2014	2013	2012
Admissions	534	517	502	441
ICU Los (mean)	6.3	6.3	6.5	6.7
Bed days occupied	3352	3237	3258	3095
Bed Occupancy	115%	111%	112%	98%

Bed capacity in 2015 remained at 8 beds in GICU due to difficulties recruiting suitably qualified ICU nurses. Bed occupancy was 115% of unit capacity resulting from admitting patients by opening closed beds as patient care required. Bed occupancy regularly and unpredictably went two beds over official capacity. There was an interim plan to open two beds in GICU as HDU capacity pending the development of the HDU, one of these beds opened however unfortunately due to staffing levels it was unable to be maintained. In 2015 Education remained a key priority in the GICU with five nurses completing the Higher Diploma in Intensive CARE Nursing; two

of these nurses were seconded from Connolly Hospital. A number of nurses also completed Masters Programmes and Management courses. The appointment of a Clinical Practice Support Nurse was a significant development in 2015, this appointment enabled us to put more structure on in-service education and provide increased support to all staff but especially to new and junior staff and enable new skill development. The Clinical Practice Support role also enabled some new developments in the unit –a tracheostomy safety box was introduced for all patients with a tracheostomy, this was initially piloted on all patients discharged from ICU but is now a Hospital wide initiative. This means that no matter what time a ward receives a patient with a tracheostomy all the equipment and information is readily available for that patient resulting in improved care. There was also an improved focus on sedation scoring within the unit, the focus was to have intubated patients sedated to be comfortable but to be awake enough to wean from ventilation. This reduces the length of time ventilated and shortens length of stay in ICU. A grant was received in 2015 from the Hospice Friendly initiative to enable the renovation of the

relative's rooms; we now have a calm welcoming environment that meets the comfort needs of patient's families. It will also provide privacy for recently bereaved families and for sensitive conversations between families and clinical staff. The Clinical Information system continued to roll out in 2015 with many new additions enabling a complete computerised record which is easy to capture and follow by staff.

Operating Theatre

9.8 Theatres as per budget remained open in 2015. Nursing staffing remained a challenge within this specialty and this is noted as being a National issue. The post graduate Diploma in Theatre Nursing continued with 5 students finishing the programme, with 5 students commencing the 2015/2016 programme.

A number of new initiatives were developed in 2015;

- Neurosurgery: New policy developed for patients with CJD coming to Theatre.
- IT Developments: The Theatre Management System went live in 2015 including the emergency board.
- General Surgery: Initiatives were introduced to reduce Surgical Site infections.
- Orthopaedics: Through the hip fracture data base further measures were put in place to increase interventions to further prevent patients developing pressure ulceration.
- All Theatres: Catheter Care Bundles were initiated with increased focus also on the prevention of perioperative hypothermia.

Central Sterile Supplies Department

This unit undertook the processing of 34,000 sets, 28,000 single items and 15,000 ward packs in 2015. In 2015 The RCSI Hospital Group began a process of reviewing CSSD within each of the Hospitals with the aim of developing a business proposal for the future delivery of these services. Beaumont Hospital was represented on this group and contributed to the development of a proposal to be submitted in early 2016. Funding was secured in 2015 for the replacement of four sterilisers and the water treatment plant servicing the sterilisers. Tenders for both were completed in 2015. The work on these projects will commence in early 2016.



The National Poisons Information Centre provides a 24 hour/seven day national telephone information and advice service to assist medical and healthcare professionals in the treatment of poisoning. We also operate a Public Poisons Information Line between 8am-10pm every day to provide triage advice to members of the public following accidental poisoning. It is our policy to refer all cases of intentional self-poisoning for medical assessment.

Enquiries are answered by our own Poisons Information Officers between 8am and 10pm every day. Night-time calls are automatically diverted to the National Poisons Information Service (NPIS) in the UK. We maintain close links with the NPIS: our Director sits on their Clinical Standards Group and our staff attend and make presentations at CPD days in the UK. Staff also attend TOXBASE editing group meetings/teleconferences and UKPiD user group meetings/ teleconferences during the year.

The Centre answered a total of 9,691 enquiries in 2015, an increase of 2.4% compared to 2014. 9,356 enquiries were about human poisoning. 82% of these cases were accidental poisonings or therapeutic errors while 15% were intentional overdoses or recreational abuse. Other enquiries included non-emergency requests for information (n=276) and cases about poisoning in animals (n=59).

61% of all enquiries were from healthcare professionals in GP practices or hospitals.

33% were from members of the public; an increase of 20% compared to 2014.

Most poisonings (92%) occurred in the home or domestic setting. 5221 (56%) enquiries related to children aged <10 years of age. Paracetamol remains the most common drug involved in human poisoning enquiries, while laundry products remain

the most common household products. One of our main surveillance projects in 2015 involved collaboration with other European Poisons Centres and AISE (International Association for Soaps, Detergents and Maintenance Products) to conduct a prospective research study looking at the incidence of poisoning with laundry detergent capsules. In 2015 we continued to promote poisons awareness advice through our Facebook page and NPIC website www.poisons.ie. The NPIC website was upgraded and relaunched in July 2015 and we had an average of 1900 visitors every month. Our total Facebook likes increased significantly to 17749. In addition to members of the public a large proportion of our traffic was from paramedics and first responders. Outreach activities by staff included: a presentation on "Poisoning in the Emergency Department" to a meeting of Emergency Medicine trainees at the IAEMT spring meeting, a presentation on paediatric poisoning to Early Years (Pre-School) Inspectors in collaboration with Tusla and Child Safety Awareness programme, a presentation on "Household Hazards" to industry staff as part of a corporate education day, participation in a European Chemical Emergency Network exercise, and a number of radio interviews to highlight poisons awareness in the home. We presented three posters at the EAPCCT Congress in May and these were published as abstracts in the journal *Clinical Toxicology*.

PUBLICATIONS

Article

Potential Pitfalls with the treatment of acquired methaemoglobinaemia.

Cassidy N, Duggan E

Ir Med J 2015; 108 (1): 27-8

Abstracts

Unintentional medication errors in children under the age of 1 year reported to the National Poisons Information Centre of Ireland.

Cassidy N, Herbert JX, Casey PB, Duggan E

Clinical Toxicology 2015; 53 (4): 107

Dishwasher tablets: Corrosive or irritant following accidental exposure?

O'Connor F, Casey PB, Duggan E

Clinical Toxicology 2015; 53 (4): 199

The impact of new paracetamol treatment guidelines on children who take accidental acute paracetamol overdose.

Timony-Nolan E, Donohoe E, Duggan E, O'Sullivan R

***Clinical Toxicology* 2015; 53 (4): 40**

Pain Services

Consultants: Dr. Joseph Keaveny & Dr. Valerie Pollard

NCHD: 1 x Pain Registrar on a 2 monthly roster

Nursing Compliment: 1 x Clinical Nurse Specialist
1 x Clinical Nurse Manager I

Physiotherapy: Addition of a Specialist Physiotherapist to the service in 2015

Procedure Activity 2015:

Theatre Procedures Beaumont	Theatre/ X-Ray Procedures St Josephs	X-Ray Procedures Beaumont Hospital	Outpatient Dept. Procedures Beaumont	Capsaicin 8% Nurse Led Clinic	IT Pump implants/ replacements	SCS/SNS implants/ trials/ revisions	Total
125	628	26	195	75	11	17	1,077 procedures

In-patients reviewed by the Pain Service 2015

Chronic Pain Patient Consults	Post Surgical patients with PCA Analgesia	Pot surgical patients with Epidural Analgesia	TOTAL
382	833	188	1021

Other notable achievements in 2015: Successful application to the Nursing Board of Ireland for a Registered Advanced Nurse Practitioner post in Pain – post holder registered with the board in December 2015. From an Outpatients perspective 127 patients were waiting over 12 months for an appointment and improvement over the 2014 figure of 354. However due to the nature of the service this is a prolonged waiting period and therefore a CAC application will be submitted in 2016 for additional resources and separately to backfill a retirement in the service.

Day Surgery/ Pre- assessment

A number of initiatives were undertaken in 2015 to reduce waiting times for day surgery and included the following: Cavan: Agreement was reached to refer certain non complicated day surgery to Cavan General Hospital. Procedure Room in St Josephs: Consultations and business planning commenced on this project to open in 2016 for minor treatments for Plastics and Dermatology Patients. National Outsourcing Programme: The HSE conducted tenders to outsource patients waiting extended period on waiting lists. At the end of 2015 243 patients were waiting greater than 12 months for day surgery and 706 were waiting greater than 8 months, a reduction of 387 on 2014. Plans were drafted in 2015 for a Pre- assessment/ Day of Surgery Assessment unit for submission to National Estates for funding in 2016. Anaesthetic and pre-op assessment clinics continued in 2015 - nurse lead pre-op assessment extended into Upper GI surgery. Only 31 patients awaited an OPD appointment for pre- op assessment at 31.12.2015.

Imaging and Interventional Radiology Directorate

There were many positive changes in what proved to be a busy year for the Imaging and Interventional Directorate in 2015. One such change was the introduction of an extended working day, meaning that routine out-patient appointments are scheduled between 8am-8pm rather than 9am-5pm which was previously the case. The extended working day was introduced in CT & MRI due to the high level of demand. The introduction has been very successful in reducing both in-patient and out-patient waiting times and the overall turnaround times for in-patients. The extended hours offers out-patients a further degree of flexibility in their appointment times as these patients often have multiple appointments to attend. Much credit must go to all the staff in radiology who embraced the change so openly.

Other changes include a continuation of the equipment replacement programme in the general area as well as the formal introduction of the thrombectomy service following the international ESCAPE trial. There were also a couple of changes in personnel with Jennifer Hanrahan, Radiography Service Manager leaving to join the Ombudsman's office and Donal Rorke, Radiology Business Manager leaving to join the Childrens Hospital Group. Jennifer was replaced by Sean McArt who has worked in Beaumont hospital for over 10 years and was previously the Deputy Radiography Service Manager. Donal, who left in December, will be replaced in 2016.

The **Nuclear medicine** service in 2015 saw a growth in demand for the service following the successful completion on the newly built Nuclear Medicine Department in 2014. Previously outsourced examinations such as octreotide

and mibg scans were performed in significant numbers. There was also an increase in bone and sentinel node imaging. In 2015 lung perfusion/ventilation same day service was implemented for patients with pulmonary embolus, with the aim to provide quicker diagnosis to clinicians and treatment for affected patients. The up skilling of staff on the new equipment and the training of new radiographers to meet service demand continued throughout the year.

In mid 2015 we were audited by Office of Radiological Protection (ORP) to examine our new systems of work, radiation protection policies, and overall care of the patient. Feedback was extremely positive and minor suggestions made to improve the patient experience were implemented. The Department was also nominated for National Department of the year, a competition run by the Irish Institute of Radiographers and Radiation Therapists. Although not winning the award, the Department did finish in the top 3, a huge achievement a mere 6 months after reopening. As we look forward into 2016 it is obvious that patient numbers are continuing to increase and demand rise. We look forward to meeting these challenges and continuing to expand Beaumont Hospital's Nuclear Medicine Service.

In **Interventional Radiology**, the focus was on the International Stroke Trial (ESCAPE) the results of which were published in March 2015, in the New England Journal of Medicine. The trial evaluated "rapid endovascular treatment" in addition to standard care in patients with acute ischaemic stroke with a small infarct core, a proximal intracranial arterial occlusion, and a moderate-to-good collateral circulation. Beaumont enrolled 34 of 316 patients from January 2014 - Oct 2014. The main finding from the study was that endovascular

treatment appeared to benefit all ages, showed a dramatic improvement in patient outcomes and a reduction in disability and deaths from stroke. The “Stroke” treatment service has grown as a result.

In the **General Department** building works began in November to replace the existing dedicated chest x-ray units. These units have been in existence for over 10 years and were replaced with two Carestream DR units. Building works were completed by the end of December 2015 with applications training taking place in January. The new equipment will allow for a wider variety of examinations to be performed as well as increased image quality. These two units are expected to improve the patient flow in the area. Hopefully we can build on this in 2016 with the next phase of the replacement programme to the other rooms in the general area. Credit must be extended to the project team involving members from Radiography, Medical Physics and Technical services.

In **CT** the growth of the thrombectomy service on a 24/7 basis led to an increased demand for stroke imaging in CT. In-house training for radiographers in CT continued throughout 2015 with additional CT radiographers necessary for the extended working day. Congratulations to Kirsten O’Brien who successfully completed an MSc in Computed Tomography in Trinity College Dublin in 2015.

Like many of the other areas in **Ultrasound** demand continued to grow for the service. Following a HIQA inspection in September 2015, a complete reassessment of the decontamination process of transvaginal probes was undertaken. As a direct result procurement of a disinfection/decontamination machine was initiated alongside necessary amendments in protocol. Congratulations to Ms Aoife Farmer, who successfully completed the MSc Ultrasound, at University College Dublin and we continue to train intensively with Ms Laura O Dwyer commencing the MSc in ultrasound.

2015 saw the continuation of an excellent service in **MRI**, with the additional capabilities of the Siemens Skyra 3T scanner enhancing the service to our Neurology patients. Demands for this service are still high, however the Directorate

has taken a number of steps to reduce the out-patient waiting list – of these extending the working day was probably the most successful.

Beaumont Breast Imaging Unit continued to provide an exemplary service to thousands of women and men in the catchment area and beyond. Mammography services were administered with quality, efficiency and service-user satisfaction as the main pinnacles. A wide range of mammography, breast ultrasound and breast MRI procedures were readily available; including triple assessment services, family history screening, image guided biopsies (Ultrasound, Mammographic and MRI) and wire localisations for breast conservation surgery and for excisional biopsy. Our mammography staff levels increased with two new trainees being introduced into the service, one of which started her post graduate mammography course in November in the renowned Nottingham Breast Education Centre.

In **RIS/PACS** the hardware refresh was by far the biggest enhancement project of 2015. It saw a complete overhaul of all dedicated workstations mainly used by Radiologists and Radiographers. There are also some dedicated workstations located in clinics and on some wards which were replaced as part of the refresh. Additional memory, improved graphics and faster processing speeds ultimately ensured faster and less frustrating imaging and reporting. The older equipment was refurbished and distributed by IT to clinics..

Overall a busy year in the Imaging and Interventional Directorate with lots of positives and lots to build on in the years to come.

2015	
MODALITY	TOTAL
CT	23501
ES	448
FL	723
IR/USGuided	8348
MG/US Breast	11847
MRI	16720
NM	2432
TH	1591
US	15102
XR	88375
Grand Total	169087

Clinical Directorate of Laboratory Medicine

Clinical Director: Professor Elaine Kay
Business Manager: Alan Byrne / Paddy Clerkin
Laboratory Manager: Peter O'Leary

Clinical Directorate of Laboratory Medicine

The Clinical Directorate of Laboratory Medicine provides an extensive clinical and diagnostic laboratory service to a range of hospitals (HSE, voluntary and private), to other healthcare-providing facilities both nationally and regionally, and to general practitioners in Beaumont Hospital's catchment area. The range of testing provided includes both routine and national specialised esoteric tests. In 2015 more than 5.2 million tests were performed, with a total repertoire of over 800 different test types being offered.

Accreditation / Quality Management System

The Clinical Directorate of Laboratory Medicine is committed to the provision of laboratory services compliant with best international standards. 2015 saw H&I successfully retain their European Federation of Immunogenetics (EFI) accreditation, with all other disciplines maintaining accredited status to the International Standard ISO15189 following inspection. This represents a tremendous achievement by staff, and the Clinical Directorate of Laboratory Medicine remains very appreciative of the hard work and contribution of its entire staff to this end.

Accreditation means that all accredited 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 recorded and corrective 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. Key performance indicators are set and monitored to ensure continual improvement.

Significant Events

Paddy Clerkin took over the role of Business Manager from Alan Byrne during 2015. The Directorate would like to thank Alan for all his contributions, and to wish him well in his new endeavours.

Phlebotomy

The Phlebotomy Dept provides a service to over 700 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 Department and are also involved in providing an educational resource to the centre of education here in the hospital.

Chemical Pathology

Chemical Pathology – Workload

The workload within the Chemical Pathology Laboratory can be seen in the following table

Workarea	2011	2012	2013	2014	2015
CHSO	5296	4575	5243	5816	6466
Chem Path - Total	1408378	1484855	1598235	1689337	1805084

Chemical Pathology - Significant Events

- INAB accreditation to ISO15189 has been successfully renewed and the scope of accreditation extended.
- A number of staff have departed, including Ragnall Glasgow – we wish them the very best in their future and thank them for their contribution to patient care in Beaumont.
- Emma Pentony was awarded an MSc in Clinical Chemistry. Conor Russell commenced his MSC in Clinical Chemistry in Trinity.

Haematology

Department Overview:

The Haematology Laboratory provides a range of routine Haematological Diagnostic services for patients at the behest of clinicians and also an around the clock emergency service. The Coagulation Department is involved in the management of anticoagulant therapy, Coagulopathies, Thrombophilia Screening and required Molecular diagnosis. The Flow Cytometry Department provides a service for Immune-monitoring, and the diagnosis and monitoring of the treatment of Haematological Malignancies.

Significant Events:

- Retirement of Chief Medical Scientist, Mr Karl O'Regan
- Appointment of Ms Geraldine Healy as Chief Medical Scientist
- Appointment of Ms Michele Downes as Senior Medical Scientist

Staff Achievements

- Ms Sarah Grace attained an MSc in Biomedical Science

Significant Developments with an impact on patient care:

Significant Developments:	Difference Made to Patient Care:
INAB Accredited Status maintained to revised ISO standards: ISO15189:2012	High level of Quality achieved
Addition of Anti-Xa assay	Available in-house & externally Extension to scope: passed
Addition of Rivaroxaban assay	Available in-house Extension to scope: passed
Coagulometer obtained	Provide PT result for suspected case of Ebola
Test cut-off times established & procedure to add-on tests defined & clarified	Reducing unnecessary phlebotomy by clarifying times to add on a test onto a previous sample.
Process for urgent Blood film reports at the weekend defined	Diagnostic value improved, faster blood film report.

Continuing Education:

- o PeggyAnn McGonagle commenced the MSc in Biomedical Science
- o All staff participate in Continuous Professional Development, where possible.
- o Morphology case seminars provided by the Haematology Consultants are on-going in Haematology
- o Journal Club has also commenced in the Department

The Department has been involved in the following publications and presentations during 2015.

Presentations:

Name	Date	Detail
Fiona Crotty	4 th Sept	Lecture in Haematopoiesis to the HDU & Oncology Nurses in the School of Nursing, Beaumont Hospital
Fiona Crotty	Feb	Laboratory Quality & EQA to Haematology SpR's
Sinead Moran	Dec	Prognostic significance of WT1 & PRAME gene expression in archived Bone Marrow Samples of MDS & AML patients treated with Azacitidine as part of Molecular Pathology Case Presentations
Paul Kennedy	Journal Club	Next Generation Sequencing
Stephen Bergin	Journal Club	ICSH Morphology Grading Recommendations & Parasitology Training Day Update
Geraldine Healy	Journal Club	Validation
Susan Fagan	Journal Club	Feedback from Labcon.

Publications:

On completion of her MSc, Sarah Grace sent a letter to the editor of Thrombosis and Haemostasis, confirming that the findings in Beaumont Hospital show that PT measured using the thromboplastin reagent STA[®] Neoplastine Plus, closely correlates with Anti-Xa levels in both trough and peak samples and are in close agreement with the findings of Van Blerk *et al.* (Thromb Haemost 2014; 112(6)) "Influence of dabigatran and rivaroxaban on routine coagulation assays, a nationwide Belgian study" 5th Nov 2015.

Workload Activity 2015:

Request Item	Patient Requests 2015
FBC + RETFBC	339,455
ESR	22,183
Special Haematology	1,662
Bone Marrows	467
Blood Films	11,439
Total Haematology Activity	375,206
Coagulation Screen	63,892
Warfarin Therapy	41,072
Warfarin Clinic	24,375
TPSC	188
Total Coagulation Activity	116,788
F V Leiden	39
Prothrombin Mutation	195
JAK 2 V617F	92
Total PCR Activity	326
CD4	1,475
Lymphocyte Subsets	475
Total Immune Monitoring	1950
Lymphoproliferative Panel	85
Acute Leukaemia Panels	45
PNH	26
T-cell Panel	24
Total Immunophenotyping	180
Total Flow Cytometry Activity	2,130
Total Laboratory Activity	494,450
Of Which, Total GP Requests	106,270
GP Requests % of Total	21%

Most Significant Changes to Workload:

- The Department's total Laboratory workload has increased in 2015 by 6% from 2014.
- 21% of the Department's workload is GP requests. Routine Haematology has increased in 2015 by 6.4% from 2014. On closer analysis,

overall FBC requests have increased by 5.6%.

- In PCR there has been an overall increase by 19% in workload since the last AMR.

COLEMAN K BYRNES UNIT

The Coleman K Byrnes Unit is the Haematology day care facility and patients attend for chemotherapy, blood and platelet transfusions and special investigations e.g. bone marrow aspirate and biopsy and lumbar puncture with intrathecal chemotherapy

EDUCATION/TRAINING

Regular formal lectures in Haematology are given to the 3rd year medical students (Pathology) and the revision lectures to the final year medical students by Dr. Philip Murphy, Dr John Quinn and Dr Patrick Thornton. Dr Thornton carries out laboratory Morphology Teaching every Monday. Dr. Jeremy Sargent was appointed to the role of National Speciality Director for Haematology SpR training. Final year students are attached to the Haematology Team for four week periods and are encouraged to learn from all activities in the department. Postgraduate/Membership tutorials are given in the period before each MRCPI examination. There are weekly journal clubs and morphology sessions and fortnightly lymphoma and bone marrow MDT meetings. Haematology junior medical staff and relevant technical and nursing staff attend.

CKB ACTIVITY

DAY PATIENTS	Total: 8070
IN PATIENTS	Total: 310
OPD CLINICS	Total Attendance: 2630

DEPARTMENTAL GOALS

- Appointment of a Consultant Haematologist with interests in Coagulation Medicine
- Appointment of a Haematology CNS

RESEARCH

Beaumont Hospital Haematology Department joined a national collaborative research working group – Blood Cancer Network Ireland who awarded the hospital €250,000 over five years which allowed the appointment of Tara Kenny as BCNI Research Nurse

PUBLICATIONS

O'Toole D, Kennedy P, Quinn J, Murphy PT. Is GDF15 beneficial to erythropoiesis in low grade myelodysplastic syndrome? *Leuk Lymphoma* 2015,56,1914-5

De La Harpe Golden P, Egan C, Leader M, Murphy PT, Quinn J. Hodgkin lymphoma in a patient with chronic lymphocytic leukemia- a rare presentation of Richter's transformation. *Ir Med J* 2015,108,120

Blood Transfusion Department

Overview

The Blood Transfusion department is actively involved in provision of the following services to all Hospital doctors, as well as to St. Joseph's Hospital Raheny, Raheny Community Nursing Unit and St. Francis Hospice:

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

The Blood Transfusion Department, encompassing the Hospital Blood Bank & Haemovigilance Office, utilises the electronic cross-match procedure. This technology facilitates a rapid turnaround time for the provision of red cells for patients with a valid Type & Screen & who do not possess antibodies. This has enabled the Department to maintain wastage of red cells at 0.10% with the benchmark nationally as 0.5%. In addition Beaumont Hospital Crossmatched: Transfused ratio (C:T) = 1.4 (9545:6804). A C:T of greater than 2.0 usually indicates excessive crossmatch requests (AABB, 2003).

Blood Transfusion - Workload year ending 2015

Activity	Numbers
Type & Screen Requests	19250
Red Cells Received	Total: 7474
Red Cells Transfused	7359
Platelets Received from IBTS	Total: 2092
Platelets Transfused	2032
SD Plasma Transfused	1574

Education Sessions: Classes provided by the Haemovigilance Office.

Class Title	Audience	No of Classes	Attendees
Blood Transfusion Education Programme (90 minutes)*	Doctors and Nurses.	32	343
Blood Transfusion Education Programme for Intern Nurses (3 hours)	Intern Nurses	4	117
Red Blood Cell Prescribing	Doctors and Nurses.	14	71
Emergency Warfarin Reversal	Doctors and Nurses.	11	92
Blood Transfusion Aspects of Phlebotomy	Nurses and Phlebotomists	11	70
Review of 4 Incidents-WBIT, TACO and IBCTs x 2.	Nurses and Doctors	25	90
Taking Type & Screen Specimens	Nurses and Doctors	48	298
Patient Blood Management	Doctors and Nurses	11	97
Platelet Prescribing	Doctors	1	6
Management of a Massive Transfusion	Nurses, Doctors and Medical Scientists	22	149
Total (all are approximate figures)		179	1333

*4 classes provided in St Joseph's Hospital, Raheny. 8 of these classes were provided in July, in the evenings to cater for new NCHDs.

Workload Figures 2012 to 2015

	2012	2013	2014	2015	% +/- 2014- 2015
New Admissions	11839	10972	10537	10911	+3.5%
ABO/Rh	25161	22532	22305	23530	+5.3%
ABSC	17484	15766	15674	16854	+6.6%
ABID	559	426	502	548	+8.8%
EC	9793	8867	8460	8571	+1.3%
AHGXM	1557	1101	974	1280	+27.2%
SDP Transfused	2004	1915	1110	1574	+34.6%

Blood Transfusion - Significant Events

Departmental Achievements

- The Department introduced platelet stock management with the aim of having platelets always available for emergency use.
- A 3 month Pilot study of Phase 3 of blood track involving the introduction of the PDA's at ward level commenced in CKB and HDU.

Training & Education:

A clearly defined and documented training policy is in place for all staff members including staff from other departments working in the hospital Blood Bank providing the emergency On-Call Service. All have competency and proficiency completed in early 2015. Education updates are provided by the Haemovigilance Office on a regular basis in the Centre of Education. In addition our Haemovigilance Officers provide education sessions at ward level and at the induction of new doctors employed by Beaumont Hospital.

E-Learning Courses in Blood Transfusion:

Name of Course	Doctors	Nurses	Phlebotomists	Total 2015	2 Year Total
Safe Transfusion Practice				580	1156
Safe Transfusion Practice for Paediatrics				27	70
Blood Components and Indications for Use				276	567
Safe Blood Sampling for Transfusion				162	209

Classes Provided by External Organisations:

Class Title	Audience	No of Classes	Attendees
Octapharma: Updates on warfarin reversal using Octapharma products	Nurses and Doctors	4 (21.12.15)	15
		5 (22.05.15)	27

Histopathology

Overview

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

Histopathology - Workload

During 2015 the Department processed over 19,750 surgical cases yielding over 142,000 stained slides. We have seen an increase in the number of GIT endoscopic biopsies. We have also seen an increase in the number of non-gynae cytology cases from the endoscopic ultra sound service.

Histopathology - Significant Developments

Since 2004 the histology laboratory has been fully accredited by CPA (Clinical Pathology Accreditation) UK. During 2015 we successfully maintained INAB (Irish National Accreditation Board) accreditation to ISO standard 15189. We achieved this accreditation following inspection in October 2015. The past year has seen the further development of a shared Molecular Diagnostic laboratory. The laboratory has been developed by Patrick Buckley, Specialist Medical Scientist, who has a special interest in Neuropathology. We continue to develop collaborative work in the field of Molecular Pathology with the RCSI histology laboratory.

During 2015 the Histology laboratory continued to support the BowelScreen programme for the early detection of Colorectal Cancer. BowelScreen offers free bowel screening to men and women aged 60-69 through a home test kit known as the faecal immunochemical test (FIT). Patients with positive screens undergo endoscopy. We process and report on the resulting endoscopy samples.

Postgraduate and graduate training in histopathology for both Pathologists and Medical Scientists is an integral component of the department and much time and effort is invested in this area. Our trainees continue to successfully complete their examination. Ongoing research projects for both medical and scientific staff comprise part of this investment. Audit and clinical governance are an integral, necessary and ever-increasing part of Department activities. These activities are under constant review and add to the workload.

Renal Histopathology

We provide a diagnostic renal biopsy service to Beaumont Hospital, the Mater Hospital, the Mater Private Hospital, Our Lady's Children's Hospital, Crumlin, Temple Street Hospital, Limerick University Hospital, the Galway Clinic, Waterford Regional Hospital, Sligo General Hospital and Letterkenny General Hospital. A renal biopsy routinely requires light microscopy (routine and an array of histochemical stains), direct immunofluorescence and electron microscopy. As well as examining native biopsies, a very important aspect of our service includes the national renal transplant service. The latter includes on-call assessment of frozen sections from marginal donors with a view to optimising a limited source of organs serving an ever-increasing waiting list. All

biopsies are reported by telephone within twenty-four hours of receipt, with discussions of clinico-pathological correlation. There is a two-weekly renal biopsy conference. The renal biopsy pathology archive has accumulated a unique collection of renal biopsy pathology, which is available to doctors training in histopathology. In addition it has served as a source of clinical research with many papers published using this archive as a source of cases. Our clinical research activities which include publications and presentations at international conferences were in collaboration with clinical nephrology and renal transplant surgery.

Neuropathology

Neuropathology functions as an integral part of clinical neurosciences and of histopathology at Beaumont. The Department has diagnostic, research and teaching commitments to a wide catchment area. The bulk of the diagnostic material, consisting of brain and spinal tumours, is received from neurosurgery. The neuro-oncology diagnostic service is comprehensive and includes frozen sections, histology, immune-histochemistry, electron microscopy and molecular diagnostics. Neuropathology, along with neuro-radiology, is the key driver of the multidisciplinary brain tumour review conference. Research into signalling pathways in high grade gliomas is undertaken in the neuropathology laboratory and studies into the chemosensitivity of gliomas is carried out in collaboration with the National Institute for Cellular Biotechnology at Dublin City University. Future developments under the National Cancer Care Programme initiative into brain tumours will include expansion of molecular diagnostics utilising highly sensitive, high throughput genetic analysis and the creation of a national brain tumour data base in conjunction with the neuropathology department at Cork University Hospital. An extensive range of neuropathologic analyses is provided for children and adults with muscle disease from all over Ireland. A 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 2015. 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.

Clinical Immunology Department*

*2014 and 2015 Information included

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

During 2014, over 500 new patients were assessed either in out-patients or by direct access to the day ward following telephone assessment. Clinical referrals rose by 14% with 630 referrals requiring clinic attendance, in addition to referrals which can be resolved by "virtual clinic" (Advice to GP, call to GP, telephone history from patient). Day case activity continued to increase, with 886 day cases (predominantly allergy testing). Ongoing care was provided for over 300 patients with immunodeficiency, of whom 90 require immunoglobulin replacement therapy. A high proportion (over 50%) of our patients is trained to administer their own treatment at home. Integration of the clinical and laboratory service, essential for managing complex cases, remains excellent and has also proved invaluable in facilitating laboratory quality improvement. Through education opportunities and working with our service users, more appropriate testing was attained.

In 2014, the clinical service obtained access to 6 beds every week for 3 weeks a month in St. Joseph's Raheny for allergy day ward procedures. This required us to set up extra risk assessment clinics to review patients on the original waiting list as only low to medium risk procedures are suitable to be redirected to St. Joseph's in Raheny.

Clinical Immunology Laboratory

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

Clinical Immunology - Workload

Request Item	Patient requests
Test sets	113,299
Individual tests	155,132
Specimens	50,634

Overall the number of specimens received increased by 4.4%. Test Sets had only a slight increase of 0.4% & the Total Tests performed increased by 3.2%. The above data excludes Skin & Renal Biopsy workload. Below is a summary of that workload for the last 5 years.

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

Clinical Immunology - Significant Events

Dr Khairin Khalib was appointed as Consultant Clinical Immunologist in January 2014.

Assessment by the Irish National Accreditation Board was conducted in September 2014. The extension to scope included CTD, DNA crithidia, CH100 & changes to methods for C1 inhibitor (BNII) & TPO (EliA).

Nadia Alnaman, Senior Medical Scientist retired in December 2014. We wish Nadia well in her retirement & thank her for her contribution to the Department over the years. Marita Murray was appointed as Senior Medical Scientist.

Assessment by the Irish National Accreditation Board was conducted in October 2015. The extension to scope included C1 inhibitor Function & ENA (EliA). No findings were made in Immunology.

Marita Murray's Basic Grade Medical Scientist was taken up by Stephen Reynolds in August 2015.

Ronan D'Auria, Senior Medical Scientist was seconded to the National Implementation Project Team for MedLIS as the Immunology representative in Sept 2015.

Laura Flynn graduated with her MSc in Clinical Laboratory Science in 2015.

In 2015, Dr. Khairin Khalib, Dr. Mary Keogan and Ms Anne Clooney participated in the Quality and Safety Walkround Initiative which involved attending training workshops. The Immunology laboratory also volunteered as one of the first sites to host the QSWR team. Both Dr. Keogan and Dr. Khalib are signed up to the QSWR teamlist as clinical leads.

Clinical Immunology – Publications and Lectures

- Beaumont Hospital hosted FRCPath training day in March 2014 on Autoimmunity for Immunology trainees which involved all the Immunology trainees in Ireland. This included a workshop on indirect & direct immunofluorescence.
 - RCPI Masterclass on Allergy May 2014: Presentations on 'Chronic Urticaria' & 'What's new in allergy' given by Dr Mary Keogan
 - Presentation to Microbiology Dept on Drug Allergy September 2014: Dr Khairin Khalib
 - A monthly Dublin Allergy & Immunology Interest Group academic meeting was established in 2014. Beaumont Immunology department hosted the first meeting on 1st October 2014, initially alternating with the Paediatric Allergy & Immunology department in OLHC & then later joined by St. James' Immunology Department.
 - Presentation to Pharmacy Dept on Drug Allergy October 2014: Dr Khairin Khalib
 - Anaesthetists' Academic Meeting in November 2014: Invitation to present on peri-operative anaphylaxis. Dr Salma Alamin gave a case presentation, Dr Claire Reynolds presented our data on the outcomes of allergy testing in peri-operative anaphylaxis & Dr. Keogan led the discussion on the first draft of a referral proforma to streamline the referral process of patients who required allergy assessment for peri-operative anaphylaxis.
 - Anne Clooney gave a presentation entitled 'CPA to ISO15189 - Irish experience of implementation' at the Thermo Fisher Scientific, ImmunoDiagnostics ISO 15189 Immunology Work Shop which was held as side meeting of the IBMS Conference in Birmingham on 30th September 2015.
 - Dr. Laura Cooke presented at the medical grand round regarding updates in CVID and management of patients with hypogammaglobulinemia on 1st December 2015
 - Dr. Khairin Khalib presented at the Dublin Allergy and Immunology Interest Group
 - o 3rd September 2015 : "Unusual case of recurrent allergic reactions in a post transplant patient"
- 3rd December 2015: "Rosenthal-Melkerssons Syndrome – presentation and treatment options"

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

Overview

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 H&I. We wish to acknowledge the humanity, courage and generosity of the donors and their families and the immense benefit their gift is to our patients.

NHISSOT – 2015 Workload

Test Requests	Number of tests
HLA Antibody Screening-Single Antigen Bead (SAB) assays	6951
HLA typing-Molecular	6548
HLA typing-Serology	747
Crossmatching-Flow cytometry	268
Crossmatching-Serology	181

Living Donor Work-up	No. of patients
Review/reassess	14
1st work-up	119
2A work-up: full clinical evaluation and immunological assessment	49
2B work-up: full clinical evaluation and immunological assessment	25
3 rd and final work-up: proceed to donation and transplantation	35
Total referrals for work-up for the transplant evaluation clinic	228

Transplants	No. of patients
Deceased Donors	81
Deceased kidney only transplants	120
Simultaneous kidney and pancreas transplants	0
Pancreas only transplants	0
Living Donor transplants	33
Total Renal/Pancreatic transplants	153
Paired Kidney Exchange (PKE)	8
Heart transplants	16
Lung transplants	36
Heart/Lung transplants	1
Liver Transplant Support	61

Renal/Pancreatic transplant waiting list	No. of patients
New patients activated	177
Total patients on waiting list (December 2015)	568
Total patients active on list (December 2015)	484
Total patients suspended due to clinical/personal reasons	84

Other solid organ waiting lists	No. of patients
Total patients on heart waiting list (December 2015)	17
Total patients on lung waiting list (December 2015)	30
Total patients on heart/lung waiting list (December 2015)	1
Total patients on heart/kidney waiting list (December 2015)	1

In total the Department maintained and monitored over 600 patients on the solid organ waiting lists for the different transplant programmes during the year.

NHISSOT - Significant Developments

EFI Accreditation:

- On-site inspection by two EFI inspectors in early July and received accreditation status end of July.

H&I Extension

- Extended laboratory and office facilities were opened in late 2015.

New procedures established

- ODTI responsible for donor procurement commenced in April 2015.

Continuing education:

- One senior medical scientist successfully completed the first part of the FRCPATH (Fellowship of the Royal College of Pathologists, London).
- One medical scientist studying for the MSc in Biomedical Science.

Staffing:

- Chief medical scientist retired in July 2015 and new chief scientist appointed.
- Two medical scientists resigned and two newly appointed in 2015.

Presentations:

Posters/Abstracts/Presentations:

- April 2015: EFI Conference, Geneva.
 1. Presentation: *"Single technique antibodies in incompatible transplantation"*
J Kelleher, D O'Neill, K Khalib, M Keogan
 2. Poster Presentation: *"Comparison of lymphocyte HLA expression from different cell sources and potential effect on the flow cytometry crossmatch"*
M Doughty, D O'Neill, K Khalib, M Keogan.
- September 2015: British Histocompatibility and Immunogenetics (BSHI) Conference, Cambridge.
 1. Poster presentation: *"Survey of United Kingdom flow cytometry crossmatch practice"*
M Doughty, R Stephens, E Santos-Nunez et al
 2. Poster Presentation: *"A novel variant... implications for virtual crossmatching"*
J Kelleher, P Mullany, J Kelly et al
- September 2015: Beaumont Hospital patient information evening, Dublin.
Presentation by Geraldine Donnelly: *"Criteria for allocating deceased donor kidneys"*
- September 2015: National Transplant Society Conference, Belfast.

Poster presentation: *"Assessing lymphocyte binding capability in unsensitised patients"*

C Lenehan, J Kelleher, D Keegan et al.

- November 2015: Transplant, Urology and Nephrology Conference, Dublin.

Presentation by Geraldine Donnelly: *"A day in the life of a HLA sample"*

Poster presentation: *"Audit of samples received in the H&I lab-A quality and safety issue"* JKelleher, GDonnelly, KKhalib, MKeogan

Microbiology Department

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

Timely and accurate results are central to the management of the infected patient and 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 HCAs, and contributes to national and international surveillance initiatives. The Department also provides an important service to general practitioners and long-term care facilities in the catchment area, and to other service users, (e.g. sexual health clinics).

The investigation of outbreaks remains very challenging and places huge pressure on the Department. In 2014, the importance of screening was highlighted when surveillance data identified an outbreak of MRSA, which was resistant to mupirocin. Screening is still ongoing 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.

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 patient placement. The availability of testing on-site seven days a week reduced mean turn-around times to approximately eight hours from 3-5 days, when testing was previously carried out in the National Virus Reference Laboratory.

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 October 2015. The scope of that accreditation was extended to include the molecular detection of enteric pathogens. This has greatly reduced turnaround times and increased the detection of pathogens such as

verotoxigenic *Escherichia coli*. A new instrument for continuously monitoring blood cultures, the Fx600, was successfully validated and is now incorporated into the routine diagnostic laboratory.

Table 1. Outlines the major changes in laboratory workload in 2015 compared with the previous year.

Table 1. Major changes in testing in 2015 Description of Test	2015 (total no)	Variance %
MRSA detection	19812	+8
CRE detection	1728	-4
VRE detection	1887	-5
Clostridium difficile toxin	3731	+6
Swabs and Fluids	12388	+6
Blood cultures	12919	+5
Respiratory microscopy & culture	3836	-3
Legionella and pneumococcal antigen detection	1983	+13

(CRE, carbapenem-resistant *Enterobacteriaceae*; VRE, vancomycin-resistant enterococci; MRSA, meticillin-resistant *Staphylococcus aureus*.)

Medical Directorate



Professor Peter Conlon
*Clinical Director for the
Medical Directorate*

In October 2014 Professor Peter Conlon was appointed the Clinical Director for the Medical Directorate after the retirement of Professor Shane O'Neill six months previously. Dr. Diarmuid Smith and Dr. Alan Martin were also appointed as Associate Clinical Directors and work with Patricia King, Linda McEvoy, Ide O'Shaughnessy, Bernie Lynch and John Walsh as the Business and Nursing Managers for the Medical Directorate.

The Medical Directorate developed a strategy "New Medical Model" in an effort to reduce length of medical stay, improve patient flow and the patient journey from admission to discharge and to develop a core ward model of medical care.

In this model the principle theme was the Medical Handover which supports the reallocation of patients following a daily on-call, as such that each medical team took two patients from the previous day's call, supported by patient flow, ambulatory care and OPAT etc. This had the consequence of reducing the peaks and troughs of work load on individual teams, improved communication and collaborative working. The second theme was the prioritization that patients be managed on core wards, that each ward be allocated a definitive specialty and that undifferentiated medical patients managed on wards would be taken over by the teams allocated to that ward.

This programme has been successful with considerable reductions in length of medical stay, reduced numbers of patients waiting on trolleys awaiting medical admission and increased core ward occupancy. We also placed a considerable focus on trying to optimize the activity of the Acute Medical Assessment Unit and the Short Stay Unit. This proved to be particularly difficult as the Acute Medical Assessment Unit was commonly used as an overflow ward when beds were in short supply.

The Medical Directorate engaged with the board of the hospital to implement a performance improvement plan aiming to address a number of themes. Firstly to address efficiencies and to implement the "New Medical Model", secondly to improve the care of frail elderly patients and thirdly to assess and improve access to Endoscopy which had developed enormous waiting lists. After prolonged discussions the board of the hospital agreed to implement this programme and extra staff were recruited over the following months and strategies were put in place.

The Medical Directorate worked with hospital recruitment and secured funding and the recruitment of one additional consultant physician specialising in stroke care, one physician specialising in care of the elderly, two new acute medicine physicians for the management of the Acute Medical Assessment Unit, two G.I. physicians to deal with the backlog in Endoscopy and the appointment of a new interventional cardiologist. The Medical Directorate also worked with nursing to develop advanced nursing practitioner roles and developed these posts in acute Cardiology, Immunology, Dermatology and the Emergency Department.

The Medical Directorate worked to try and develop closer relationships between the constituent hospitals of the RCSI Group including Connolly Hospital, Cavan Hospital and Our Lady of Lourdes Hospital. This has resulted in increased activity with Endoscopy and development of posts shared in Dermatology. This will be an ongoing theme in coming years.

The Medical Directorate continues to work under difficult circumstances with an inadequate bed stock and in particular a lack of access to single isolation rooms. This results in frequent outbreaks of nosocomial infection posing considerable challenges.



Neurocent Directorate

Directorate Team

Clinical Director: Mr. David O'Brien
 Directorate Nurse Manager: Ms Denise Fahy
 Business Manager: Ms. Aileen Killeen (replaced in post May 2015) by Ms Ciara Ni Fhlathartaigh

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

The Neurocent Directorate is comprised of the following specialties:-

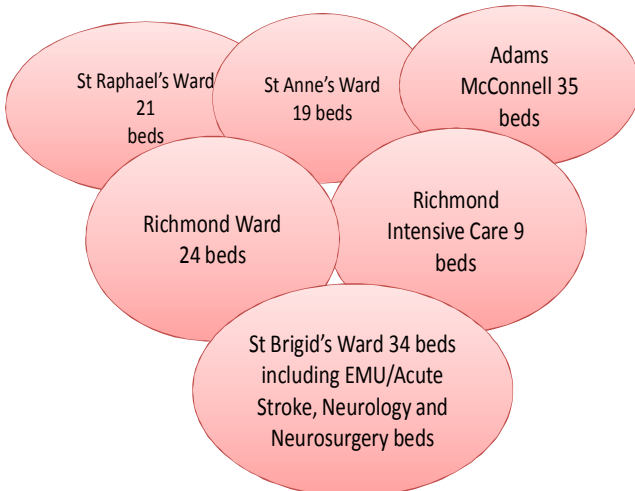
- Neurosurgery
- Neurology
- Otolaryngology
- Neurophysiology
- Cochlear Implant
- Ophthalmology
- Paediatrics (ENT & Neurosurgery)

Neurocent Beds

The directorate comprises of 142 beds in the following areas:-

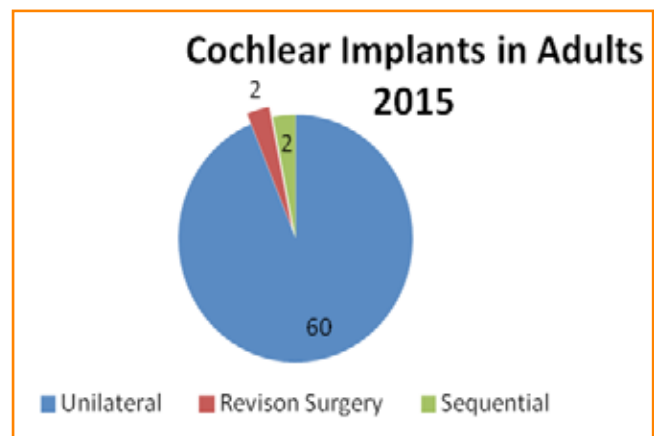
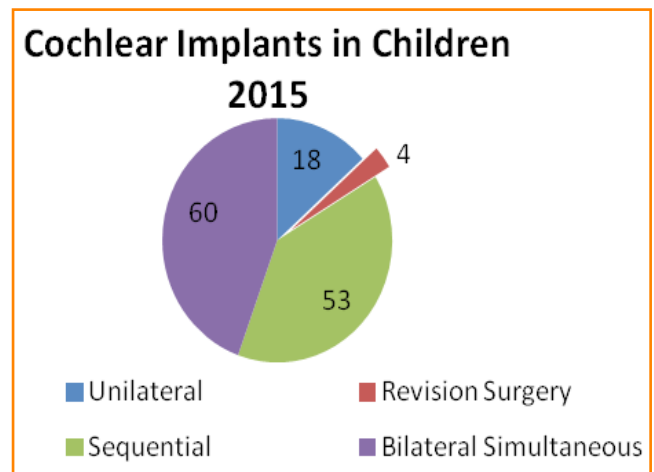
Cochlear Implant Department

National Cochlear Implant Programme (NCIP)



After 20 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. 2015 was an exceptionally busy time for the team with the expansion of the clinical service and staffing.

The team had to accommodate the change of service delivery in the Paediatric programme, from unilateral cochlear implants to bilateral implantation for all suitable children attending the service, in keeping the NICE (National Institute of Clinical Excellence) Guidelines, 2009. The approval for the funds from the Health Service Executive in June 2014 was indeed great news for our patients and enabled changes in service delivery in the Cochlear Implant Department.



Roll-out of Bilateral Programme

With the introduction of the bilateral programme, all children who had received one cochlear implant in the past now have the opportunity to have their second cochlear implant. Several steps had to be taken to ensure that the process was done in an optimal and fair manner.

Patients were divided in 4 groups according to their age and date of primary implant. In addition, the number of paediatric surgical slots increased from 3 slots per week to 4 slots per week. Surgeries for children under 6 years old and those with complex medical needs were undertaken at Temple Street Hospital.

This has driven other logistic challenges such as:

- Managing increased demand of patient traffic
- Accommodating additional staff in the existing space
- Building project – plans have started for renovations to expand the Department.

In September 2015, the Director of the National Cochlear Implant Programme, Ms. Laura Viani was honoured with a well deserved professorship in otolaryngology (ENT) by the Royal College of Surgeons in Ireland (RCSI).

Otolaryngology Department

The RCSI Hospital Group Department of Otolaryngology is the largest single provider of otolaryngology surgical procedures in the country. There are circa 800,000 people within the RCSI Hospitals Group demographic with a wide variety of paediatric and adult otolaryngology needs. Almost 60% of otolaryngology care episodes within our RCSI Hospital Group in 2015 were provided by Beaumont Hospital. This amounts to over 4,500 patient discharges. The Department of Otolaryngology in RCSI is a mix of subspecialty ENT interests including lateral and anterior skull base surgery, rhinology, paediatrics, facial plastic and head and neck cancer surgery. We 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 – and in particular have a collaborative working relationship with the National Neurosurgical service. We are the national leaders in postgraduate ENT education, organising weekly national teaching lectures for our trainees, grand round video conferencing and ENT surgical skills

courses running all year round. We also have 300 – 350 undergraduate students being taught every year by dedicated surgical and medical lecturers of contemporary otolaryngology care on a par with the best of international centres worldwide.

2015 Outpatient Attendances			
	NEW PATIENTS :	RETURN PATIENTS :	Grand Total
E.N.T.	4715	6599	11314

Neurocent Day case and In Patient Activity (Discharge Based)					
Actual Activity YTD 2015					
	Day case total	In-Patient			Total
		Emer	Elective	Total IP	
E.N.T.	3,504	281	604	885	4,389

Neurology Department

The Neurology Department in Beaumont provides both a general neurology out-patient service as well as providing specialist clinics in Epilepsy, Motor Neurone Disease, Headache, and Multiple Sclerosis. They also provide a 24/7 on-call service for the Emergency Department supporting an in-house NCHD with patients being admitted directly to a dedicated neurology ward under the Neurologist on call. A neurology consults liaison service is also provided to other medical and surgical specialties in the hospital. A hub and spoke model is in place with Connolly Hospitals, where a weekly out-patient clinic and consult service is provided.

The Department of Neurology also provides a clinician led ambulatory care service in the Neurology Day Unit. This provides a direct pathway from ED to senior clinician review and also facilitates procedures such as lumbar punctures and infusions amongst others.

The Department is very committed to research and has active research programmes in Motor Neuron Disease, Epilepsy, Neuro degeneration, Multiple Sclerosis, and Migraine. There are 3 Professors within the department with links to both RCSI and TCD.

Neurology Day Unit

2015 has been another busy year for the Neurology Day Unit bringing with it some new procedures. In 2015 we began to facilitate patients in the NDU who needed small surgical procedures including Muscle Biopsy, Sural Nerve Biopsy and Carpal Tunnel Release. These procedures were carried out by neurosurgeon Mr David O'Brien on Tuesday mornings on a fortnightly basis. We had in total 6 carpal tunnel patients, 4 Sural Nerve Biopsy patients and 14 Muscle Biopsy patients - saving in total 72 in patient bed days!

Neurology Activity

2015 Outpatient Attendances			
	NEW PATIENTS :	RETURN PATIENTS :	Grand Total
Neurology	1732	7482	9214

Neurocent Day case and In Patient Activity (Discharge Based)					
	Actual Activity YTD 2015				
	Day case total	In-Patient			Total
		Emer	Elective	Total IP	
Neurology	621	431	117	548	1,169

Neurophysiology Department

Beaumont Hospital is the National Neuroscience Centre. Currently there are three whole time equivalent consultant neurophysiologists in Beaumont Hospital. Demands for routine neurophysiological studies (nerve conduction studies, EMG, EEG, EPs, EMG guided botulinum toxin and carpal tunnel assessments) are increasing. Neuroscience specialties (four neurologists and ten neurosurgeons) account for approximately 70% of the referrals to the Clinical Neurophysiology Department. These referrals also account for the more complex and time-consuming investigations and include sophisticated EMG studies, inpatient long-term non invasive video EEG monitoring and ICU EEG monitoring, prolonged video EEG. Referrals are accepted nationally for epilepsy monitoring and EEG. There is a significant demand on services from OLOLH and Connolly Hospitals. Patients are referred from the national neuromuscular clinic and often include repeat or more detail investigation. A national EMG guided botulinum

toxin treatment service is provided. Referrals are also accepted from rheumatology, oncology, orthopaedic surgery, general medicine and general surgery. The opening of the cancer unit has led to an increase in referrals for nerve conduction studies as patients on chemotherapy are at increased risk of developing peripheral neuropathy.

There is also an increasing demand for urgent EEG studies with the recent opening of the co-located psychiatric hospital and the appointment of epilepsy nurse specialists as part of the epilepsy clinical care programme.

The Epilepsy Monitoring Unit (EMU)

This is a state of the art facility which is equipped with the most up to date equipment, staffed with highly experienced epileptologists, clinical neurophysiology consultants, neurophysiology clinical scientists, an epilepsy fellow and trained epilepsy monitoring unit nurses. The unit meets the highest of international standards. The EMU is an important component of the national epilepsy and epilepsy surgery programme.

The EMU is a 4 bed unit located in St Bridget's neurology ward on the first floor. It 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. An electroencephalogram (EEG) records electrical activity from the brain by using electrodes placed on the scalp or electrodes surgically implanted within the brain. Patients are also continuously monitored by video to characterize seizures and alert nursing staff when a patient requires assistance. The clinical events are then correlated with EEG data. The information can help the physician design a specific treatment plan for each patient

175 patients were admitted to the unit in 2015 and this has had a positive impact on the waiting list.

Neurocent Day case and In Patient Activity (Discharge Based)					
	Actual Activity YTD 2015				
	Day case total	In-Patient			Total
		Emer	Elective	Total IP	
Neuro-physiology	1,994	3	71	74	2,068

Neurosurgery

Neurosurgery concerns the operative and non-operative management of patients with disorders of the central and peripheral nervous systems. The specialty developed initially through the treatment of cranial trauma and intracranial mass lesions. Subsequent advances in microsurgical techniques, non-invasive imaging, neuro-anaesthesia, intensive care, image-guided surgery, and the introduction of sophisticated radio-oncological and interventional treatments have substantially enhanced and widened the scope of effective neurosurgical treatment.

Ireland is served by two key neurosurgical units – Cork University Hospital which covers most of Munster and Beaumont Hospital which has a catchment area of 3 million in the remaining provinces. These neurosurgical units are an integral part of regional clinical neuroscience centres and form an essential component of their local major trauma centre.

Demand for neurosurgical services has been growing, on a per capita basis, in recent years across the developed world – reflecting a combination of factors (Comhairle Report, 2006)

- population ageing – with there being a very strong correlation between age and a significant number of conditions treated by neurosurgeons, e.g. stroke;
- new technologies – most notably computer-assisted neurosurgery, interventional radiology, radiosurgery and neuro-stimulation which allow for the treatment of a wider range of

conditions and patients than heretofore;

- increased accessibility of diagnostic technologies – with, for example, there being an estimated 205 MRI and CT scanners in Ireland in 2004 compared with just 5 in 1980;
- Increased patient treatment sophistication – resulting in the earlier and more frequent diagnosis of conditions and higher levels of demand for treatment.

Specialist elective care is provided by neurosurgeons with special interest training, working in multi-disciplinary teams with colleagues in the clinical neurosciences, neuro-oncology, endocrinology and surgical disciplines including otolaryngology, maxillofacial, plastic and orthopaedic surgery. These relationships underpin high quality, effective clinical pathways for many acute neurosurgical conditions.

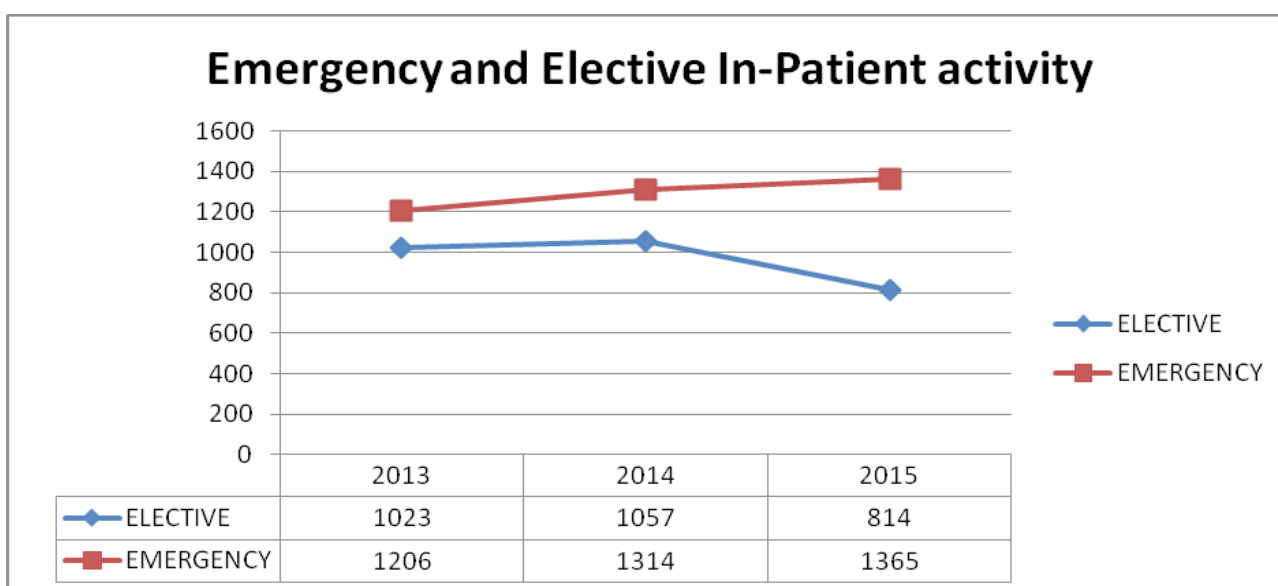
Neurosurgery Activity

2015 Outpatient Attendances			
	NEW PATIENTS :	RETURN PATIENTS :	Grand Total
Neurosurgery	2040	4786	6826

Neurocent Day case and In Patient Activity (Discharge Based)					
	Actual Activity YTD 2015				
	Day case total	In-Patient			Total
		Emer	Elective	Total IP	
Neurosurgery	139	1,156	702	1,858	1,997

1. Overview of In-patient and Day Case service (HIPE):

(a) In-patient activity



(b) Total Number of day cases (HIPE)

Discharges	2015
Total Number day patients	158

OPHTHALMOLOGY DEPARTMENT

This service is largely outpatient based, providing ophthalmic care in outpatient's clinics (including Day Surgery Ophthalmic Procedures and Laser treatments) but also providing inpatient consultations.

Patient attendance in 2015

(Inpatient consultations are a big part of service provision)

Outpatient clinics : 7277 patients

In patient consultations : 1489 patients

Procedure list including Lasers : 447 patients

There has been an overall increase in activity of over 70 % in the last 10 years.

Highest amount of inpatient consultation recorded were seen in 2015 (1489).

Late 2015 saw the introduction of text reminder system for patients.

DNA rate reduced from 20% in 2014 to 18% in 2015.

Services provided within the Department include:

- General ophthalmology out-patient clinics including glaucoma and diabetic screening.
- Specialist ophthalmic clinics
 - Neuro-ophthalmology service
 - Oculoplastic and orbital service
- Orthoptic clinics
- Visual field testing
- Botulinum Toxin clinics
- Oculoplastic operating list
- Minor theatre ophthalmic list
- Laser clinic (Argon and Yag Laser)
- Inpatient consultation service
- Ocular Toxicity Combined Clinic

Nurse Shared- care Clinics

1. Combined shared care glaucoma clinic
2. Combined post operative cataract clinic
3. Ocular Toxicity Clinic.

An ocular toxicity clinic, the first in Ireland was set up, the scope of the project was to reduce the waiting time for MS patients on Fingolimod to access the Ophthalmology service and have processes in place to provide a quality service that meets the needs of the patient using the resources available.

Ophthalmology Activity

2015 Outpatient Attendances			
	NEW PATIENTS :	RETURN PATIENTS :	Grand Total
Ophthalmology	1300	5977	7277

There were 447 procedures performed in the Ophthalmology Department in 2015.

Nursing Overview 2015

Postgraduate Diploma in Neuroscience Nursing

The Postgraduate Diploma programme commenced on 3rd September 2014 and ended 20th August 2015. Four candidates undertook the Postgraduate Course: two from the field of neuromedicine and two from the field of neurosurgery. All candidates successfully completed the programme. In addition one candidate who had not completed the course from the previous years' intake successfully passed the programme.

The programme culminated with students presenting their nursing practice initiatives at the 3rd Annual Nursing Practice Initiative Symposium, on the 24th of August 2015.

In addition, all five candidates who did the Neuroscience Postgraduate Diploma completed and passed the ACLS course in October 2015.

Conferences / Study Days

The NeuroCent nursing group value the role the directorate plays in being an open and accessible resource to colleagues across the country. As a centre of excellence, we promote up-to-date and evidence based care not only on a local, but also at national level. The NeuroCent nursing group co-ordinate and host many conferences throughout the year.

Head, Neck and ENT 2015

World Head and Neck Cancer day was launched July 27th 2015. It is recognised worldwide and spearheaded by the International Federation of Head and Neck Oncologic Societies. The team developed a video profiling one of our laryngectomy patients and the head and neck service here in

Beaumont Hospital. Members of the public were invited to avail of head and neck screening here in Beaumont. Sixty members of the public attended, twenty patients were called for further review. This was followed by an educational evening in the RCSI. Media coverage was provided by The Irish Times and Medical Times and radio coverage. The day proved very successful and raised much needed public awareness of head and neck cancer.

The Head and Neck interdisciplinary conference was held in November 2015 and was aimed at all healthcare professionals providing care for patients in the field of head and neck oncology and ENT surgery. The conference was advertised nationally and had an attendance of over 80 delegates. The conference provided delegates with updates on the topics of epistaxis, tracheostomy care and emergency airway management.

Critical Care Nursing Study Day, 6th March 2015

The first joint conference between Beaumont Hospital and Tallaght hospital was organised by Mr Paul Mahon (Senior Education Co-Ordinator Beaumont hospital) and Ms Caroline Ward (CNM 2 Tallaght ICU). It aimed to enhance the knowledge regarding the critical care management of patients with a variety of conditions including Traumatic Head injury, Subarachnoid Haemorrhage and Brain Stem Testing. It was very successful with over 120 attendees.

New appointment - Organ Donor Nurse Manager

Ms Karen Healy commenced in post as Organ Donor Nurse Manager for the RCSI Group based in Beaumont Hospital. This CNM 3 role involves many aspects including the education of critical care staff, and raising the profile of organ donation.

Surgical Directorate

*Ms Deborah McNamara,
Clinical Director, Surgical Directorate*

The Surgical Directorate continued its strong focus on improving the quality and safety of care delivered to surgical patients during 2015. A monthly quality and safety report guides the work of the Directorate Management Team and Surgical Consultants. Arising from clinical audit in 2014, a business case for development of a post-operative high dependency unit was completed, presented to the hospital board and submitted to HSE where a decision on funding is awaited. The weekly healthcare quality improvement interdisciplinary learning collaborative coordinated by the Surgical Directorate which commenced in April 2014 went from strength to strength during 2015. Major projects aimed at reducing the incidence of surgical site infection, improving tracheostomy care, avoiding lymphoedema and ongoing implementation of the productive ward took place.

The surgical directorate welcomed a number of new appointments Mr Barry O'Sullivan (Consultant Plastic Surgeon), Dr. Hassan Rajab (Consultant Gynaecologist), Mr William Robb (Consultant General Surgeon with an interest in Upper GI Surgery) and Mr John Burke (Consultant General and Colorectal Surgeon). Professor Paddy Broe retired from practice at Beaumont Hospital after a distinguished career.

Following on from our significant quality improvement programme last year which enabled more timely communication with general practitioners, Ms Eileen Higgins and Mr Des O'Toole and the administrative team successfully introduced digital dictation for surgical clinics.

Despite very significant bed and staffing pressures, the Directorate continues to deliver high quality cancer surgery to patients from throughout our region.

The Surgical Directorate delivered 62,925 care episodes for patients in 2015 including 15,834 new out-patient consultations and 29,867 return consultations. Notwithstanding the closure of the day ward to elective surgical cases for the majority of 2015, 12,277 day procedures were performed, including endoscopy, outpatient procedures and surgery at St Joseph's Hospital Raheny.

Surgical Directorate – Nursing

Breast care

In 2015 12,219 people attended the breast clinics with 285 being diagnosed with Breast Cancer, 33 of whom had recurrence or metastatic disease. 252 patients had a new diagnosis of breast cancer which accounted for a 3.8% decrease on 2014. The breast care CNS's act as patient advocates and endeavour to liaise with all members of the multidisciplinary team on behalf of the patients. They maintain strong links with GP's, PHN's and home care teams as necessary. They co-ordinate patient care from initial diagnosis through surgery and other treatment modalities; chemotherapy, radiotherapy, hormone therapy and clinical trials through to cure, remission or palliative care. Nurse led services include pre-assessment of breast care patients, the seroma drainage service, and nurse led triage. The family risk clinic was streamlined into a standalone service with a breast care CNS coordinating the implementation and smooth running of the service. Unfortunately the nipple micropigmentation service was not provided in 2015 due to staff shortage, however it is planned to recommence the service in 2016.

Stoma Care

The stoma department is an integral part of the Department of colorectal surgery. It provides a lifelong service to all patients referred to Beaumont Hospital. It also incorporates a urology service to patients undergoing urinary diversion.

The department had another busy year with 191 new stomas formed, and it is envisaged this will increase further due to the fact that as the designated cancer centre all rectal cancer surgery for the region must be carried out in Beaumont. The national bowel screening service has resulted in an increase in referrals and will increase further when the programme is implemented in full.

The CNS in stoma care provides both inpatient and outpatient care and facilitates nurse led clinics for patients with all types of stoma including ileostomy, ileo-anal pouch, colostomy, urostomy and entero-cutaneous fistulae.

In conjunction with Coloplast, the Foundation Course in Stoma care continues to be provided for staff.

Colorectal

The service remained busy with 194 patients diagnosed with colorectal cancer in 2015, 142 of which went on to surgery and 52 to palliative treatment. In excess of 1,300 phone consultations were recorded reducing the need for outpatient visits. 800 patients were seen by the CNS in OPD. The department works closely with the 2 screening clinics at Dundalk and Connolly and also take referrals from Connolly Hospital.

A significant achievement for 2015 was capturing outpatient visits on Dendrite. The Colorectal Cancer Surveillance passport held by patients containing a written record of their treatment continued to receive positive feedback from patients.

The CNS's facilitated the Post Graduate Colorectal Module in Beaumont. The team also facilitated the post graduate oncology course at UCD by taking students taking the colorectal module for day placements on the ward and clinics. Plans for 2016 include a patient satisfaction with the colorectal service audit.

A colorectal service surveillance passport was designed, piloted and implemented by the colorectal nursing team. This passport is introduced to all patients from diagnosis and allows the patient to take ownership of their ongoing surveillance following colorectal cancer surgery. It includes sections for key contact details, details of and advice post surgery and the five year surveillance plan. An audit of this will be carried out in 2016.

Enhanced Recovery Programme (ERP)

The enhanced recovery programme for colorectal surgery commenced at the end of 2010. 239 colorectal patients commenced their surgical pathway on the programme in 2015, an increase of 88 patients from 2014. All patients for colonic or rectal resections met with the ERP nurse for pre-operative education, and pre-operative assessment for anaesthesia. This in conjunction with a review of results by the anaesthetist facilitated a smoother patient journey. The majority of these patients were then admitted on the day of surgery. A colorectal module in conjunction with The RCSI was developed and input was provided from all CNS's from the colorectal team.

Upper Gastroenterology

The Upper CNS is the core link for patients with upper GI cancers, their families and all members of the MDT. The CNS assisted the data manager in the maintenance of the National Cancer Control Database by providing information on all patients diagnosed in Beaumont Hospital with gastric and oesophageal cancers. The CNS was key to the coordination of the Regional Upper GI multi disciplinary meeting liaising between Beaumont

Hospital, Connolly Hospital and Our Lady of Lourdes Hospital in Drogheda ensuring appropriate information available for complete discussion of individual cases. There were 149 newly diagnosed Upper GI cancers in 2015, with 22 gastrectomies and 23 oesophagectomies carried out in Beaumont in 2015.

A high grade dysplasia virtual clinic was set up by the CNS in conjunction with Professor Patchett. This facilitated the appropriate scheduling of surveillance procedures for this cohort of patients resulting in a significant reduction in the number of inappropriate procedures for this cohort of patients.

In February 2015 an Enhanced Recovery Programme for Oesophagectomy Patients was commenced. It continues to be re-evaluated with the expectation that an MDT pathway will be developed in 2016.

Parenteral Nutrition (PN)

The parenteral nutrition (PN) service is supported by a Clinical Nurse Manager (CNM), whose main focus is to reduce the risk of catheter related bloodstream infection and complications associated with PN. An audit of line sepsis is presented by the CNM at the PN committee meeting twice yearly.

The total number of patients receiving PN in 2015 was 208, which was an increase of 39 from the 2014 figures.

Tissue Viability.

The Tissue Viability service is a nurse led specialist service whose aim is to promote healing of compromised tissue. Services provided in 2015 included:

- Leg assessment and management;
- compression bandaging;
- vacuum assisted closure/topical negative pressure therapy;
- pressure injury assessment and management;
- prevention of pressure injury development
- advice and education on wound management.

The TVN investigated all incidents of pressure injuries reported, ensuring appropriate treatment and documentation. There were 234 reports received from the clinical areas. A full review with root cause analysis was carried out by the TVN. The TVN co-ordinated the following activities:

Pressure Ulcers to Zero

Banks and St Pauls ward remain part of the 'Pressure Ulcers to Zero' National Collaborative. €15,000 has been awarded To Beaumont for 'Pressure Ulcers to Zero' from the Nurse Practice Development Unit. There are plans to link in with e-learning being introduced in the hospital and spread the collaborative across the hospital

Education

Posters designed by the TVN on pressure ulcer grading were distributed throughout the hospital and education sessions provided for nurses and healthcare professionals. International stop pressure ulcer day: This multidisciplinary education and awareness day was organised in the hospital for 'International Stop Pressure Ulcer Day'. 12 companies sponsored the event and there were over 250 attendees, from acute and community services;

Health Service Executive:

As a member of the 'National Project Team for Review of Primary Care Reimbursement Service' committee the tissue viability CNS is involved in achieving value for money and having an appropriate range of approved wound care dressings available for the benefit of clients and health care workers.

The TVN acted as member of the HSE 'National Best practice and Evidence Based Guidelines for wound management' Committee.

The TVN is a member of the hospital's Safe and Effective Patient Positioning Steering Committee' aiming to ensure patients receive seating tailored to their needs and preferences and that risks associated with poor practice are mitigated or prevented.

TVN Link Nurses.

Research has shown that Link nurses are vital for disseminating information and maintaining standards of care. 56 nurses from all clinical areas became TVN link nurses and receive specific education and training twice yearly.

On-Going Education and Professional Development

The professional development of nursing staff within the Directorate continues.

Marie Kelly

Directorate Nurse Manager, Surgical Directorate

Surgical Directorate Data

Breast Surgery 2015	
In-Patients Total	141
 Unscheduled In-Patients	22
 Scheduled In-Patients	119
Day Cases	660
Total Discharges	801
Day of Surgery Admission	92.4%
Average Length of Stay	3.2 Days

Gynaecology	
In-Patients Total	90
 Unscheduled In-Patients	25
 Scheduled In-Patients	65
Day Cases	748
Total Discharges	838
Day of Surgery Admission	96.9%
Average Length of Stay	3.7 Days

Orthopaedics	
In-Patients Total	1,054
 Unscheduled In-Patients	888
 Scheduled In-Patients	166
Day Cases	1,305
Total Discharges	2,359
Day of Surgery Admission	76.3%
Average Length of Stay	10.9 Days

Plastic Surgery	
In-Patients Total	252
 Unscheduled In-Patients	105
 Scheduled In-Patients	147
Day Cases	2,773
Total Discharges	3,025
Day of Surgery Admission	85.5%
Average Length of Stay	5.5 Days

General Surgery	
In-Patients Total	2,108
 Unscheduled In-Patients	1,822
 Scheduled In-Patients	285
Day Cases	2,069
Total Discharges	4,177
Day of Surgery Admission	89.2%
Average Length of Stay	7.3 Days

Upper GI Surgery	
In-Patients Total	752
Unscheduled In-Patients	500
Scheduled In-Patients	252
Day Cases	1,517
Total Discharges	2,269
Day of Surgery Admission	90.0%
Average Length of Stay	10.8 Days

Vascular Surgery	
In-Patients Total	399
Unscheduled In-Patients	306
Scheduled In-Patients	93
Day Cases	1,129
Total Discharges	1,528
Day of Surgery Admission	64.4%
Average Length of Stay	15.5 Days

Peer Reviewed Publications 2015

1: Waldron C, Solon JG, O’Gorman J, Humphreys H, Burke JP, McNamara DA. Necrotizing fasciitis: The need for urgent surgical intervention and the impact of intravenous drug use. *Surgeon*. 2015 Aug;13(4):194-9. doi: 10.1016/j.surge.2014.01.005. Epub 2014 Mar 30. PubMed PMID: 24694572.

2: Flanagan L, Kehoe J, Fay J, Bacon O, Lindner AU, Kay EW, Deasy J, McNamara DA, Prehn JH. High levels of X-linked Inhibitor-of-Apoptosis Protein (XIAP) are indicative of radio chemotherapy resistance in rectal cancer. *Radiat Oncol*. 2015 Jun 13;10:131. doi: 10.1186/s13014-015-0437-1. PubMed PMID: 26071313; PubMed Central PMCID: PMC4480907.

3: Flanagan L, Lindner AU, de Chaumont C, Kehoe J, Fay J, Bacon O, Toomey S, Huber HJ, Hennessy BT, Kay EW, McNamara DA, Prehn JH. BCL2 protein signalling determines acute responses to neoadjuvant chemoradiotherapy in rectal cancer. *J Mol Med (Berl)*. 2015 Mar;93(3):315-26. doi: 10.1007/s00109-014-1221-7. Epub 2014 Nov 13. PubMed PMID: 25388617.

4: Reilly F, Burke JP, O’Hanlon C, McNamara DA. Comparative outcomes of total parenteral nutrition use in patients aged greater or less than 80 years of age. *J Nutr Health Aging*. 2015 Mar;19(3):329-32. doi: 10.1007/s12603-015-0493-0. PubMed PMID: 25732218.

5: Lavan NA, Kavanagh DO, Martin J, Small C, Joyce MR, Faul CM, Kelly PJ, O’Riordain M, Gillham CM, Armstrong JG, Salib O, McNamara DA, McVey G, O’Neill BD. The curative management of synchronous rectal and prostate cancer. *Br J Radiol*. 2016;89(1057):20150292. doi: 10.1259/bjr.20150292. Epub 2015 Nov 5. PubMed PMID: 26539631.

1: Foley NM, Racz JM, Al-Hilli Z, Livingstone V, Cil T, Holloway CM, Romics L Jr, Matrai Z, Bennett MW, Duddy L, Nofech-Mozes S, Slodkowska E, Mallon EA, Dawson N, Roche T, Relihan N, Hill AD, Redmond HP, Corrigan MA. An International Multicenter Review of the Malignancy Rate of Excised Papillomatous Breast Lesions. *Ann Surg Oncol*. 2015 Dec;22 Suppl 3: S385-90. doi: 10.1245/s10434-015-4773-z. Epub 2015 Aug 4. PubMed PMID: 26240010.

2: McBryan J, Fagan A, McCartan D, Bane FT, Varešlija D, Cocchiglia S, Byrne C, Bolger J, McIlroy M, Hudson L, Tibbitts P, Gaora PÓ, Hill AD, Young LS. Transcriptomic Profiling of Sequential Tumors from Breast Cancer Patients Provides a Global View of Metastatic Expression Changes Following Endocrine Therapy. *Clin Cancer Res*. 2015 Dec 1;21(23):5371-9. doi: 10.1158/1078-0432.CCR-14-2155. Epub 2015 Aug 3. PubMed PMID: 26240272.

3: Woods JF, De Marchi JA, Lowery AJ, Hill AD. Validation of a nomogram predicting sentinel lymph node status in melanoma in an Irish population. *Ir J Med Sci*. 2015 Dec;184(4):769-73. doi: 10.1007/s11845-014-1166-4. Epub 2014 Jul 6. PubMed PMID: 24997756.

- 4: Joyce DP, Manning A, Carter M, Hill AD, Kell MR, Barry M. Meta-analysis to determine the clinical impact of axillary lymph node dissection in the treatment of invasive breast cancer. *Breast Cancer Res Treat.* 2015 Sep;153(2):235-40. doi: 10.1007/s10549-015-3549-2. Epub 2015 Aug 18. Review. PubMed PMID: 26283300.
- 5: O'Kelly B, McHugh S, McHugh T, Fady N, Boyle E, Hill AD. Using Social Media to Increase Accessibility to Online Teaching Resources. *Ir Med J.* 2015 Sep;108(8):249. PubMed PMID: 26485835.
- 6: Leech AO, Cruz RG, Hill AD, Hopkins AM. Paradigms lost-an emerging role for over-expression of tight junction adhesion proteins in cancer pathogenesis. *Ann Transl Med.* 2015 Aug;3(13):184. doi: 10.3978/j.issn.2305-5839.2015.08.01. Review. PubMed PMID: 26366401; PubMed Central PMCID: PMC4543333.
- 7: Reynolds I, Bolger J, Al-Hilli Z, Hill AD. Breaking Barriers to Successful Implementation of Day Case Laparoscopic Cholecystectomy. *Ir Med J.* 2015 Jul-Aug;108(7):202-4. PubMed PMID: 26349348.
- 8: Redmond AM, Byrne C, Bane FT, Brown GD, Tibbitts P, O'Brien K, Hill AD, Carroll JS, Young LS. Genomic interaction between ER and HMGB2 identifies DDX18 as a novel driver of endocrine resistance in breast cancer cells. *Oncogene.* 2015 Jul;34(29):3871-80. doi: 10.1038/onc.2014.323. Epub 2014 Oct 6. PubMed PMID: 25284587.
- 9: Bolger JC, Solon JG, Khan SA, Hill AD, Power CP. A comparison of intra-operative margin management techniques in breast-conserving surgery: a standardised approach reduces the likelihood of residual disease without increasing operative time. *Breast Cancer.* 2015 May;22(3):262-8. doi: 10.1007/s12282-013-0473-3. Epub 2013 May 7. PubMed PMID: 23649303.
- 10: McHugh SM, Hill AD, Humphreys H. Laminar airflow and the prevention of surgical site infection. More harm than good? *Surgeon.* 2015 Feb;13(1):52-8. doi: 10.1016/j.surge.2014.10.003. Epub 2014 Nov 7. Review. PubMed PMID: 25453272.
- 11: Collins DC, Cocchiglia S, Tibbitts P, Solon G, Bane FT, McBryan J, Treumann A, Eustace A, Hennessy B, Hill AD, Young LS. Growth factor receptor/steroid receptor cross talk in trastuzumab-treated breast cancer. *Oncogene.* 2015 Jan 22;34(4):525-30. doi: 10.1038/onc.2013.586. Epub 2014 Jan 27. PubMed PMID: 24469058.

Transplant, Urology and Nephrology Directorate

Transplant, Urology & Nephrology (TUN) Directorate Management Team

Miss Dilly Little MD, BSc, FRCS (Urol)
Dr Conall O'Seaghdha, MB MRCPI
Co Clinical Directors

Ms Catriona McDonald
Directorate Business Manager

Ms Petrina Donnelly / Ms Melanie McDonnell
Directorate Nurse Manager

Introduction

The Transplant, Urology and Nephrology Directorate incorporates these three specialities and in 2015 included the following wards at Beaumont Hospital - St Damien's ward, St Peters ward including St Peters Acute Haemodialysis Unit, Hamilton ward, St Teresa's ward and St Martins, as well as Home Renal Replacement Therapies, Renal Day Care (located in Hamilton Ward) and Urodynamics.

In total the Directorate employs approx 241 staff, including 6 Consultant Nephrologists, 4 Consultant Urologists / Transplant surgeons, 3.5 Consultant Urologists, and approx 166 WTE Nursing and Healthcare Assistant Staff.

For further information please go to

<http://www.beaumont.ie/kidneycentre-home>



2015 – TUN Directorate: Wards

2015 was a very exciting year for the National Kidney Transplant Programme as it saw the completion of the long awaited refurbishment of the transplant ward - St Damien's. The newly refurbished ward affords a suitable environment for patients to be treated and recover from kidney transplant surgery that reduces their risk of infection because of the new air handling hepa-filtration system and allows them the facility of single en suite rooms that can be monitored by the nursing staff, but affords privacy and isolation facilities for immunosuppressed patients. The official opening of the ward was performed by Minister F McGrath in January 2016, however, the first patients benefited from the new ward facilities in November 2015 when the ward re-opened.



St Damien's ward during construction in 2015



St Damien's ward Dec 2015

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 first 2 Fellows commenced their training this year. We will also welcome the appointment of a new consultant colleague Mr. James Forde in July 2016, who will contribute to the transplant program.

With the retirement of Mr. David Hickey, we have seen the pancreas transplant program move to St Vincent’s Hospital - 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.

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.

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.

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.

2015 Transplant Activity

2015 proved another busy year for the renal transplant programme with a total of 153 kidney transplants performed, including 32 living kidney direct donations in Beaumont and 8 patients transplanted in the paired kidney exchange programme in the UK, with a living donor evaluated in Beaumont. 171 new patients were evaluated and added to the transplant waiting list.

Transplant Surgical Clinics

The 4 transplant surgeons reviewed a total of 252 new patients in the transplant clinics including potential living kidney donors and patients referred nationally for surgical evaluation for listing on the renal transplant waiting list. 456 patients were also reviewed in this clinic.

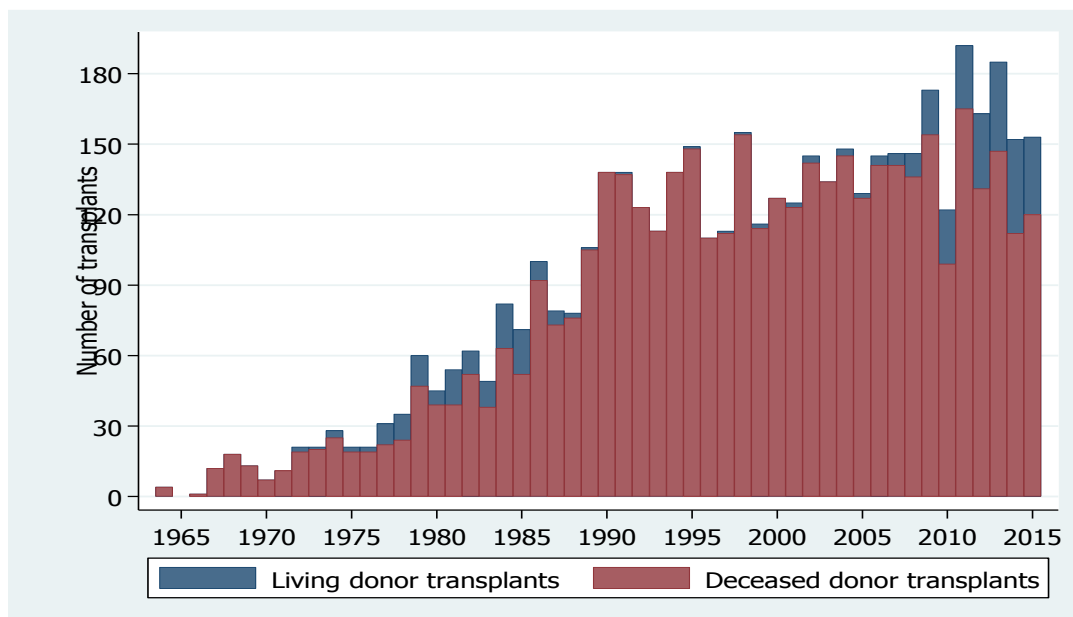


Figure 1: Number of deceased donor and living related transplants per annum 1964 – 2015

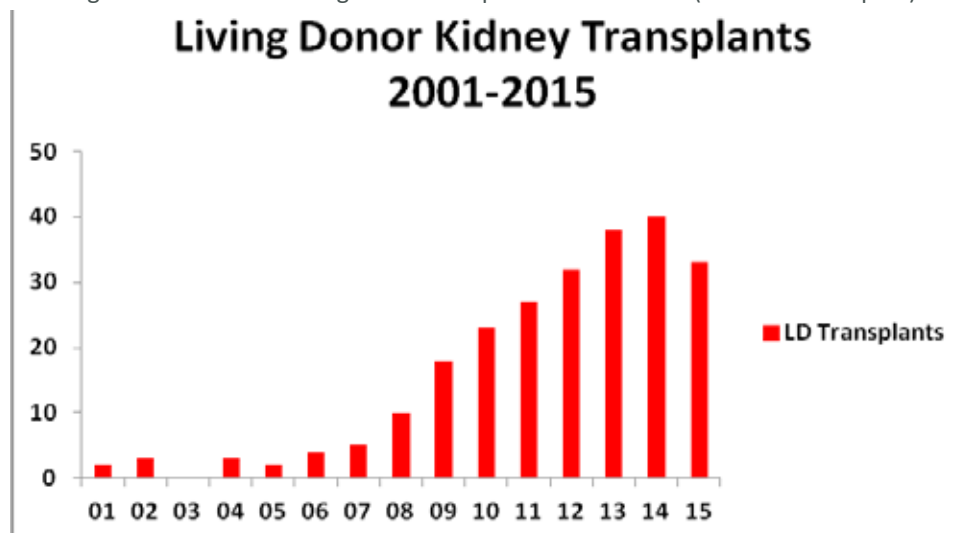
Category	Year 2010	Year 2011	Year 2012	Year 2013	Year 2014	Year 2015	Average for 6 years (rounded)
Total number of transplanted kidneys	122	192	163	185	152	153	161
Number of deceased-donor kidney transplants	90	158	130	135	107	120	123
Number of Living donor kidney transplants	23	27	32	38	40	33	32
Number of Simultaneous Pancreas/Kidney (SPK)	8	7	1	12	5	0	6
Number of Combined Kidney/Liver or Heart	1	0	0	0	0	0	0
Number of Living donor kidney Transplants in UK*	0	1	3	1	5	8	3

Table 1: Summary of transplant numbers 2010 – 2015 *not included in the total number of transplants

Summary of living donor transplants 2001 - 2015

In 2015, 33 direct living kidney donor transplants were performed in Beaumont Hospital. Ten of these patients received completely matched kidneys. The majority (21) of the living kidney donors were siblings, including 1 twin to twin transplant. There were 2 spousal transplants and the remainder were child to parent (4) or parent to child 6. All donors underwent laparoscopic or hand assisted laparoscopic donor nephrectomy. The average length of stay in hospital for the donor was 4 days.

Figure 2: Number of living donor transplants 2001 – 2015 (Beaumont Hospital)



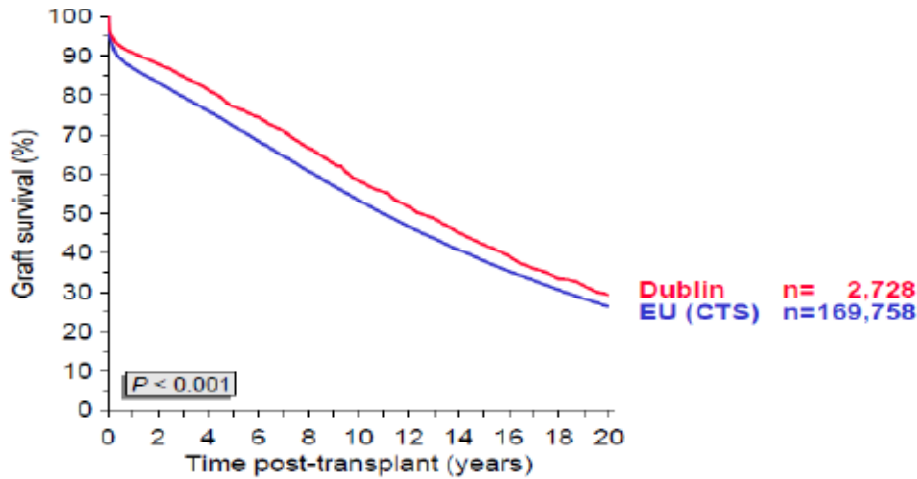
Year transplanted	Number of LD recipients Beaumont	Number of LD recipients UK	LD recipients % of total for Beaumont transplants	Mean age of LD recipient (Std. Dev.)
2001	2	0	1.6	11.0 (7.8)
2002	3	0	2.1	43.5 (14.8)
2003	0	0	0.0	-
2004	3	0	2.0	20.8 (15.1)
2005	2	0	1.6	2.7 (0.6)
2006	4	0	2.8	20.8 (17.1)
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)

Table 2: Living donor (LD) transplants 2001 – 2015

Kidney Transplant Outcomes

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.

First Deceased Donor Kidney Transplants, Adults 1985-2014



CTS Collaborative Transplant Study

K-DubEU_GXX-0416

Figure 3: Comparison of adult first deceased-donor kidney **graft** survival EU (CTS) and Beaumont Hospital

Patients undergoing re transplantation in Beaumont also enjoyed favourable patient and graft outcomes at all time points examined.

Second Deceased Donor Kidney Transplants, Adults

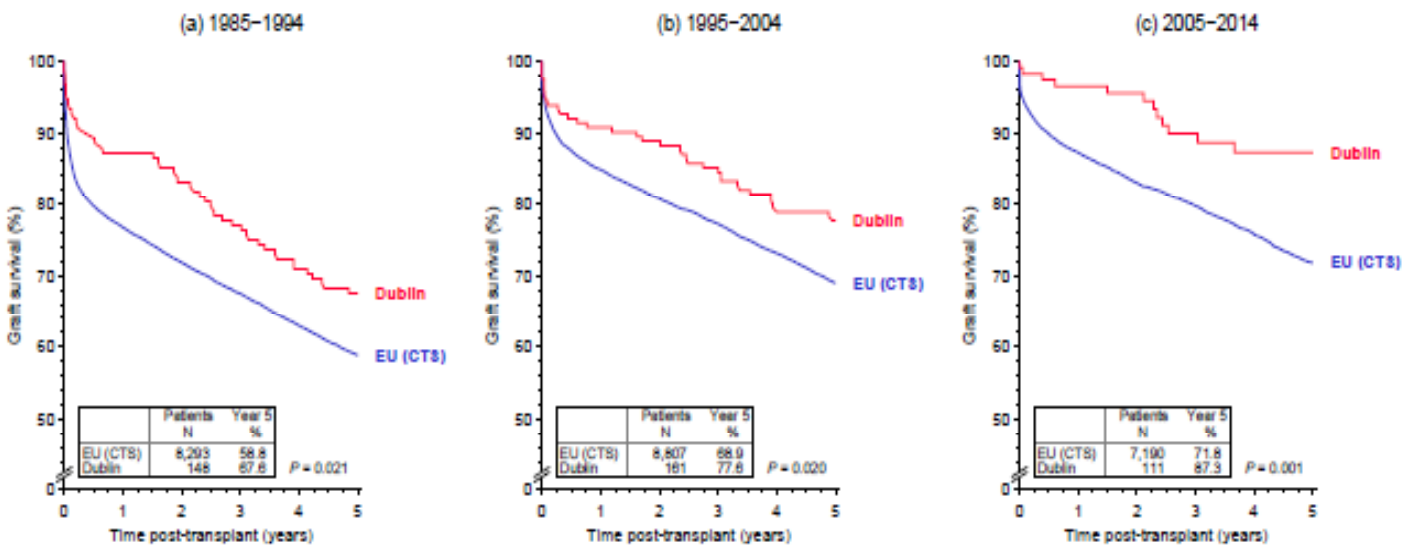
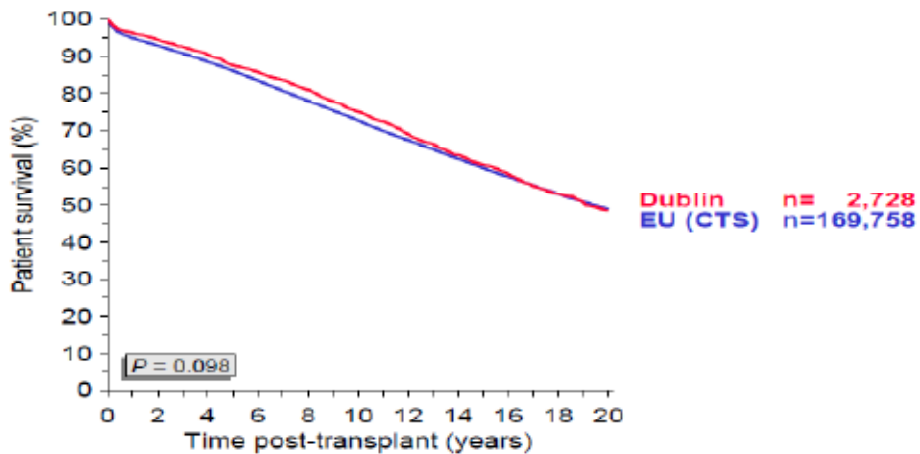


Figure 3.1: Comparison of adult second deceased-donor kidney **graft** survival EU (CTS) and Beaumont Hospital 5-year graft survival over 3 time periods

First Deceased Donor Kidney Transplants, Adults 1985–2014



CTS Collaborative Transplant Study

K-DubEU_PXX-0416

Figure 3.2: Comparison of adult first deceased donor-kidney **patient** survival EU (CTS) and Beaumont Hospital

Paediatric Transplant Outcomes

The outcome of paediatric patients transplanted by the Beaumont Hospital team in collaboration with our nephrology colleagues in Temple Street University Hospital showed excellent patient outcomes.

First Deceased Donor Kidney Transplants, Children 2005–2014

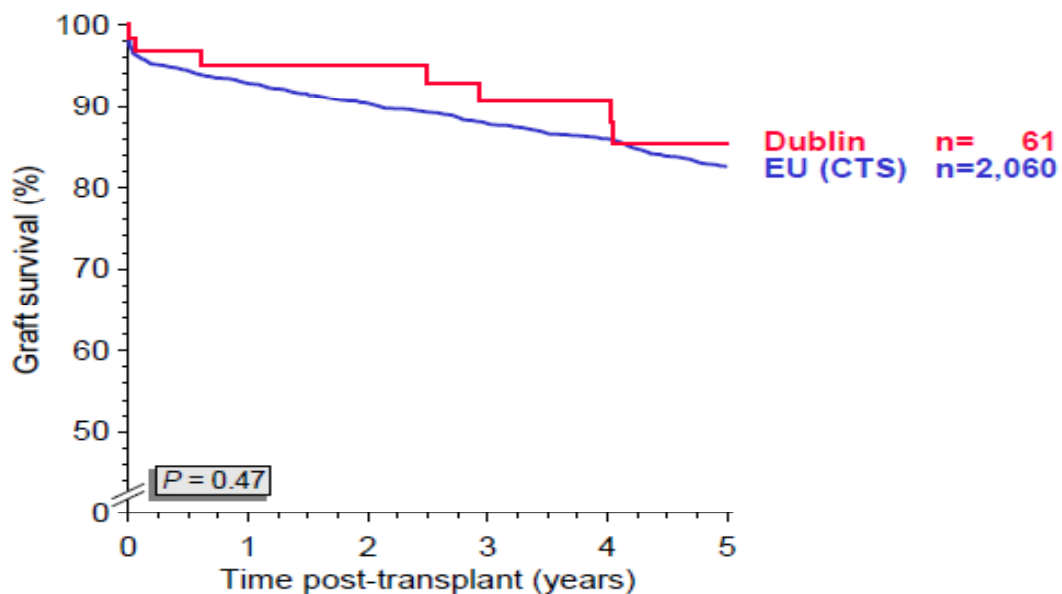


Figure 4: Comparison of paediatric first deceased-donor kidney survival EU (CTS) and Beaumont Hospital **graft** survival outcome

Nephrology

The Department of Nephrology at Beaumont Hospital has its origins from Jervis Street Hospital, with the acquisition of a haemodialysis machine in 1958. Since those early days, dialysis and transplant medicine has grown rapidly in Ireland and the “Renal Unit” at Beaumont Hospital remains the largest provider of renal replacement therapy in the country and acts as a tertiary referral centre for other Irish renal centres.

The medical staff includes 5 WTE nephrologists/transplant physicians: Prof Peter Conlon, Dr Colm Magee, Dr Mark Denton, Dr Declan de Freitas, and Dr. Conall O’Seaghda. In addition, Dr Mark Little is appointed on a shared appointment between AMNCH and Beaumont Hospital. There are 5 nephrology registrars of whom 3 are on the Nephrology Specialist Registrar Programme. There also is one Specialist Registrar who is undertaking a year sub-specialty training as the Transplant Fellow. The complement of junior doctors includes three senior house officers on the RCPI basic specialist training scheme 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.

Haemodialysis Developments

In 2015 the plans continued for the commissioning of a new Haemodialysis unit, on the first floor of the Acute Psychiatric Unit, Aislinn Centre at Beaumont Hospital. The Design team with the HSE and Hospital Stakeholders carried out a detailed design and review all the Room Data sheets for inclusion in the tender documentation. Invitation to tender for both the commissioning of the first floor, the construction of a walk-way from the

Aislinn Centre to the main hospital building and also the construction of a new water treatment plant took place during 2015. All tenders were awarded together with budget approval in Q4 2015. Planned construction works are set to commence in January 2016 which includes the building of a walk-way and commissioning of the new dialysis unit.

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 Beaumont haemodialysis patients dialysing within both Fresenius Medical Care Clinic at Northern Cross and also at Beacon Medical Group Clinics at both Sandyford and Drogheda. The Department also provides a Plasmapheresis service to the nephrology, transplant, neurology, haematology specialties within the Beaumont Hospital campus and also a support for other regions within Ireland as the need arises. In 2015 the total number of haemodialysis treatments carried out in all areas was 27,157. There was an overall decrease of 1702 treatments on the previous year of 2014. This was due to the transfer of patients to the newly commissioned Beacon Medical Group Clinic at Drogheda.

Acute Haemodialysis Unit -St. Peters 4 Stations:

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 – St Martin’s 20 stations:

This unit is based on the lower ground floor and 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.

Total Haemodialysis Treatments at Beaumont Hospital

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Totals	34,665	31,248	31,182	31,002	29,573	31,000	29,181	28,522	28,859	27,157

Haemodialysis Patient numbers

At the end of the year there were 161 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.

Further developments took place within the haemodialysis unit with the successful roll out of the national Renal E-med electronic patient management system, in January 2015. This system also facilitates renal teams to both access and update single patient records across a number of sites where the system is enabled. This also facilitates both ease and accuracy of the relevant patient information when the patient is either transferred to or from Beaumont hospital. Also roll out of the TMON, a bi-directional interface system between both haemodialysis machines and E-med also took place in both St Peter's ward and the eight station unit in St Martin's ward. This system facilitates the upload of the dialysis treatment data into the national e-med, further enhancing

accurate data entry. Full roll out is planned for the new dialysis unit in 2016.

Satellite Dialysis Clinics

During 2014 members of the Beaumont Nephrology team together with HSE Procurement and the National Renal Office carried out a procurement process of 4 satellite dialysis clinics in the Dublin region. Each of these satellite units will have the capacity to treat 80 patients. After a lengthy process two companies were awarded with one company awarded 3 of the 4 satellite units. Two of the clinics will be based in the Dublin North East region, one in Drogheda and the other will be based at Northern Cross. In January 2015 the Beacon Medical Group opened the clinic at Drogheda and a phased transfer of patients from the catchment was transferred there from both Beaumont Hospital and the Fresenius Medical Clinic. The third shift was closed at the Fresenius Medical Clinic; this was initially opened to ease the burden at Beaumont until second satellite unit was opened. At the end of the year there were 54 Beaumont patients attending the new Beacon unit at Drogheda and also 9 attending the clinic at Sandyford. There were 54 pts attending the Fresenius facility at Northern Cross.

Nephrology Activity

2015 has been a very busy year of renal activity in the Department of Nephrology at Beaumont Hospital.

Nephrology	2010	2011	2012	2013	2014	2015
In Patients						
In Pt Bed Days	12,185	11,814	10,613	10,505	11,525	11,442
In Pt Discharges	1,413	1,427	1,223	1,194	1,250	1,353
OPD attendances	6,961	7,759	8,877	9729	9,187	9,319
Day Cases	602	685	791	944	913	1,053

Home Therapies

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. This service provides a means for people to dialyse independently at home with minimal hospital contact. Both modalities will continue to expand in 2016 with patients being referred from numerous sources, including nephrology clinics, satellite units and wards. Training takes place on an outpatient basis for both modalities reducing the need for inpatient beds.

The peritoneal dialysis programme is run as an outpatient service, with regular home visits to assess technique and provide support as required. There is also 24 hour phone cover provided for this service. Since the implementation in 2014 of the nephrologist based service of PD catheter placement under local anaesthetic, Dr Mark Denton and ourselves have placed more than fifty PD catheters allowing for more rapid placement of catheters, a day case procedure and avoidance of a general anaesthetic, and practically no waiting list. This has led to an increased utilization of PD and

fewer patient bed days. Patients are admitted to the renal day ward on Hamilton for the procedure which takes approximately 1 hr and patients are discharged the same day with follow up provided by the Home Therapies unit, and use of the catheter within one month. The option of general anaesthetic is still available for those unsuitable for local anaesthetic. Early 2017 will see the introduction of Assisted Peritoneal Dialysis into the existing programme which will allow patients who require full assistance with their dialysis to come onto the programme, currently facilitated by family members or carers.

The home haemodialysis programme was re-established in Beaumont Hospital in 2009, and enables patients to perform their haemodialysis independently in the home environment by doing either short daily dialysis or nocturnal home haemodialysis. There are numerous benefits associated with home dialysis, more dialysis hours, decreased inter-dialytic weight gain, decreased use of medications, a more liberal renal diet, and improved quality of life. All training is provided in both the home therapies unit and the patients home and takes approximately 5 weeks. A room is converted to allow water and drainage supply in the patients home. Beaumont home therapies are proud to be the lead unit for the National Home Haemodialysis Programme and along with Cork, Galway, Tallaght, Waterford and Limerick have established a successful national programme.

Living Donor Assessment Clinics

In 2015, 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 bi-monthly living donor consensus meeting, and a final decision regarding approval is made at living donor multidisciplinary meeting, attended by transplant surgery and nephrology, psychiatry and psychology, H+I and anaesthetics, also held bi-monthly. The clinic has been very successful in reducing the waiting list for donor assessment.

Transplant Transition Clinic

This initiative began in Jan 2014 as a national project to support young adults moving from the paediatric transplant service to the adult service. The clinic occurs across two sites with initial clinic visits in Temple Street where young adults are jointly reviewed by Dr deFreitas and the Paediatric Nephrologists followed by transfer over to Beaumont Hospital where they are reviewed by a multi-disciplinary team comprising of Dr deFreitas, patient care coordinator Sr Angela Bagnall and Psychologist Diane Gillen. This transition in a quiet clinic environment with dedicated consultant input has been shown to improve medication adherence and transplant outcomes in this at risk group of patients. Patients are reviewed for one year prior to being repatriated to their local centre. In 2015 a total of 11 clinics took place. We had 8 new patients transitioning across – 5 female and 3 male.

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 37 new patients were treated in 2015 across 3 different specialties with 167 treatments carried out in total.

Total New Patients	Neuro Patients	Renal Patients	Haematology Patients	Total Treatments
37	22	12	3	167

E Med - New national Renal IT system

One year on following go-live, Emed Renal in Beaumont Hospital has proved to be a very successful with the implementation process complete. It is with great acknowledgement and credit to all the staff in the TUN Directorate for handling the change so well and embracing the new system that has had a direct impact on how care is delivered. Currently we are recording all our Nephrology OPD clinic attendances through the new system, all haemodialysis treatments are captured as well as extensive usage in Renal Day Care, Ambulatory Care, Home Therapies, Dietetics and Administration.

2015 also saw the rollout of the dialysis management system TMON, this system has enabled all dialysis treatments to be captured via an interface straight into Emed

in all networked treatment areas. Again it is with great appreciation to the dialysis staff for managing the change so well which resulted in the seamless integration of this new system.

Satellite Renal Out-Patient Clinics

In an effort to deliver care locally, Beaumont Consultant Nephrologists now 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.

Clinic	Activity
Connolly Hospital	408
Our Lady of Lourdes	462
Rotunda Hospital	848

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.

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.

In 2015, the Department of Urology welcomed the appointment of Mr Barry McGuire Consultant Urological Surgeon to Connolly and Beaumont Hospital – Mr McGuire has a speciality interest in Endourology and treatment of stone disease and to Mr Ijaz Cheema who has a speciality interest in Female Urology and general urology. The

appointment of these colleagues 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.

2015 Activity

The Urology Department in Beaumont and Connolly Hospitals receives approximately 280-300 and 80 – 100 new referrals, respectively per month. In 2015, the Beaumont Urology /Transplant Surgeons saw over 8000 (New and return) patients in OPD clinics and in Connolly over 1100 patients were reviewed in clinics.

A feature of the Urology Department in recent years has been the reduction in average length of stay and increased day case activity. This trend continued in 2015 with the average length of stay of 4.37 days.

Urology	2010	2011	2012	2013	2014	2015
In patients						
In Pt Bed Days	8,111	8,639	8,644	8,533	8,711	7,932
In Pt Discharges	1,355	1,477	1,569	1,626	1,668	1,689
OPD attendances	8,497	9,027	9,183	9,294	9,038	8,444
Day Cases Total	3,600	3,443	4,265	4,372	4,535	4,614

Rapid Access Prostate Clinic (RAPC)

Clinical Lead: Mr R Power, Consultant Urological Surgeon, Mr G Smyth 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.

Beaumont Hospital is a designated diagnostic centre for the NCCP rapid access clinics, for the assessment of men with suspected prostate cancer. In these clinics, the patients are assessed by a consultant urologist and have access to a specialist prostate cancer nurse. Same-day prostate biopsies are offered where applicable. Beaumont Hospital has also been designated one of six centres in the country where prostate cancer surgery can be carried out.

In addition the Department receives referrals for surgical management from OLOLH Drogheda and Connolly Hospital Blanchardstown, as well as other institutions across the country in its role as a centre of excellence for prostate cancer surgery. In 2015 there was

- 259 new attendances at the rapid access prostate clinic and also a total of 517 return visits
- 366 TRUS biopsies were performed. 335 of these were diagnostic or staging biopsies and 31 of these were surveillance biopsies.
- 182 new diagnoses of Prostate Cancer. There were an additional 12 patients diagnosed externally but attended here for treatment or treatment review.
- 56 Prostatectomy's in 2015 in Beaumont (29 Open radical prostatectomy and 27 Laparoscopic prostatectomy's). There were an additional 30 robot surgeries performed in Mater Private.
- In 2015, there were a total of 175 patients were referred for radiation treatment.

Uro-oncology

The urology department had another busy year in 2015 providing a comprehensive uro-oncology service. 29 patients underwent radical nephrectomy. In line with international trends 15 patients had their surgery delivered by Laparoscopic

techniques. 7 patients had a partial nephrectomy. 12 Patients with invasive bladder cancer were treated in the Department by Radical Cystectomy in 2015. The Department also resected 109 Bladder tumours cystoscopically and provided surveillance in 396 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. 3 patients underwent salvage retroperitoneal node dissection.

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 of 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.

2015 Urodynamic Activity

Activity	Presentations
Cystometry	313
Uroflows /Scans	1113
Rectal manometry	122
Continence Clinic	838
Total	2386

Renal Stones

Clinical Lead: Mr B McGuire

Big developments in the treatment of kidney stones have occurred within our hospital group in 2015/16. 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 occur in Beaumont Hospital which has all of the necessary higher level supports.

In 2016 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 North East Hospital Group: one that manages stones surgically (invasive, non-invasive) and medically to prevent further acute episodes of kidney stones.

Our ambition for 2016 will be to have three Urologists operating on patients with stones in Connolly on a weekly basis.

A further ambition would involve the investment in a permanent on-site lithotripter to treat kidney stones non-invasively in the acute or elective setting on a daily basis. This would allow much more efficient management of patients, and reduce unnecessary risk to them by treating in a non-invasive manner - as well as being a much cheaper alternative to invasive surgery.

Education

The renal nurse education coordinator 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. Nurse educators are required to deliver a wide range of nursing topics to an increasingly wide variety of students. Varying levels of experience and different learning styles affect how classrooms function. When presented with new information

students must assimilate and adapt the information in line with previously held beliefs and the current context (DeCoux Hampton 2011). The onus is on the nurse tutor to adapt personal teaching styles to facilitate all students on the knowledge continuum.

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:

Post Graduate Diploma Renal Nursing
Post Graduate Diploma Urology Nursing
Post Graduate Diploma Nursing (Renal/Urology)
Stand Alone Modules: - Renal Replacement Therapies, Urology Nursing, Renal Transplant, Nephrology Nursing.

4 nurses completed the Post Graduate programme in Renal Nursing in 2015. 11 nurses completed the Renal Replacement Therapies Module while 4 external Urology nurses joined the Urology Module as standalone students. These nurses come from a variety of units, both internal and external. There is strong demand for all programmes; The Urology stream is the only Level 9 post graduate course available in Ireland for Urology Nurses. The Renal Replacement therapies module is the only stand alone module currently available also. All modules are available as standalone options. Students on these programmes produce quality initiatives' 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.

The TUN directorate hosted an information stand in the front hall in March to mark World Kidney Day. This year the focus was on Chronic Kidney Disease. Members of the MDT answered questions and provided information regarding the importance of kidney health and associated health problems. Visual aids were used such as poster presentations of the work carried out by the TUN and patient information leaflets with regards to kidney health and its maintenance. The stand was well attended by both staff and members of the public.

The renal education coordinator provides teaching to other post graduate courses within Beaumont

and undergraduate teaching to Beaumont and external students. Other courses include Nursing Induction and cannulation study days.

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.

The renal education coordinator is a member of the committee for the Irish Nephrology Nurses Association and is engaged in various activities including the organisation and coordination of the Annual Conference

Beaumont Nephrologists are involved in delivering both undergraduate and post graduate teaching at a local, national and international level.

Undergraduate teaching is performed as part of the RCSI curriculum with a didactic component involving third med and final year lectures on chronic kidney disease, acute kidney injury, acid-base disorders and kidney transplantation. The ward based component is both attendance on ward rounds and dedicated teaching on history taking and physical examination. The consultants are also involved in final medical year examinations.

At post-graduate levels, lectures are given locally as part of medical grand rounds (Beaumont, Drogheda, Blanchardstown, Navan), anaesthetic grand rounds and nephrology weekly teaching. In addition we hold a weekly journal club to teach evidence based medicine. We are also involved in teaching for the MRCPi examinations both written and clinical. The nephrologists have also contributed to both national meetings (The Irish Nephrology Society Summer and Winter Meetings; The Multisystem Disease Meeting, Galway) and International Meetings.

Research student and MD candidates are under direct supervision.

Publications and Research:

Connaughton DM, Harmon G, Cooney A, Williams Y, O'Regan J, O'Neill D, Cunningham P, Counihan A, O'Kelly P, McHale S, Denton M, O'Seaghdha C, Magee C, Conlon P, Little D, Keogan M, de Freitas DG. The Irish Living Kidney Donor Program - why potential donors do not proceed to live kidney donation. *Clin Transplant*. 2015 Oct 1. doi: 10.1111/ctr.12641. [Epub ahead of print] PMID: 26426147.

Coupes B, de Freitas DG, Roberts SA, Read I, Riad H, Brenchley PE, Picton ML. rhErythropoietin-b as a tissue protective agent in kidney transplantation: a pilot randomized controlled trial. *BMC Res Notes*. 2015 Feb 3;8:21. PMID: 25643790;

Halloran PF, Chang J, Famulski K, Hidalgo LG, Salazar ID, Merino Lopez M, Matas A, Picton M, de Freitas D, Bromberg J, Serón D, Sellarés J, Einecke G, Reeve J. Disappearance of T Cell-Mediated Rejection Despite Continued Antibody-Mediated Rejection in Late Kidney Transplant Recipients. *J Am Soc Nephrol*. 2015 Jul;26(7):1711-20. PMID: 25377077;

Locke AE (O'Seaghdha CM, as member of CKDGen Consortium). Genetic studies of body mass index yield new insights for obesity biology. *Nature*. 2015 Feb 12;518(7538):197-206.

Shungin D et al. (O'Seaghdha CM, as member of CKDGen Consortium). New genetic loci link adipose and insulin biology to body fat distribution. *Nature*. 2015 Feb 12;518(7538):187-96.

Single centre experience of hypothermic machine perfusion of kidneys from extended criteria deceased heart-beating donors: a comparative study.

Forde JC, Shields WP, Azhar M, Daly PJ, Zimmermann JA, Smyth GP, Eng MP, Power RE, Mohan P, Hickey DP, Little DM. *Ir J Med Sci*. 2016 Feb;185(1):121-5. doi: 10.1007/s11845-014-1235-8. Epub 2014 Dec 5. PMID: 25472824

Efficacy of vacuum erectile devices (VEDs) after radical prostatectomy: the initial Irish experience of a dedicated VED clinic.

Nason GJ, McNamara F, Twyford M, O'Kelly F, White S, Dunne E, Durkan GC, Giri SK, Smyth GP, Power RE.

Int J Impot Res. 2016 May 26. doi: 10.1038/ijir.2016.23. [Epub ahead of print]

Evaluation of Presenting Symptoms and Long-Term Outcomes of Patients Requiring Excision of a Transobturator Tape (TOT).

Forde JC, Davis NF, Creagh TA.

Ir Med J. 2015 Oct;108(9):270-2.

PMID: 26625650

Avoidable iatrogenic complications of male urethral catheterisation and inadequate intern training: a 4-year follow-up post implementation of an intern training programme.

Sullivan JF, Forde JC, Thomas AZ, Creagh TA.

Surgeon. 2015 Feb;13(1):15-8. doi: 10.1016/j.surge.2014.02.001. Epub 2014 Mar 6.

PMID: 24613184

Design and Implementation of the International Genetics and Translational Research in Transplantation Network. Conlon P
International Genetics & Translational Research in Transplantation Network (iGeneTRaIN).
Transplantation. 2015 Nov;99(11):2401-12..

Understanding What Influences the Health-Related Quality of Life of Hemodialysis Patients: A Collaborative Study in England and Ireland.

Lowney AC, Myles HT, Bristowe K, Lowney EL, Shepherd K, Murphy M, O'Brien T, Casserly L, McQuillan R, Plant WD, Conlon PJ, Vinen C, Eustace JA, Murtagh FE.

J Pain Symptom Manage. 2015 Dec;50(6):778-85.

The Irish Kidney Gene Project--Prevalence of Family History in Patients with Kidney Disease in Ireland.

Connaughton DM, Bukhari S, Conlon P, Cassidy E, O'Toole M, Mohamad M, Flanagan J, Butler T, O'Leary A, Wong L, O'Regan J, Moran S, O'Kelly P, Logan V, Griffin B, Griffin M, Lavin P, Little MA, Conlon P.

Nephron. 2015;130(4):293-301

Urinary biomarkers of chronic allograft nephropathy.

Cassidy H, Slyne J, O'Kelly P, Traynor C, Conlon PJ, Johnston O, Slattery C, Ryan MP, McMorrow T. Proteomics Clin Appl. 2015 Jun;9(5-6):574-85.

The influence of socioeconomic status on patient survival on chronic dialysis.

Ward FL, O'Kelly P, Donohue F, O'Haiseadha C, Haase T, Pratschke J, deFreitas DG, Johnson H, O'Seaghdha CM, Conlon PJ.

Hemodial Int. 2015 Oct;19(4):601-8

Clinical Services

*Head of Clinical Services &
Business Planning:
Fiona Keogan*

The Clinical Services Division is comprised of the Health and Social Care Professionals (HSCPs), including psychologists, pharmacists, occupational therapists, physiotherapists and speech and language therapists; the departments of Dietetics, Medical Social Work, Medical Physics and Clinical Engineering. The services delivered are demand-led and activity has continued to increase in 2015. With a focus within the organisation on reducing length of stay and with increases in admissions across the organisation, this led to greater referral rates and demands in many areas. Vacancy levels remained challenging throughout the year and managers and staff had to consistently reorganise, reprioritise and restructure to meet as many of the needs of the patients both in clinical terms and discharge terms as possible. Managers and staff worked to ensure that all high priority referrals were dealt with within acceptable timeframes and staff showed exceptional levels of flexibility and cooperation.

Recruitment and retention have been an ongoing challenge throughout 2015. As a result, there was a high level of recruitment activity required over the year in order to try and maintain staffing. Activity remained high in all areas, with specific service areas in different departments showing particular growth. This growth relates to service development e.g. haematology and oncology services, development of the frail elderly services coupled with the drive to meet outpatient national targets. In order to manage these demands departments have undertaken analysis of workloads, process improvement using a number of approaches; with an ongoing and passionate commitment of staff to quality provision of care.

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

I would like to thank all the staff within the Division for their ongoing commitment and resilience in challenging times to delivering patient-centred care and contributing to healthcare delivery both in Beaumont, Raheny Community Nursing Unit (RCNU) and St Joseph's Hospital within the wider health service.

Fiona Keogan

Head of Clinical services and Business Planning

Health and Social Care Professional's Annual Report on Care of the Elderly Services 2015

Introduction

The population in Ireland is increasing and people are living longer lives. Our increasing life expectancy and thus our increasing ageing population is a success story for our population and health system. Changes to how we deliver our services are required to allow older people to live happier and fulfilled lives and to age with dignity. Beaumont Hospital is committed to delivering on the objectives of the National Care of the Elderly Programme, and in doing so seeks to substantially improve the quality and efficiency of care for older people with complex care needs. It is acknowledged that there is a significant gap in relation to the care needs of older people in the north Dublin area. There is a need to enhance services and resources towards Primary and Social Care in order to promote the key principles of;

- maintenance of the person in their home where possible
- admission avoidance
- early supported discharge
- While ensuring those who are placed in residential care have no alternative care options available.
- (National Aging Strategy- <http://health.gov.ie/blog/publications/national-positive-ageing-strategy/>)

It is best practice to avoid hospital admission for the frail older person where possible. We acknowledge that Emergency Department overcrowding is associated with increased mortality, increased length of stay, medical accidents, patient harm and reduced staff morale. The Health and Social Care Professionals (HSCP) team has been very proactive in 2015 in terms of responsiveness and integration regarding how services are delivered to our elderly patients. Health and Social Care Professional interventions can significantly reduce unnecessary admissions to hospital and diminish dependency on care services, resulting in significant savings in health and social care. As first-point-of-contact practitioners, HSCPs also make a vital contribution to faster diagnostics and earlier interventions.

They work closely with general practitioners and community teams to provide alternative pathways to secondary care referral and prevent unnecessary admission. In June 2015, priorities identified were:

- To enable patient flow by working on 'back door' processes (discharges)
- To focus on care of elderly through a system wide approach and 'front door' assessment (avoid admission and deliver care as close to home as possible)

The HSCP team identified significant contributions that each profession could make to ensure progress. Additional HSCP staffing resources were allocated to enable assessment in the Emergency Department, to provide a full multidisciplinary team to the Day Hospital, to open a second specialist geriatric ward and to improve the services offered to older people across the hospital. The following sections detail the main service improvements that have been achieved in the second half of 2015.

Developments in the Care of the Elderly Service

The debate around how the acute care of older people with frailty attending hospital should be organised is dynamic and rapidly evolving. The need to develop a modern, whole system pathway for frail older people to ensure that patients are managed assertively and their length of stay kept to a minimum was identified. From September 2015 onwards, there has been a hospital wide focus on improving the services offered by the existing Care of the Elderly teams. A number of work streams were formed (Acute floor, Specialist Geriatric Ward, Day Hospital) to shape the services we provide to this patient group. A fourth work stream for rehabilitation will be established in 2016. Priorities identified for this work were to:

- Develop an assessment service at the 'front door' to enable an MDT consensus to be reached to ensure best possible care for the patient with admission avoidance where possible.
- Create a frail elderly ward in order to implement the frail elderly pathway and support safe early discharge where possible. Support pathway with appropriate staffing to enable rehabilitation at earliest possibility. Ensure ethos of daily decision making, communication and planning for discharge

from admission. Prevent deconditioning by promoting independence and activity.

- Expand the existing Day Hospital service from two days per week to the recommended five days per week as the navigational hub for integrated services to facilitate both admission avoidance and early supported discharge back into the community.
- Liaise with community services to support integration, rehabilitation and day hospital services. Coordinate required services across both domains with intention to maintain the older person at home where possible.

The Emergency Department Health and Social Care Professionals' Experiment: Frailty Intervention Therapy Team (FITT)

Frail older adults who attend ED and are discharged are at risk of re-attendance and readmission. Thus identification and follow-up of these patients through an integrated service plays an important role in admission avoidance (AMP, 2010). An average of 40 patients per day present to Beaumont Hospital's ED aged >65 years. Of these, 19 will require admission and 5 patients will be over 85 years. 57% of over 85s who present to Beaumont Hospital's ED are admitted.

With medical and nursing support, an organisational quality improvement approach to tackling these issues was utilised in order to ensure our care is safe, effective, patient centered, timely, efficient and equitable. We recognised that we can do this by providing services based on evidence and which provide a clear benefit. We needed to reduce waits and delays and remove inefficiency where possible.

Commencing the week of Sept 19th 2015, HSCP services agreed to front-load ED with staffing bringing interventions as close to the front door as possible and to assist in gathering information to inform future service configuration. Under the new pathway, a clinical specialist physiotherapist and occupational therapist screens admissions aged over 75 years for frailty on arrival in the Emergency Department during core hours and streams them to other disciplines as required. The HSCP team is based in ED and this significantly reduced the time each patient waits for intervention. *'Every Hour*

Counts' is the team's motto and underpins all of their work. Following initial pilot work, we have embedded a specialist frail elderly assessment team (FITT) in the ED, working alongside the ED staff, the geriatricians and other specialty physicians to provide a comprehensive geriatric assessment.

A common assessment tool was developed and refined and this assisted the therapists to:

1. Assess all patients using a common assessment form
2. Establish what numbers of over 75s are frail and initiate the Frail Elderly Pathway
3. Establish the HSCP needs of all patients over 75 yrs
4. Direct the patient on an appropriate pathway:
 - o Home
 - o Home with Beaumont HSCP support
 - o Home with Day Hospital appointment
 - o Home with GP, Community support
 - o Home with outpatient referral
 - o Admitted under Care of the Elderly team/ General Medicine as appropriate

Feedback from patients and staff in the ED has been overwhelmingly positive. The FITT team have integrated seamlessly into the acute environment and are valued members of the ED's MDT. There were many barriers to implementation of this project such as the environment being overcrowded, noisy and unsuitable for assessment of the elderly. There was lack of dedicated assessment space with trolleys too high for mobility assessment and staff feedback that there had been trials of frailty screening in the past which had not resulted in changes of practice. Those barriers which were within our control to overcome, have been and through the use of quality improvement methodology, small tests of change have resulted in significant improvements in services across ED.

Development of Day Hospital Services

As part of Beaumont Hospital's commitment to prioritise the development of the "Care of the Older Person" services to meet the needs of the catchment area's ageing population, the Day Hospital service embarked on a significant transformation in 2015. An integral part of this development was the expansion of HSCP services, made possible through the investment in additional staffing. The HSCP compliment is now 1.0 WTE Physiotherapy, Occupational Therapy, Medical Social Work and 0.5 WTE Dietetics, Speech and Language Therapy and Pharmacy.

In line with the National Clinical Programme for Older People (NCPOP, 2012), the team provides personalised support to vulnerable patients with complex physical and/or cognitive issues. Rapid access appointments are provided to patients with further assessment and rehabilitation needs to support early discharge from acute and sub-acute services and avoid return presentations to the ED. The objective is to enable the person to remain at home and maximise their function for as long as possible.

Development of a second specialist Geriatric Ward: Hardwicke Ward

The establishment of a second specialist ward for the Care of the Elderly service with additional HSCP staffing resources occurred in 2015. Services were restructured in line with other hospital wide developments. As part of this work, a FITT ward team was established in October 2015 to providing proactive Physiotherapy and Occupational Therapy input to frail elderly patients with a predicted in-patient Length of Stay (LOS) of less than 1 week. The FITT ward team focused on those patients who were not on the core specialist wards of Whitworth and Hardwicke to ensure a hospital wide focus on improving outcomes for all elderly patients. Through a number of subgroups working, the services for patients on Hardwicke ward have improved. A number of innovative services have been set up:

- 'Plate pals': Volunteers, sourced through Crosscare, assist patients at meal times,
- 'The Breakfast Club'- Twice weekly, patients prepare their own breakfast as part of their rehabilitation
- Cognitive stimulation group: This weekly group is for patients with dementia

There has also been a focus on ensuring that the environment is suitable for people with dementia with appropriate signage. MDT education sessions and improved communication systems have been developed also to ensure staff maintain the skills and competencies required to work with older clients.

Conclusion

The second half of 2015 has seen considerable hospital wide changes to the services delivered to elderly patients. The improved quality of service received has resulted in a 30% reduction in the numbers of patients listed for long term care. This was achieved through early assessment and intervention but also through the availability of community supports and funding with the advent of intensive home care packages in 2015. The HSCP team are committed to ongoing service development and re-configuration to further improve on outcomes for elderly patients in 2016.

Department of Nutrition & Dietetics

Dietitian Manager in Charge III – Kara Cullen & Paula O'Connor

Introduction:

The Department of Nutrition & Dietetics is dedicated to providing the highest possible standard of care to all patients referred to our service.

Staffing

The Dietetics Team consists of 22.25 WTE staff with a high level of skill mix including In Charge III Dietitians, Clinical Specialist Dietician, Senior Dietitians and Entry Level Dietitians. We received additional staffing in 2015 for the Care of the Older Person service.

Activity Level:

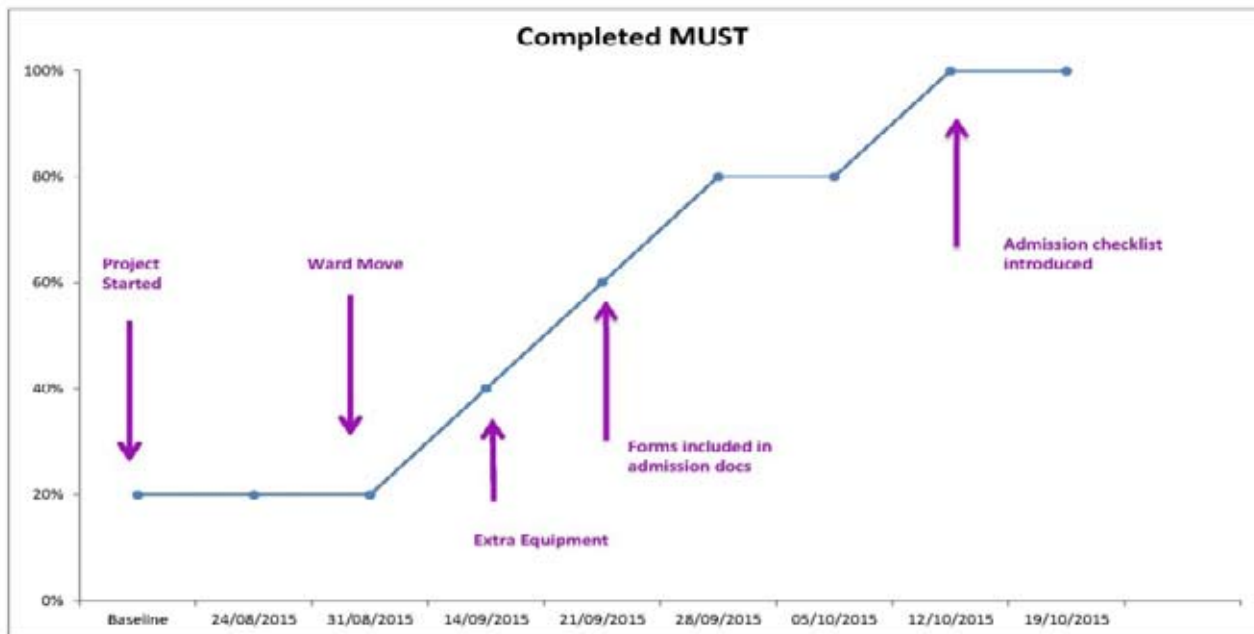
Service referral rates and clinical activity remained very high in 2015 with 22,831 inpatient and day case consultations completed. In addition there were 2330 dietetic outpatient appointments offered, with a total of 683 patients attending group education sessions as part of Cardiac Rehabilitation, Healthy Eating Education and structured Diabetes group education sessions (DAFNE / DESMOND programmes).

Multidisciplinary Nutrition Related Developments & Innovations:

Work undertaken with the HSE Quality Improvement Division

The Dept. of Nutrition & Dietetics was approached by the HSE Quality Improvement (QI) Division to be a 'test-site' for their QI programme to 'enable and support services to improve their nutritional care provided to patients'. This was a result of the HSE Service Plan 2015 including the 'improvement of nutrition and hydration for service users' as a strategic priority for 2015.

A multi-professional QI Project Team was set up on Hardwicke Ward. They used the Model for Improvement (MFI) as an approach to improving rates of malnutrition screening using the 'MUST' tool on an acute frail elderly unit. Over an 8 week period, the project resulted in increasing the completion of 'MUST' from a baseline of 20% to 100%. While the project is still in the early stages, the improvement appears to be sustained.



As part of the project, the HSE QI Division developed two national documents which outline the work we undertook as part of the project which are available to all acute services nationally.



Steering Committee is to direct and support the implementation of a comprehensive programme of nutritional care within the organisation, which is designed to ensure that all patients of Beaumont Hospital receive nutritional care and/or nutrition support appropriate to their needs and preferences, and that the risks associated with poor patient nutrition are mitigated or prevented. We endeavour to oversee all aspects of nutrition, including screening and assessment, nutrition research and audit, catering and food, nutrition supplements, enteral and parenteral nutrition. This level of governance and leadership are fundamental to the delivery of high quality nutritional care.

This committee is co-chaired by Fiona Keogan and Karen Greene and reports to the Integrated Quality and Safety Committee and the Risk and Governance Committee of Beaumont Hospital Board. The membership of Beaumont Hospital Nutrition Steering Committee is made up of representatives from Senior Management Team, Clinical Governance, Dietetics, Medicine, Surgery, Nursing, Speech & Language Therapy, Occupational Therapy, Pharmacy, Quality & Safety and Catering.

Establishment of a Hospital Nutrition Steering Committee

The Nutrition Steering Committee in Beaumont Hospital was formed in January 2015 and meets on a quarterly basis. The purpose of the Nutrition

Specific Departmental Developments & Innovations:

Increasing Nutrition Awareness among Hospital Staff:

In July 2015 the Department of Nutrition & Dietetics held a Malnutrition Awareness Day for all staff. There was also a nutrition element in the Minding Yourself / Managing Stress Day as part of the European Health & Safety at Work initiative held in September.

Meal Time Observation Audit:

The MDT Research Group of the Nutrition Steering Committee carried out a meal time observation audit in October 2015. As part of this audit, three meal times were observed on eight wards over one day. The aim of the audit was to evaluate the meal service in Beaumont Hospital including duration of meal times, comparison of meals ordered to those received and provision of assistance at meal times where needed. The audit also aimed to identify any barriers and areas for development around meal service to improve the nutritional care of patients.

Supported Discharge of Upper GI Surgical Patients

Since January 2015 all patients postoesophagectomy or total gastrectomy are being sent home on 4 weeks enteral feeding via jejunostomy. This initiative should help prevent the excessive weight loss that can be seen in this patient group as well as contribute to lower readmission rates, prevention of limitations for further treatments, reduction in food phobia and improved quality of life.

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 Board 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 IrSPEN
- Chair of the IrSPEN Policy & Practice Committee
- Member of the HSE QI Nutrition and Hydration Advisory Group

Department Achievements 2015

Beaumont Hospital Foundation Grant Awards

Members of the Department were awarded a number of BHF Grants in 2015:

- Margaret O'Donoghue was involved in a multidisciplinary group from Hardwicke ward that were awarded a grant to purchase nutrition related equipment for the ward
- Holly Guiden received a grant to purchase equipment for the Day Hospital
- Paula O'Connor & Elaine Bradley (Nursing) received a grant for the purchase of red mats to highlight patients that require meal time assistance at ward level.

National & International Conference Presentations

The Department presented posters at the following conferences/study days in 2015:

- Irish Society of Parenteral & Enteral Nutrition (IrSPEN) Conference
- Irish Nutrition & Dietetic Institute (INDI) Annual Study Day
- National Office of Clinical Audit Conference
- Beaumont Hospital Clinical Audit Day 2015

Departmental staff also gave oral presentations at Grand Rounds and 'Lunch & Learn' QI Sessions as well as in-house and external conferences and courses throughout 2015.

Honorary INDI Membership

In October 2015 Carmel O'Hanlon, Clinical Specialist Dietician was awarded Honorary Membership of the INDI. Carmel received this award in recognition of her work on behalf of the INDI and other national organisations in raising the profile of dietetics nationally and internationally.

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

- Feeding jejunostomy tubes in cancer patients; not without risk?

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

Tarrant S, O'Neill C, McCawley N, Arumugasamy M, Broe P.
- Co-ordinated update of Nutrition Support Reference Guide – published and launched in 1st quarter 2015.

Co-authored 'Proposal for Guideline for the Prevention and Treatment of Under-nutrition: Use of Nutrition Support in adults in the Acute Care Setting'

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 2015 a wide variety of presentations were given to groups including medical students, care 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 2015 one undergraduate student Dietitian from TCD/DIT successfully completed their practical placement training in Beaumont Hospital.

Service Developments & Innovations:

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

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

OCCUPATIONAL THERAPY DEPARTMENT
Occupational Therapy Manager: Alison Enright

Mission

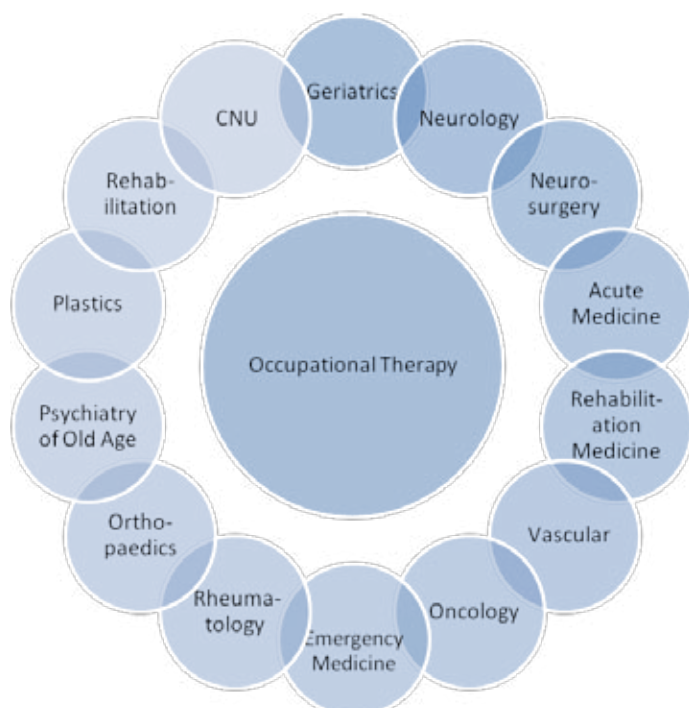
Our team will listen to and connect with you, the users of our service, to reach a clear understanding of your needs and to ensure your experience of Occupational Therapy is both meaningful and excellent.

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.

Introduction

The service is provided across four sites; Beaumont Hospital, St. Joseph’s Hospital, Raheny Community Nursing Unit and Psychiatry of Old Age Services. Within the team, there is a high level of skill mix ranging from clinical specialist and senior therapists to staff grade occupational therapists (OTs) and OT assistants, who together provide services to the following clinical specialities:



2015 was a challenging year in terms of sustaining high quality services in the context of increasing activity levels, both number of patients referred to Occupational Therapy and intensity of intervention provided to meet patients’ needs. Our new 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.

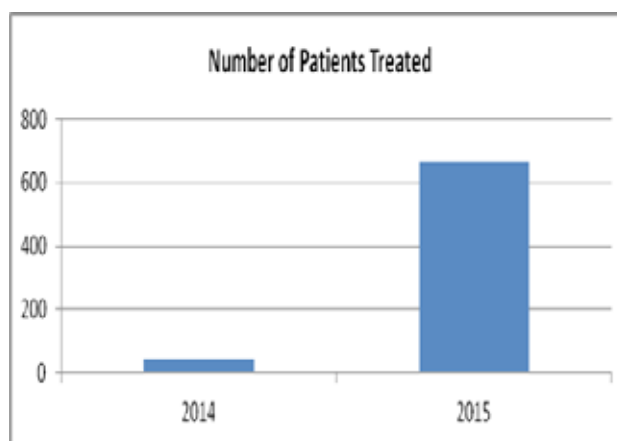
From a team perspective, 2015 was a stable year with limited staff turnover.

Activity Levels

OT activity levels remained high in 2015, with approximately 2000 interventions/patient visits per month. 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. In addition, expansion of certain services, for example, Care of the Elderly and Plastics, resulted in increased activity during the year. Another contributing factor, reflected throughout the organisation and wider health service, was the changing profile of patients referred. Greater complexity of need has a knock-on effect on the number of interventions required to manage patients’ care needs.

Table 1. below outlines the fourteen times increase in patients seen by the Geriatric OT Service in Q4 2015 compared to the same period in 2014. This marked increase is due to a change in practice whereby Occupational Therapists in the Emergency Department (front door) no longer wait for frail elderly patients to be referred; instead, all patients over 75 years, on presentation to the Emergency Department, are screened for frailty and if indicated, assessment and treatment commences at that point on the patient journey.

Table 1. Patients referred to the Geriatric OT Service Q4 2014 and Q4 2015



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 the following key strategic areas: This year, in line with hospital priorities and the

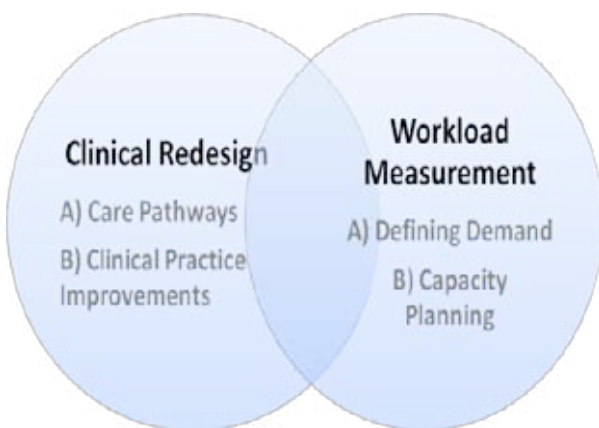


direction of the healthcare services nationally, emphasis has been placed on developing a) integrated services for our patients, b) responsive services and c) services designed using a quality improvement approach for sustainable change.

Sample of Service Developments and Achievements 2015

1. The CReW Programme

The CReW Programme, designed and implemented by the OT Department in 2013/14 has been rolled out across the multidisciplinary team in St. Joseph’s Hospital (SJH) Rehabilitation Unit and Care of the Elderly services in Beaumont Hospital.



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

such programme to be designed by the health and social care professions (HSCPs) in Ireland.

Pathways standardise care and follow a six-step approach to development. Clinical Practice Improvement refers to the assessments/treatments chosen and the way in which they are delivered. The Workload Measurement Programme refers to the analysis and measurement of service demand and the development of an enhanced capacity planning system.

Having demonstrated benefits for patients attending the OT service (quality, efficiency/value and leadership development for staff members) and recognising that best international practice promotes integrated care pathways for safe, quality care, the OT Department successfully gained agreement to test CReW in SJH. Furthermore, the OT Department has gained the support of the Systems Reform Group of the HSE to roll out the CReW Programme with three multidisciplinary teams nationally in 2015/2016.

2. Care of the Elderly Services

As part of the Organisation’s Improved Performance Plan 2015, the OT Department, together with other health and social care (HSCP) services set out to greatly improve services offered to frail elderly patients attending Beaumont Hospital. To this end, a comprehensive OT service (the Frailty Intervention Therapy Team - FITT) was developed, underpinned by the following key principles:

- Maintenance of the person (patient) in his own home where possible
- Admission avoidance
- Early, intensive intervention where admission is required
- Early supported discharge

A quality improvement approach was taken to develop and embed the systems and processes required to meet these principles. Furthermore, a vital staff investment was made with the appointment of new staff, ranging from Clinical Specialist OT to staff grade OT, who are dedicated to providing geriatric services. Early results are extremely positive and full details of this service and its benefits to patients can be found in the integrated HSCP services section of this report.

3. Integrated Stroke Care Services

Building on the progress made in 2013/14 in relation to the quality of care delivered to patients post stroke, 2015 was a remarkable year in terms of enhancing quality OT services and developing systems to promote integrated treatment planning for patients. This year, the Neuro-developmental (NDT) Training Course was coordinated by the OT Department in partnership with the Physiotherapy (PT) Department in Connolly Hospital. In total, 100 OTs/PTs from both sites participated in this training and have since shared the learning through a train the trainer model. Furthermore, the stroke multidisciplinary team (MDT) has enhanced processes to deliver truly integrated care for patients. Joint goal-setting, joint treatments and daily treatment planning processes are embedded into practice throughout the MDT, leading to a marked improvement in patient experience.

4. Vascular Service

In response to the extended length of stay experienced by many vascular patients and its negative impact on patient outcomes, an integrated care pathway was initiated by Sara Crolla, staff grade OT. Sara facilitated the development of an integrated pathway, working in partnership with MDT colleagues and Dublin City Council on this initiative. Results so far indicate that patients' length of stay has significantly reduced following implementation of this MDT care pathway and the associated clinical practice improvements which were undertaken, in tandem, to support pathway implementation. These included the development of patient information, reducing steps in referral and handover processes etc.

Involvement in Organisational, National and International Groups

- Alison Enright and Mary Naughton were members of the HSCP Strategic Workforce Planning Programme Resonance Group
- 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, Carole Murphy and Louise Lawlor each contributed in committee, advisory group and representative roles
- Louise Lawlor and Niamh Daly served as Chair and Secretary of the Neurology Advisory Group of the AOTI
- American Society of Hand Therapists – Mary Naughton served as a corresponding editor for the Journal of Hand Therapy
- Irish Association of Hand Therapy – Mary Naughton held chairperson responsibilities

Education Provided

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

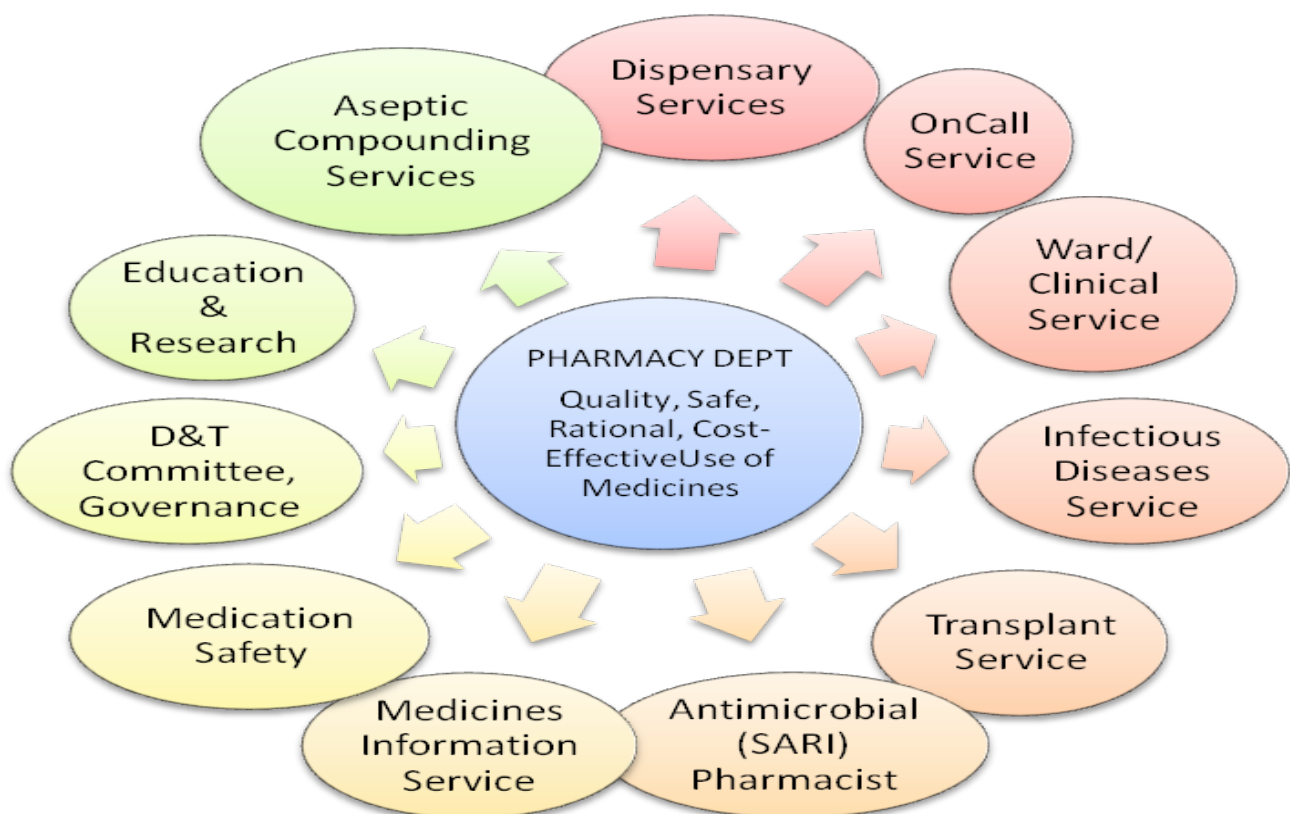
PHARMACY DEPARTMENT

Manager: Nuala Doyle

Background

The Pharmacy Department in Beaumont Hospital is registered as a retail pharmacy business and whilst it is part of the hospital structure guided by the HSE, HIQA, HPRA and other governmental bodies policies, procedures and structures, it is also regulated by the Pharmaceutical Society of Ireland. In particular the operation and services of the Department must comply legislatively with the Pharmacy Act 2007 and the Regulation of the Retail Pharmacy Business 2008 whilst supplying medication to every clinical setting within the hospital, and complying with associated aspects of medicines governance to ensure that medicines use throughout the hospital, for patients and healthcare professionals, is delivered in a safe, rational and cost-effective manner.

An integrated Pharmacy Department is comprised of the services highlighted below.



Dispensary Services

Service Overview

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.

Service Activity Data 2015

The Dispensary is responsible for approximately 5000 active lines of product. The quality, safety, integrity, rationalisation, cost effectiveness and the sourcing of products from around the world

due to drug shortages, storage and distribution is a constant demand on staff.

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

- Approximately 350,000 items
- More than 3,000 individual regimens of Total Parenteral Nutrition,
- All Gastroenterology Hepatitis C medications, researching and counselling each and every patient on the significant

side effect, interaction and administration profiles of these complex drug regimens,

- Dispensed and counselled all patients on hospital only Endocrinology and Cardiology drugs
- All extemporaneously compounded products, examples include nasal preparations, creams, ointments, eye drops, none of which can be commercially acquired all of which require specialised staff and time for bespoke on-site formulation
- Cost effective returns, professionally checked hence enabling reuse and redistribution of €1,000,000 unused ward stock.

Service Change 2015

Expansion of Hepatitis C medication availability with significantly improved patient outcomes has impacted on dispensing activity as these more complex medications require significant pharmacist input.

Streamlining and development of associated standard operating procedures around the dispensing processes improved efficiency and decreased waste. This is ongoing given the complexity of the area and has required training of every member of staff into new approaches. Review and streamlining ward stock, ward top ups and non stock supplies began and continues and has decreased time being spent on wards on these functions but maintaining adequate supplies to the wards, creating more efficient use of staff time.

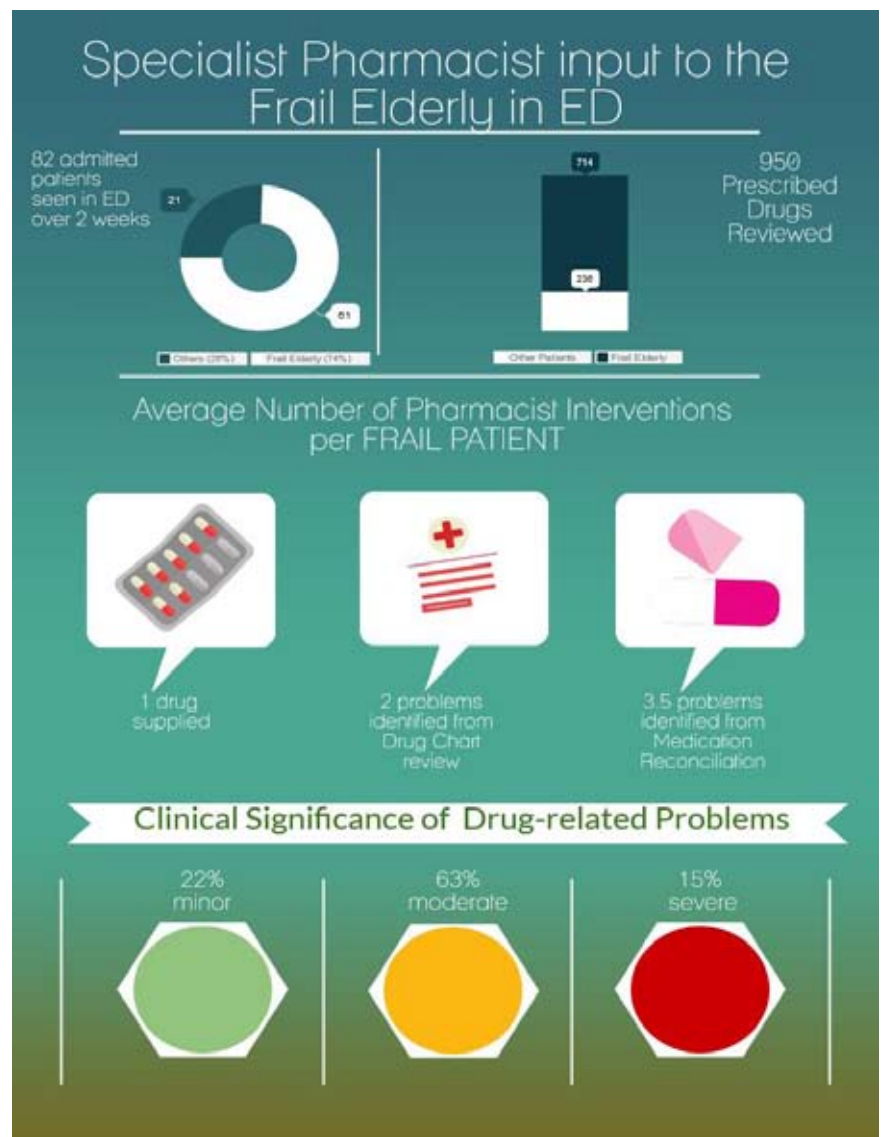
Clinical Pharmacy Services

Service Overview

The Clinical Pharmacy Service provides an excellent ward service with integrated supply for all inpatients, including those in St Joseph's, Raheny. The basic prescription review for each patient ensures the safety of prescribing and there is a comprehensive and systematic approach to the provision of this service. There is considerable collaboration with our medical colleagues to ensure the best pharmacological approach is attained and the most cost effective rationalisation use of medication and optimal outcomes for individual patients.

Service Activity Data 2015

Given that every inpatient is on medication the aim of the service is to review all medication, as prescribed on the inpatient drug Kardexes, daily; this is in the region of 800 Kardexes amongst 15 Pharmacists i.e. 50 drug Kardexes, with an average of 14 drugs prescribed per patient i.e. 700 prescription entries being reviewed by each pharmacist daily. With this number of items there is an associated increase in pharmaceutical



care needs, not only in terms of supply but also in terms of increasing complexity, drug-drug interactions, etc.

Service Development 2015

This year saw the introduction of the Frail Elderly Team in the ED, Hardwicke and Day Hospital settings. This exciting development enabled dedicated Pharmacists to undertake medicines reconciliation review targeting frail elderly patients in ED and Hardwicke ward. The Day Hospital pharmacist joined the team late December 2015, the results of which will be seen in 2016. The implementation has been a success which is reflected in the two week study undertaken in the Emergency Department.

Antimicrobial Services

Service Overview

The Antimicrobial Pharmacist is a highly valued member of the Pharmacy, Microbiology and Infection Prevention Control Team (IPCT) and is the communication link between Microbiology & Pharmacy, and between the Clinical Services Sub group and IPCT. This pharmacist is also a member of Antimicrobial Stewardship Committee (ASC) and is positioned to meet the HIQA standard 12 (antimicrobial stewardship) & TOR ASC (updated Feb 2014).

Service Activity Data

There was a change in antimicrobial pharmacist in 2015 with the post unfilled for a number of months. The new antimicrobial pharmacist picked up the surgical site infection project along with nursing and anaesthetic colleagues and continued to develop a quality improvement plan to ensure a continued downward trend, achieved by the team in 2015. Beaumont Hospital underwent a HIQA antimicrobial stewardship inspection which resulted in a visit to the Pharmacy Department to review the process from the placing of an order for a restricted antibiotic and the associated procedural checks and dispensing, through to the arrival on the ward to the ultimate administration to the patient. Of note HIQA commented that in spite of the particularly manual processes in the Pharmacy Department the systems were robust and in accordance with the HIQA audit standards. However, it was also noted that the manual processes employed, whilst providing a supply to the wards, are hampered by the lack of a high functioning pharmacy computer

system and associated automation, thereby allowing named patient dispensing to wards, improving antimicrobial compliance and preventing either overuse or less favourable prescribing. Consequently the plan was to develop a pharmacy modernisation plan in 2016.

Aseptic Compounding Service

Service Overview

The Aseptic Compounding Unit (ACU) Service provides dispensing and compounding service to both Oncology and Haematology and is responsible for all associated trials, with twelve active trails at any one time. On average, 79% of aseptically prepared items are Oncology drugs and 21% are Haematology. For both groups of patients, the complexity of care for an individual has increased.

Service Activity Data 2015

Due to the surge in activity experienced in 2014 and continued into 2015 combined with the increasing necessity to outsource chemotherapy products the business case for increased staff was accepted. The increase in staff allowed the unit to overcome the severe shortage experienced when the external chemotherapy supplier suddenly closed ceasing supply. The increase in isolators has meant the unit is now less dependent on outsourcing chemotherapy.

Medication Safety Service

Service Overview

The role of the Medication Safety Officer (MSO) is to promote the safe use of medicines across the hospital. 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 Integrated Quality and Safety Committees. It is vital to emphasise that a higher reporting rate and higher incident reporting levels is reflective of a good safety and reporting culture rather than indicative of a high error rate in a particular clinical area. In addition to improving the quality of reporting the MSO serves as the essential link between the identification and implementation of (local and national) medication safety initiatives and the daily operations to improve patient safety with the use of medicines.

A comprehensive report of the activities of the Medication Safety service is also provided to the

Clinical Governance and IQS Committees. The main focus for 2015 for the Medication Safety Officer was to update the drug Kardex, and implement a Medication Prescription and Administration Record (MPAR). It was anticipated that the MPAR would be completed and rolled out in April/May 2016.

Infectious Disease Services

Service Overview

The infectious diseases clinic is based in St John's ward with a clinic room converted into a counselling room to fulfil the Regulation of Retail Pharmacy Business Regulations 2008 as amended in 2010.

Activity Data 2015

The Infectious Diseases Pharmacist sees in excess of 450 patients annually as well as dispenses, investigates and counsels these patients. The release of new Hepatitis C drugs at the end of 2014 led to additional staffing of a senior pharmacist and technician to manage the increase in patient numbers.

Transplant Service

Service Overview

The Transplant Pharmacist sees on average 150 renal transplant patients per year and plays a vital role in ensuring the smooth transition from transplant into the community renal by providing an initial two week supply to her patients along with individual counselling.

Medicines Information

Service

A Medicines Information 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.

Education And Research

Collaborative research and training was planned for 2015 which included the regeneration of two pharmacy intern students in 2015, graduate entry and above, medical and pharmacy, undertaking

specific beneficial research for 6-8 week duration in the summer months as well as standard spring and summer student placements for Pharmacy Technicians and Pharmacists.

On Call Service

Service Overview

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

Activity Data 2014

The on call service supplied 219 items per week (113,88 per annum)

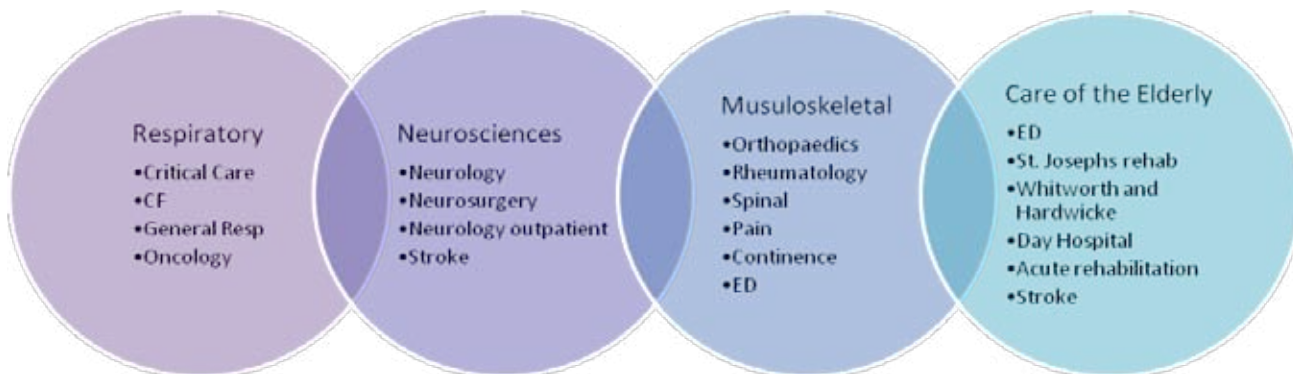
PHYSIOTHERAPY DEPARTMENT

Manager: *Roisin Breen/ Helen Heery/ Pedro Vasquez*

1. Introduction

The Physiotherapy Service aims to maximise independence and quality of life for patients. In partnership with our HSCP colleagues, we are committed to providing the highest quality of service which is sensitive to the needs of our patients. Recognising that the physiotherapy staff have a direct impact on the clinical outcomes and the experience of our patients, the physiotherapy department cultivates a stimulating and supportive work environment that promotes staff well being. We wish to facilitate all staff to reach and maintain their full potential in the workplace and thus deliver high quality services.

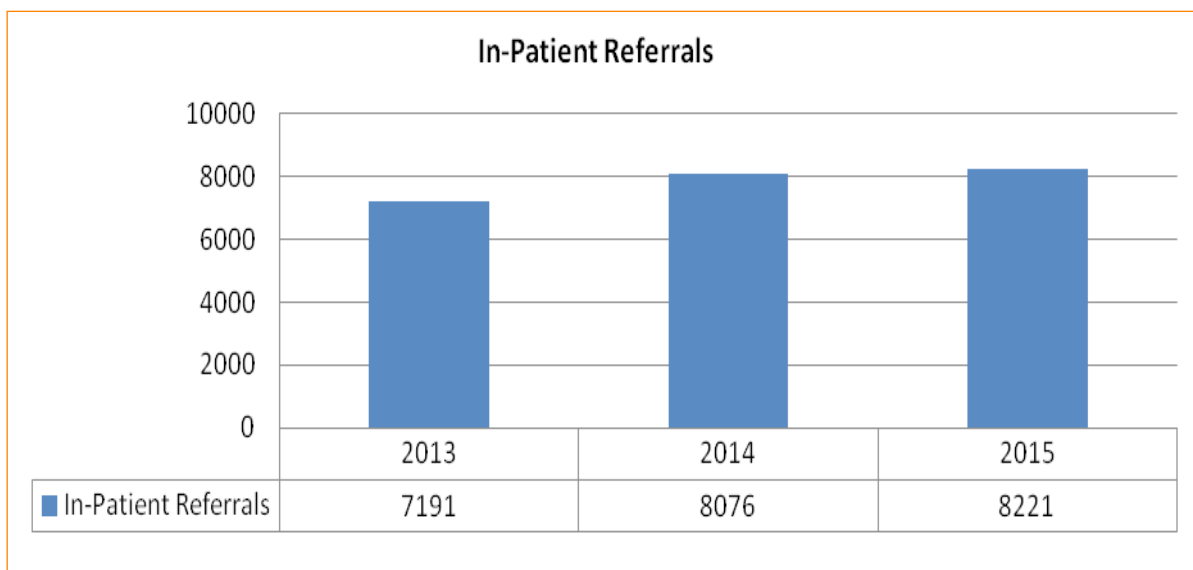
The Physiotherapy Department provides an extensive inpatient and outpatient service during the core working hours, as well as a weekend respiratory service and emergency out of hours on- call service. The team consists of 55 whole time equivalent physiotherapists who work within four core clinical teams.



2. Overview of Clinical Activity

There was no significant change to our overall referral pattern. The inpatient service had an increase in referrals, however, restructuring within the Physiotherapy Department and increased staffing has allowed for a 12% increase in physiotherapy direct patient care. This improvement is a reflection of the Department’s commitment to providing longer and more frequent therapy sessions for patients.

Fig 2.1 Referral Rate



3. Service Developments

3.1 Respiratory service

The Respiratory service reviews all patients admitted to the hospital or referred with respiratory conditions and those following surgery.

Clinical Activity:

Respiratory Inpatients: New Patients



There was a noticeable increase in patients being referred to the respiratory service towards the latter half of the year.

Outpatients

453 patients were referred to the Respiratory outpatient service in 2015 (including 12 new referrals to the Neuromuscular Respiratory Clinic) representing an increase of 73 patients from 2014. This is a move towards providing an ambulatory service for respiratory patients. Given the chronic nature of respiratory disease, this represents best practice and contributes to decreasing ED attendance and re-admission. It also supports community colleagues in that complex patients can be managed jointly and new practices and innovations are shared.

3.2 Oncology Service

There is 1 WTE Senior physiotherapist attached to Oncology & Symptomatic Breast Care & 1 WTE Senior Physiotherapist attached to Radiation Oncology. This post facilitates a patient to move seamlessly between Surgical Oncology, Medical Oncology and Radiation Oncology within the Beaumont Hospital Cancer Centre.

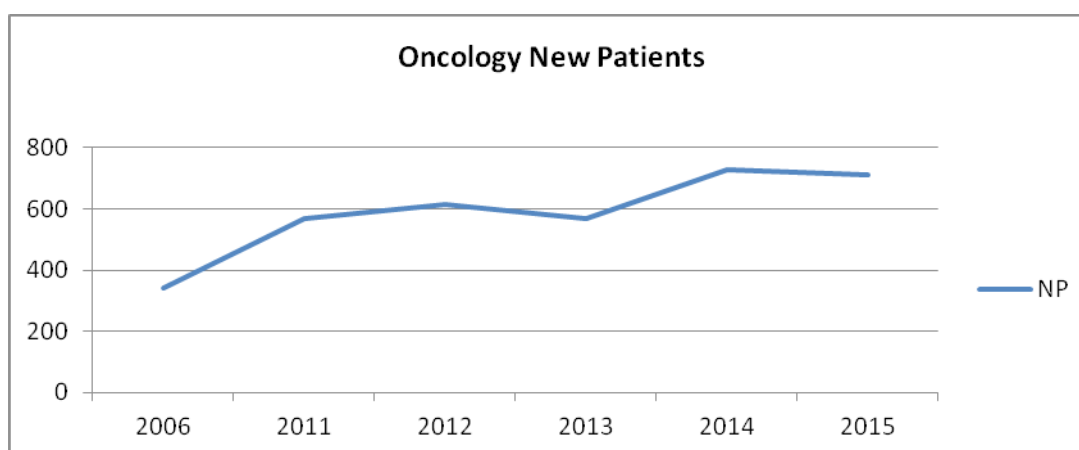
The high volume of oncology patients has meant that one WTE staff grade physiotherapist continues to be utilised from other areas of physiotherapy to provide an inpatient service. The demand for physiotherapy in head and neck cancer has continued to show significant increases in referrals in 2015. Over this period 85 new patients were referred to the head and neck cancer service compared to 32 new patient referrals in 2014; an

increase of 266% with no allocated staffing. The senior physiotherapist attends a weekly consultant-led clinic to triage patients requiring physiotherapy input. This has facilitated improved musculoskeletal follow up post operatively before problems arise. Beaumont Hospital is the national centre for high grade brain tumours (HGBT), treating a large complex national cohort from 4 weeks post diagnosis for the remainder of life. In that time patients require specialist physiotherapy to manage the complexity of their decline. Patient referrals in this group are growing steadily, with 125 new patients referred to the service in 2015 compared to 60 in 2014, an increase of 208%. These patients require lengthy assessments of over an hour due to the complexity of their neurological decline, with ongoing significant physiotherapy input thereafter. As a Supra-Regional Cancer Centre, with a dramatically increasing cohort of specialist neuro-oncology and head and neck cancer patients, a Clinical Specialist Physiotherapist in Oncology would enhance the service significantly.

Clinical Activity

The Oncology service incorporates Saint Lukes Radiation Oncology Service at Beaumont (SLRON) and continues to grow steadily. Overall excluding the lymphoedema service, 711 new patients were seen in 2015. These figures correlate closely with 2014 patient numbers.

Figure 3.1 Total New Patient Yearly Total Trends 2006-2015



	2006	2011	2012	2013	2014	2015
NP	342	568	615	569	730	711

Table 3.1 Total Yearly New Patients 2006-2014

Lymphoedema Service

There were 75 patients triaged by lymphoedema therapists in 2015, compared to 60 patients in 2014. The key performance indicator for triage time for this service is 2 weeks and this target is being met. An additional therapist was trained in lymphoedema management in 2015 as the service is very labour intensive. There are three therapists trained to provide the service since August 2015.

3.3 Neurology

There are four staff (1 clinical Specialist, 1 Senior Physiotherapist and 2 staff grades), including one

externally funded post providing neurology inpatient and outpatient services. This includes outpatient clinics (Motor Neuron Disease, Multiple Sclerosis, Parkinson's disease) and a physiotherapy-led Advanced Practice Botulinum Toxin Injection clinic. A specialised cough assist prescription clinic was also developed in 2015. The service provides specialist management for complex neurological patients e.g. functional movement disorder and complex spasticity management which is not available in the community. This service also provides a vestibular rehabilitation service to ENT, ED and Neurology patients.

Clinical Activity

Inpatient Activity

NP	Returns	Interventions
225	413	3030

Outpatient Activity

	2012		2013		2014		2015	
	NP	VISITS	NP	VISITS	NP	Visits	NP	Visits
Neuro General	169	937	233	932	208	723	246	1003
Vestibular	81	239	96	358	105	455	132	347
QMA	34	71	10	54	30	69	22	36
Spasticity clinic	14	20	37	59	11	79	16	81
MS clinic	40	74	33	89	38	58	32	61
MND clinic	93	220	96	255	100	259	116	325
Parkinson's clinic	21	29	32	45	26	37	17	38
SNIP			102	509	92	590	97	495
TOTAL (excl SNIP)	452	1590	537	1792	518	1680	550	1891
TOTAL (incl SNIP)	452	1590	639	2301	610	2270	647	2386

3.4 Musculoskeletal Service

The advanced practice service continued to develop in 2015.

Advanced Practice Physiotherapy

- i. Continued role of an advanced practice physiotherapist in both Orthopaedic and Rheumatology out-patient clinics.
- ii. Expansion of orthopaedic role:
 - I. Mr. Denis Collins lower limb orthopaedics (March 2015)
 - II. Mr. James Walsh foot and ankle orthopaedics (March 2015)
 - III. Mr. Mullett's waiting list for routine referral.
- iii. Rheumatology:
 - I. Patients deemed appropriate for Musculoskeletal Rheumatology clinics are now seen within four weeks of receipt of referral.
 - II. Plans developed to expand Dr. O'Connell's clinic to double new patients with an additional staff member and start an additional Musculoskeletal Rheumatology clinic alongside Dr. Kearns/ Howard in 2016.
- iv. Planning and consultation to commence injection clinic and complete research study investigating the effectiveness of a physiotherapy-led musculoskeletal injection therapy clinic for shoulder pain in 2016.
- v. Formal training competency framework and SOPs updated in 2015.

ED Service

- i. Diagnostic profile of all new patients to inform service planning
- ii. Audit of whiplash and development of new pathway for best management of whiplash commenced.

- iii. Attended weight management study day in Loughlinstown Hospital. Feedback culminated in an education session with Dietetics, development of a behaviour change questionnaire, walking program, diet advice and education session by psychology on motivational interviewing.
- iv. Ensured use of structured outcome measures for headaches, hand therapy and pain service.
- v. An Advanced Practice Physiotherapist commenced a new service on 30/11/2015. Planned service developments include:
 - Integrating an online app service for patients with chronic pain. Aim is to allow patients access to digital self-management tools and clinicians for remote access to patients symptom profile and self-management strategies.
 - Collaboration with MDT for the treatment of people with chronic spinal or multisite pain
 - Formal training competency framework and SOPs commenced

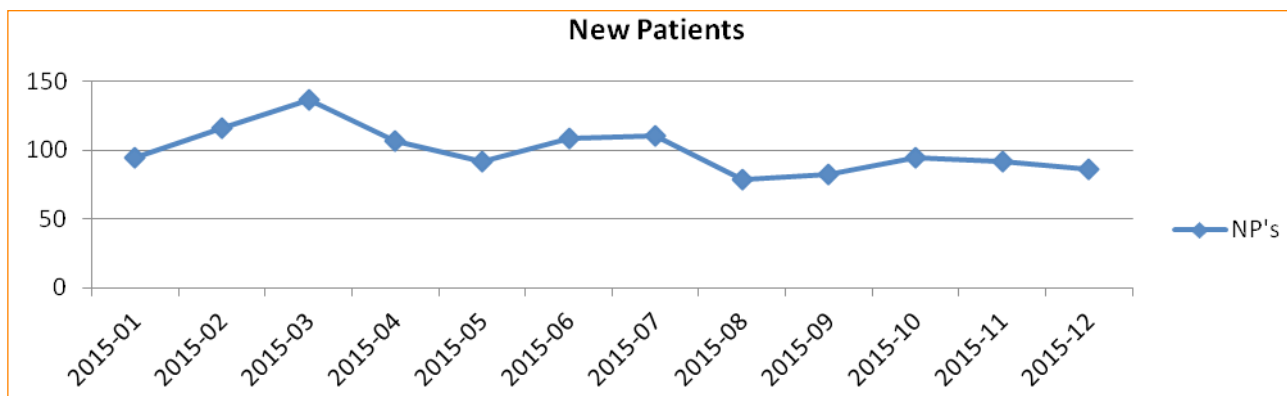
Capacity Modelling:

In order to plan our service needs for the future an in-depth analysis of the current patient profile was completed in 2015. As part of this, a method of tagging each referral on the scheduling system was developed to categorise our patient profile. All referrals are now tagged with one of 31 profile tabs which can be analysed monthly and yearly. Compliance with the system is now at 95%. This data is invaluable to plan our service and develop priorities for the future.

3.5 Acute Rehabilitation service

The Acute Rehab service encompasses all rehabilitation patients under the general medical and surgical services.

Clinical Activity



3.6 Care of Elderly service

The Care of the Elderly Service underwent a whole system restructure this year. Below is a summary which details the service in the first half of 2015 and the transition to a new COE service.

Acute Floor/ Inpatient Services:

The baseline WTE for the service in Q1 and Q2 of 2015 was 4.0 WTE (2.0 seniors, 2 staff grades) which provided physiotherapy services to all Care of the Elderly (COTE) and stroke patients. In Q3 additional staffing was allocated for the development of 'front-door' services in Beaumont. A key priority identified for the additional resources via numerous workshops with all the Health and Social Care Professionals (HSCP) was to develop a frailty team in the Emergency Department (ED). In July 2015 Hardwicke Ward became Beaumont Hospital's second geriatric ward. A dedicated Specialist Geriatric MDT was established with a vision to foster a rehabilitation ethos and a focus on facilitation of patient flow. Restructuring of the existing service was required, which became subdivided into COTE and Stroke in line with core ward model (Sept 2015). The Frail Intervention Therapy Team (FITT) ward service was established, providing proactive physiotherapy input to frail elderly patients with a predicted in-patient Length of Stay (LOS) of less than one week (Oct 2015).

St. Joseph's Rehab Unit (SJRU):

A total of 340 patients were seen within SJRU during 2015. With additional staffing, restructuring of Physiotherapy Service was possible to provide supported early discharge from SJRU for appropriately identified patients. Increased group activities were undertaken to maximise patient rehab opportunities such as gardening sessions in the sensory garden. Links were forged with the Day Hospital to assist in early facilitated discharge for patients as its capacity expanded.

Raheny Community Nursing Unit (RCNU):

The service to RCNU is delivered by a staff grade physiotherapist under the guidance of the senior physiotherapist in St. Joseph's Rehabilitation Unit. The primary aim of the service is to facilitate manual handling assessments and rehabilitation for patients. The use of the SJRU gym was made available to facilitate gym based rehab for those patients deemed appropriate.

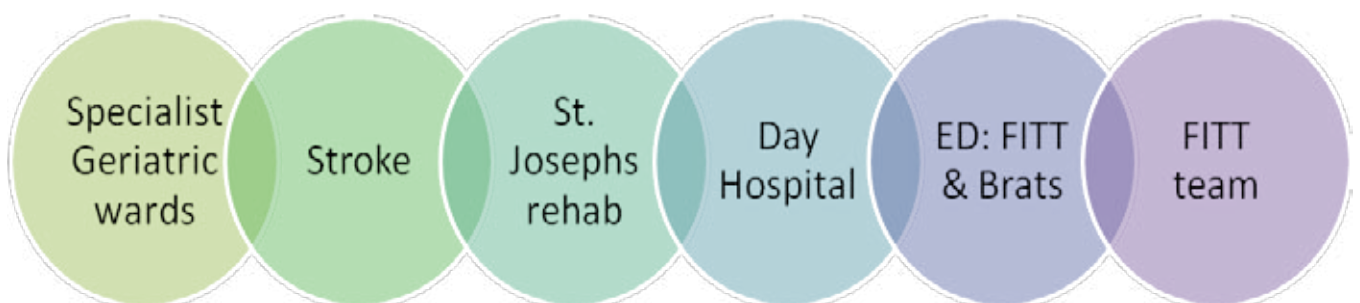
Day Hospital (DH):

In Q1 and Q2 the DH provided 2 days of consultant led clinics. The staffing for this service was provided from acute services (0.4 WTE). The service provided Comprehensive Geriatric Assessment for new patients to the Consultant clinics and review of the return patients to the clinic as required. Additionally the consultants referred patients for MDT assessments and rehabilitation from their out-patient clinics.

In Q3, 1 WTE senior was sanctioned for the DH. This allowed for 3 days cover for consultant led clinics and 2 days of dedicated out-patient assessments or rehabilitation. The increased capacity has allowed for delivery of more intensive therapy in an out-patient setting. Referral pathways from St. Joseph's Rehab Unit and Beaumont Hospital (ED and ward) have been developed.

ED

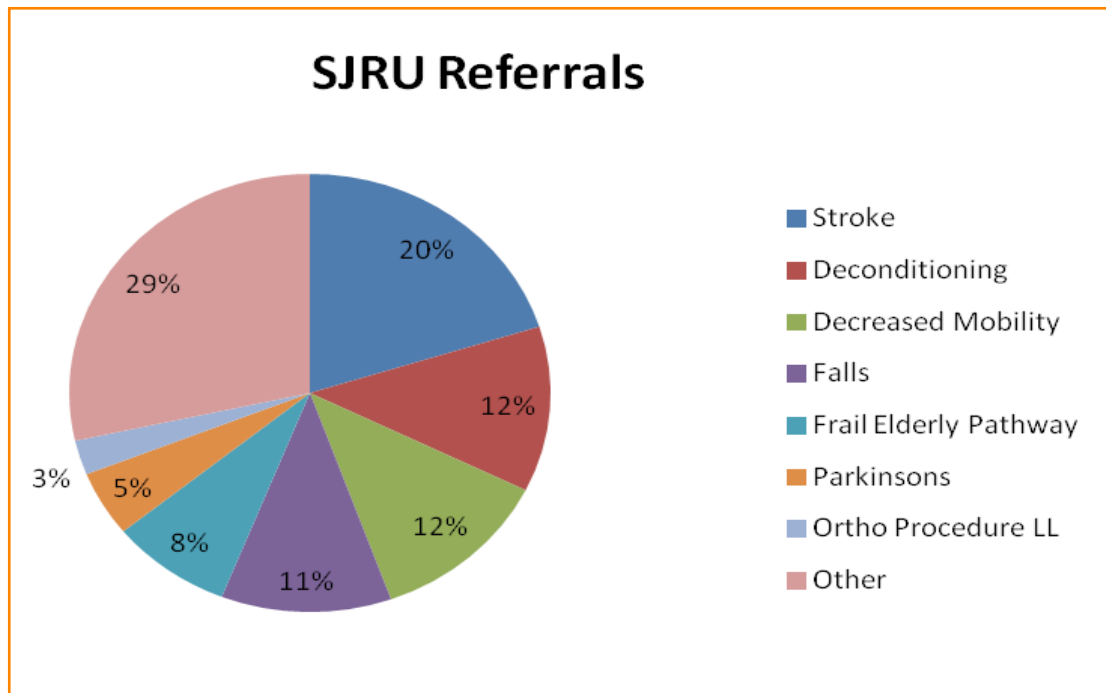
On the 21st September 2015, the Frail Intervention Therapy Team (FITT) commenced Frailty screening for all patients over the age of 75 who presented to the ED and the Acute Medical Assessment Unit. Utilising the Model for Improvement, FITT developed throughout Q3 and Q4 in 2015. Following screening for Frailty, anyone identified as requiring Physiotherapy was commenced that day (once medically cleared).



Clinical Activity

	Beaumont	SJRU	Stroke	RCNU	ED-BRAT	ED-FRAIL	Day Hospital
Total New Patients	676	247	58	35	250	305	490
Total Return	9364	5781	154	687	59	187	240

Nature of Referrals



4. Development and Innovation

Respiratory

- NIV weaning protocol was commenced in conjunction with Critical Care Physiotherapy team, Anaesthetics and Respiratory.
- Development of Patient information leaflets: Post Op information leaflet, ACBT, PEP and Acapella
- Development of Prioritisation Guidelines for all services as a communication tool to improve workplace planning
- Tracheostomy group: review of weaning policy and training
- Implementation of Tracheostomy Patient Safety Boxes to accompany patients discharged from ICU
- Oxygen prescription continues to be an important role of the physiotherapist within the Respiratory Service. Education of staff regarding oxygen assessment, as well as identifying appropriate locations to

assess inpatients for oxygen requirements continued through this year.

- Use of the Chelsea assessment tool in ICU to monitor respiratory and rehabilitation outcomes.
- Implementation of ICU laminated signs for rehabilitation goals and MDT feedback.
- ICU Clinical Information System: Continued collaboration with ICU colleagues regarding the implementation of physiotherapy notes on the CIS.

Oncology

- Evidence based update of breast surgery booklets for Beaumont Hospital.
- Access Alert System – Continued to be rolled out hospital-wide. This is the first initiative of its kind in Ireland. Posters and information folders created for all wards in hospital. Presentation at hospital 'lunch and learn' quality improvement group for feedback.

- Lymphoedema stand on main hospital corridor for lymphoedema awareness month in March 2015. Screen saver education during March regarding use of access alert bands in hospital.
- Collaboration with Neurosurgical Physiotherapy team to enhance Brain Tumour T/F Pathway. Focus on developing Brain Tumour Transfer Letter for communication between Neurosurgery and Oncology in Beaumont, and the physiotherapy team in St Lukes Hospital Rathgar.
- Development of Breathlessness Booklet to be rolled out throughout Physiotherapy Department.
- Training provided to Bon Secours hospital regarding Breast cancer management and Lymphoedema management of post operative patients, links formed for future education as required.
- Staff grade induction folder created by rotating staff grade Sarah Coleman in conjunction with seniors for ease of introduction of staff grades into oncology rotation.

Neurology

- Development of specialist Cough Assist clinic for patients with MND to meet best practice standards.
- Identified a need for updated equipment and training for functional electrical stimulation for foot drop. Funding was secured from Beaumont Foundation for equipment in 2015.
- Developed a Fatigue Management Patient Education Pack and expertise developed in clinical management of fatigue.
- Developed MDT approach to spasticity care in BOTOX injection clinic by creating pathway for referral to Occupational Therapy services.

Neurosurgery

- Senior attendance by neurosurgery senior physiotherapist at the fortnightly Base of Skull Clinic providing a facial and vestibular

service to disciplines of neurosurgery, ENT and Plastics. Cross cover training being completed to facilitate Fiona Kinsella to cover clinic and adopt a senior presence within the clinic and corresponding outpatient service

- Development and implementation of a facial and vestibular outpatient service with .3 senior allocation weekly with service provision to Neurosurgical, Neurological, ENT, Plastics, Rheumatology, A/E and Infectious Diseases patients
- Development of a standardised referral process to urology and colorectal for cauda equina bowel and bladder management
- Participation in the Neurosurgical Multidisciplinary Team review of the pathway for the management of minimally conscious patients
- Key member of steering group involved in the publication of Beaumont Hospital Brain Tumour Patient Passport
- Multidisciplinary team site visit to the National Rehabilitation Hospital in June 2015 with an aim to improve the transition from the acute to rehabilitation settings for patients

Musculoskeletal

A musculoskeletal branch of The RCSI hospital group has been formed with the aim of improving communication between sites, increase awareness of services available and current practice within the group and standardise practice and protocols within the group with the overall goal of optimising quality of patient centered care. Agreement has been made to streamline the transfer of patients between sites within the hospital group.

Acute Rehabilitation

- Formalising of pathways within Amputee service with pre-operative review now standard as per guidelines. Day of surgery referral to the NRH POLAR clinic was also standardised.

Practice Tutors

- Provision of lectures in higher education institutions.

- Both RCSI and UCD tutors facilitated ongoing development and involvement in interdisciplinary teaching with occupational and speech & language therapy.
- Facilitation of inter-professional education sessions with medical and pharmacy students through RCSI.
- Facilitation of primary care placements in Area 8.
- RCSI students attended weekly falls management class (FaME) in Ballymun Area 7.

Care of Elderly

One of the key developments in the Physiotherapy Department was the evaluation and total restructuring of care for elderly patients. The aim statement for this project was *“To provide a quality COE / Stroke service optimising entire patient journey for all patients by 31st December 2016”*.



Practice Tutors

Lydia Cullen and Claire Burke attended Interdisciplinary Practice Education Day, UCD and Enhancing the Culture of Learning in a Clinical Environment, Centre of Education and Practice Development, Beaumont Hospital in June

Oncology

- Lectures to the Oncology Team on Spinal Cord Compression and High Grade Brain Tumours
- Lectures to RCSI medical students regarding role of Physiotherapy in Head and Neck Cancer.
- Presentation at annual Head and Neck Cancer

Conference in Beaumont Hospital October 2015.

- Presentations by both Senior Physiotherapists at CPOPC study day on Oncology May 2015.
- Lectures to nursing staff undergoing the oncology diploma on topics including Lymphoedema, Breast Surgery Rehabilitation, Malignant Spinal Cord Compression.
- Delivery RCSI 2nd and 3rd year physiotherapy lectures
- Journal club started with physiotherapists in SLRON to improve communication and facilitate improved interaction across the radiation network via videoconferencing every 6 – 8 weeks.

Neurosurgery

Courses/Education Undertaken

- Research masters with RCSI entitled *“The impact of surgery on balance, gait, dizziness and upper limb dexterity in patients with tumours of the posterior fossa”* completed by Kareena Malone
- Five day Bobath NDTA advanced training course
- Cochrane Systematic reviews training course

Neurology

- MSc Research ongoing by Rachel Tattersall
- MSc Module completed in Plymouth University in Injection Therapy in Botulinum Toxin by Dr. Deirdre Murray, Clinical Specialist
- Bobath Training and Botulinum Toxin Study days completed by Roisin Vance Senior Physiotherapist
- Roisin Vance presented at national multidisciplinary course on Functional Movement Disorders
- Undergraduate and Postgraduate lecturing completed by all staff in RCSI, UCD and UCC on Parkinson’s disease, MND, Functional Movement Disorders, Spasticity, Fatigue.
- Grainne Gallagher completed summer project with RCSI student on the topic of *“Measuring patient adherence and satisfaction with vestibular rehabilitation”*

Musculoskeletal

Michelle Clarke and Eanna O'Malley in second year of 2 year part-time MSc in Neuromusculoskeletal physiotherapy in University College Dublin.

Vanessa Cuddy MSc clinical tutor in Beaumont Hospital.

Acute Rehabilitation

Senior participation in Graduate Diploma in Gerontological Rehabilitation in UCC entitled Principles of Older Person Rehabilitation (Oct-Nov 2015) and Bobath Introductory Course in Beaumont in September.

Care of Elderly

- Julie O'Connell commenced MSc in Healthcare Informatics in Trinity College Dublin
- Ciara O'Reilly completed the Beaumont Hospital Management development programme.
- Ivan Clancy completed a 4 day course in London on Management of Vestibular Patients.
- Ciara O'Reilly, Grace Corcoran and Eleanor McQuaid participated in the departmental Osteoporosis clinical interest group.
- Ivan Clancy participated in the Vestibular clinical interest group.

6. Research and Publications

Research	Staff member
Hystiocytosis Case Study – ongoing write up of case study	Sine Vasquez
Ongoing study (ethics granted): Axillary Web Syndrome post Axillary Clearance	Sine Vasquez
Msc by research (RCSI) entitled “The impact of surgery on balance, gait, dizziness and upper limb dexterity in patients with tumours of the posterior fossa”	Kareena Malone
Participation in a study, in conjunction with the DATHS Stroke group auditing physiotherapy stroke services across five acute Dublin hospitals	Stroke service
An RCSI summer student was involved in implementing a study investigation “Patient Satisfaction Levels with an Acute Neurosurgical Physiotherapy Service”	Neurosurgery service
“Implementation of a multidisciplinary goal setting programme for neurosurgical patients” Poster presentation at the HIQA Annual Patient Safety First Conference	Kareena Malone
Meldrum D , Herdman S , Vance R , Murray D , Malone K , Duffy D , Glennon A , McConn-Walsh R (2015). Effectiveness of conventional versus virtual reality-based balance exercises in vestibular rehabilitation for unilateral peripheral vestibular loss: results of a randomized controlled trial. Arch Phys Med Rehabil;96(7):1319-1328	Roisin Vance Kareena Malone
Irish Contributor (Reader and Editor Group) to the European Physiotherapy Guideline for Parkinsons Disease Published 2015 (www.appde.eu/european-physiotherapy-guidelines.asp)	Roisin Vance
Poster presentation on MSc at the European Union Geriatric Medicine Society Conference, April 2015: ‘Falls risk factors in low trauma wrist fractures and health care utilisation’.	Ciara O'Reilly
Rehabilitation in the elderly presentation at COTE clinical care programme May 2015	Ciara O'Reilly
Beaumont Hospital Frailty study day, Nov 2015	Ciara O'Reilly
Presentation at the Beaumont Dementia Awareness in Acute Care (DAAC) programme	Ivan Clancy
DATHs Stroke Group Audit and Service Profile (2015) with presentation at the Irish Heart Foundation and the European Stroke Days 2016.	Julie O'Connell
Poster presentation Irish Rheumatology conference Sept 2015 on work disability and on the national MSK Advance physiotherapists working in Rheumatology.	Jenny Ashton

Research	Staff member
Completed research investigating the diagnostic and treatment concordance between a physiotherapist and a consultant orthopaedic surgeon for patients presenting with shoulder pain to an advanced physiotherapy clinic. This research was presented at the ISCP conference in September 2015	Clare Gilsean
HRB national funded project receiving over €250,000 to look at work disability in MSK conditions.	Jenny Ashton
Presented at workshop on ‘Shoulder assessment of the overhead athlete’ at the Faculty of Sport and Exercise Medicine’s annual scientific conference in September 2015	Clare Gilsean
Oral presentation of his MSc Thesis at the American College of Rheumatology Conference in San Francisco in Nov 2015.	Niall Halliday

7. National/ International Profile

- Catriona NíChearbhaill was chair of the CPRC for 2015, Lydia Cullen was communications officer.
- Claire Egan is the physiotherapy representative on the National Procurement Group for respiratory products
- Sine Vasquez is a member of National Exercise Referral Framework Committee and is an expert panel advisor to the Irish Cancer Society. She is a HSCP representative on the NCCP Steering committee for the national plan for delivery of systemic cancer therapy and Chair of Chartered Physiotherapists in Oncology and Palliative Care clinical interest group (CPOPC)
- Fiona Kinsella commenced her officer role as Education Officer of the CPNG
- Kareena Malone published a book review in Physiotherapy Practice and Research 37 on “Potential and Possibility: Rehabilitation at end of life. Physiotherapy in Palliative Care”.
- Donation received by the Physiotherapy Department on 11th February 2015 by neurosurgical patient Mr. Michael Kenny following a lengthy period of rehabilitation and inpatient stay on Adams McConnell Ward.
- Fiona Kinsella was nominated for Beaumont Hospital Foundation’s “Honour Your Hero Award” by a former

neurosurgical patient. The event was covered by TV3, UTV and the national newspapers.



Established the first physiotherapy led Botulinum toxin injection therapy clinic in Ireland. This is first advanced practice role in Neurology in Ireland.

- Roisin Vance contributed as Irish representative on first European PD guideline.
- Deirdre Murray is a joint clinical lead on the Neurology HSE Clinical Care Programme
- Jenny Ashton is the physiotherapy representative on the National Rheumatology Clinical Care Programme involved with the development of Advance practice physiotherapy nationally.
- Niall Halliday is secretary of the Irish Pain Research Network (IPRN) of the Irish Pain Society.
- Clare Gilsenan, Vanessa Cuddy and Michelle Clarke continue to collaborate with University of Limerick, contributing to web site www.shouldercommunity.ie. A site for physiotherapists and patients for evidence based management of shoulder pathology.
- Julie Sugrue is the chairperson for the European Physiotherapy Headache Group encouraging collaboration, training and research.
- Niall Halliday has initiated a pain community of practice special interest group for physiotherapists.
- Vanessa Cuddy and Jenny Ashton are members of the Ankle and Foot Physiotherapists Association (AFAP) (UK) and also an Irish subgroup has been set up.
- Clare is a member of the European Society of Shoulder & Elbow Surgery.
- Jenny Ashton received a bursary from the Irish Rheumatology Conference for best poster to attend the EULAR conference in London in June 2016.

- Clare Gilsenan received an education bursary from the Eastern Branch of the ISCP to attend the British Elbow and Shoulder Annual Scientific Meeting in Sheffield, UK in June 2015

Social Work Department

Manager: Heather Hawthorne – Acting Principal Social Worker

Introduction

The Social Work Department is committed to providing a high quality service to the patients and families that access our services while attending Beaumont Hospital. The Social Work team comprises of a highly skilled team of social work and administration staff. We work across directorates in a range of areas/specialities, for example in ED, Oncology, Haematology & Palliative Care, Infectious Diseases, Cystic Fibrosis, Neurosciences, Psychiatry, Care of the Elderly, Surgery, General Medicine and Rehabilitation. In addition we run a comprehensive range of Bereavement support services for individuals, families and groups and we have responsibility for managing the Hospital's Organ Retention service.

From a staffing perspective in 2015 saw a large amount of staff changes due to a variety of reasons; two senior social workers, one Senior Clinical Practitioner and two long serving main grade social workers left to take up positions in other agencies. These combined with three maternity leaves and long term sick leave resulted in challenges from a staffing perspective. However we were also in a fortunate position to receive additional staffing resources for Care of the Elderly. This comprised on one social worker to assist in the ED/AMAU and one senior MSW and a main grade MSW to work on Hardwicke ward, the acute rehabilitation ward for older persons. This has assisted the Social Work Department to work with our MDT colleagues to improve the service provided to older persons living within our catchment area.

Activity levels

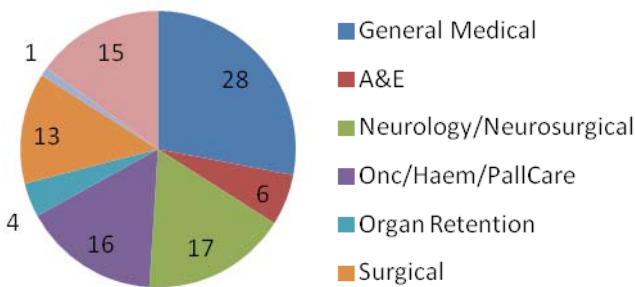
Statistical Information of Clinical Activity

In 2015 the activity trends continued to reflect

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

Social Work activity according to speciality: The Social Work Department received 5950 referrals, which was an increase of 726 referrals, which was a 12.2% increase on the previous year.

Referrals in 2015: % by area



Social Work Department Development and Initiatives

Service Teams

Since 2013 the Social Work Department has adopted a Service Team Structure, which mirrors the structure of the hospital directorates. There are currently 4 service teams:

General Medical Service Team: The General Medical Service Team is made up of Senior and Main Grade Social Workers who cover a range of areas including E.D, Psychiatry, Surgery, Respiratory and General Medical.

Oncology and Palliative Care Service: Comprises of a Senior and Main Grade social worker in Oncology, Senior social worker in Palliative Care and a Main Grade social worker covering Haematology on a half time basis.

Neuro Service Team: Is made up of Senior and Main Grade Social Worker in Neurosurgery, a main grade social worker in Neurology and Senior social worker covering ENT.

Care of the Elderly Service Team: Includes one

senior social worker and three main grade social workers covering the Care of the Elderly Team (inpatients), one main grade social worker cover ED/AMAU, senior social worker covering the Day Hospital, Senior social worker at St Joseph's Rehabilitation Unit and senior Social Worker from the Delayed Discharge Team. There has been significant work undertaken by this team along with their HSCP colleagues, e.g. the formation of the FIT (Frail Elderly Intervention) team in ED, initiatives on Hardwicke ward and the development of the Day Hospital to 5 days a week. These are discussed in more detail elsewhere in this report.

Hospital Service Developments & Initiatives Integrated Delayed Discharge Team

The Integrated Delayed Discharge Team was established in 2014. The team consists of representatives from Social Work, Nursing and Patient Flow. A key focus has been to improve processes for patients being listed for LTC, therefore having a positive impact on Length of Stay.

Long Stay Listing (Residential Care)

Year	2014	2015
Total Listed	276	278
Listing Date to discharge (average days)	72	35.5

Children First Act and the role of the Designated Liaison Person

The Children First Act was enacted in 2015. This new legislation will operated in tandem with the existing Children First: National Guidance for the Protection and Welfare of Children (2011). The purpose is:

- To raise awareness of child abuse and neglect;
- To provide for mandatory reporting by key professionals;
- To improve child protection arrangements in organisations providing services to children;
- To provide for inter-agency working and information-sharing in relation to assessments by the Agency.

Under the Children First Act 2015 there is a requirement for all acute hospitals to have a Designated Liaison Person (DLP) to assist,

manage, support staff on the implementation of Children First: National Guidance for the Protection and Welfare of Children. The role of the DLP, as outlined by the Act includes:

- provide information, advice and support in relation to issues of child welfare and protection
- Ensure standard reporting procedures are followed
- Acting as a liaison with TUSLA, An Garda Síochána and other agencies in relation to issues of child protection and welfare
- Maintaining a log of child protection and welfare concerns reported to the Child and Family Agency and or An Garda Síochána
- Providing statistics and other activity data as requested
- Communicate and assist the organisation to implement the policy

It is envisaged that this role in conjunction with the implementation of mandatory reporting (e.g. in the area of disclosures of retrospective child abuse) will provide for a much increased workload for the principal social worker in particular and the Social Work Department in general.

CORU: Registration and CPD

CORU is Ireland's first multi-professional health regulator. Its role is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals. Social workers are the first profession to register with CORU and their CPD scheme was launched in 2015. In advance of this the Social Work Department has developed and implemented its own CPD manual to ensure compliance with CORU standards. The Social Work Department supports ongoing training and CPD development internally through monthly journal clubs and attendance at external conferences and courses.

Interdisciplinary Conference: Death Dying and Bereavement:

The Social Work Department and the End of Life Care committee hosted an interdisciplinary workshop on the theme of **Death dying and Bereavement: The Challenges and Opportunities**

in December 2015. 70 staff attended the study day and representatives of community based service providers hosted information stands including the Irish Hospice Foundation and the Irish Childhood Bereavement Network. Presentations included an overview of grief and loss, advance care planning; disenfranchised grief; compassion at end of life and mindfulness as a self care technique. Feedback was overwhelmingly positive and was successful in advancing the important end of life/bereavement care agenda in the hospital.

Renovation of Hospital Mortuary

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

Brain Tumour Support Day: This one day event is held annually for patients and their families with a focus on information and support. In 2015 it was attended by approximately 45 patients and family members. It is facilitated by the neuro-oncology nurse specialists and social workers from the Neuro Service Teams, with assistance from Neuropsychology.

The Better Health, Better living Programme:

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

Senior Social Worker presented at a Multidisciplinary Patient Education evening for renal patients, attended by over 90 people on **'The Practical Implications of Transplantation'**.

Social Work Bereavement Service

The Social Work Department at Beaumont Hospital continues to offer a range of bereavement services entitled 'Coping After a Death'. In 2015 changes were made to the Bereavement Programme, and a survey conducted by the Social Work Department which aimed to ensure future support programmes were more targeted and grief specific.

The Children's Remembrance Service was held in February to remember children and young people who died in Beaumont Hospital or were treated here during their illness. Parents, siblings, extended family and friends attended. This service centres around honouring the memory of the young person who has died and is a support to the families who attend.

The Annual Public Lecture took place in June which was open to the public. Peter McCartan, Senior Medical Social Worker, provided a reflection on 'the journey of grief' that was attended by over 250 people. A follow up survey was conducted by the Social Work Department on attendees. This will aim to inform future bereavement programmes and assist the Social Work Department in providing support appropriate to the person and their type of grief. There is an annual Parents Support Day for bereaved parents and families. This was held in October 2015 in All Hallows, Drumcondra. This is a special day where those grieving for a child can talk and support each other in a safe and caring environment. The theme of the day was 'Remembering our Children'. Sharon Vaud gave a personal reflection on her grief following the loss of her daughter. A book of remembrance is being compiled which parents are contributing to.

Continued Professional Training

In service training – The Senior Social Work Practitioners plan and organise monthly journal clubs for the social work team. This in service training focuses on staff needs and relevant issues to the Social Work team, and assist with ongoing continued professional development. The journal clubs also serve to develop inter-agency links with agencies outside of Beaumont Hospital. Journal clubs in 2015 included: Dr Sarah Donnelly: Presented research on care planning meetings in a rehabilitation setting

- Review of Palliative Care Needs Assessment Tool
- Jean Forde: Jigsaw Service
- Elder Abuse Guidelines/ Safeguarding and the Protection of Vulnerable Adults
- Fair Deal process updates
- Social Work in the Critical Care Setting

External training - Social work staff also attended a range of training courses to develop our own

skills and practice, for example in Bereavement Care, Dementia care, Chronic Disease Self Management, SOAR, Safeguarding the Vulnerable Adult, Domestic Violence, Suicide Prevention, Children and Loss, Consent and Capacity. A senior social worker completed his Masters Degree in Applied Social Research in TCD. His thesis involved a qualitative piece of research which looked at the experience of homosexual men living with HIV in Ireland. A social work representative was delivery of the new IHF 'Delivering Bad News' Education pack.

Education & Training at a Hospital and National Level

At hospital level we continue to participate, providing training programmes for staff and students, e.g.

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

At a national level we have an on-going commitment to education in a variety of forums including:

- Presenting to the Anam Cara North Dublin parents information evening on Bereavement

- Input to the Post Graduate Masters in Bereavement Studies, Irish Hospice Foundation
- Visiting lecturers at the School of Social Work in TCD, including teaching on the Bereavement and Trauma lecture series and mental health modules for social work students
- Tutoring role of Social Work students in TCD and in the selection process for Masters Social Work students in UCD
- Ongoing provision of placements for under graduate social work students from TCD, UCD & UCC.
- Lecturer and faculty member of the Family Therapy Training programme in Mater Child & Adolescent Mental Health Services.
- HSE Local regional implementation group – Senior Social Work representation.
- HSE Dublin North Home Care package meeting where decisions are made regarding home care package applications and approvals
- Beaumont Hospital Social Work Department is represented on the Irish Hospice Foundations Acute Hospitals Network which supports End of Life care in the acute sector. The Department is also represented on the hospitals End of Life Steering Committee whose objective is to implement the Quality Standards on End of Life Care.
- The senior social worker in ED is on the management committee of Aoibhneas (Women’s Refuge in our local catchment area)

Representation in Hospital Groups and at National Level

Clinical Care Programmes: A number of the social work staff are key members of the clinical care programmes helping to design the models of care for our patients.

A Senior Social Worker is the chair of the Beaumont Hospital Suicide Review Group.

The Social Work Department is represented on a number of Regional and National Groups.

- Beaumont Hospital is represented by a Senior MSW on the newly formed ICBN (Irish childhood Bereavement Network) funded by Tusla and the Irish Hospice Foundation. The network is a hub for those working with bereaved children and young people and their families in Ireland. Our involvement is focussed on the impact of death and bereavement on children whose family member dies in the acute hospital setting.
- Local placement forum (LPF) –Senior social workers from the Care of the Elderly Service Team provide representation at LPFs in North Dublin and Dublin North Central where decisions are made as to whether or not an individual will need long term residential care.
- Convener for the Emergency Department Social Workers (EDSW) Special Interest Group. The group meets to exchange information on new developments in respective services and develop best practice protocols for EDSW. Also to profile and represent EDSW to other professional networks.
- ED Senior MSW represents Beaumont Hospital in the development of the National Protocol on the discharge of Homeless Patients from all hospital settings.
- Social workers from the Care of the Elderly Service Team attend SIGA (Special Interest Group on Aging) on a rotational basis.
- Social workers from the Oncology and Palliative Care Service Team attend the Oncology Social Work special interest group and the Palliative Care special interest group.
- A senior social worker is on the Social Work Registration board with CORU

Speech & Language Therapy (SLT)

Department Manager: Anne Healy

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

Staffing

Including the SLT Manager, the Department comprises a total of 22.9 WTE SLTs and

1 WTE SLT Assistant who provide a service across five different locations:

- o Beaumont Hospital
- o St. Joseph's Rehabilitation Unit
- o Raheny Community Nursing Unit
- o St. Lukes Radiation Oncology Unit (SLRON-Beaumont Centre)
- o Cochlear Implant.

During 2015 the complement increased by two WTE SLTs which facilitated the development of a day hospital service and a service in the Emergency Department. Six therapists work exclusively in the Cochlear Implant department. Due to maternity leave staffing reductions and recruitment related vacancies, the main department carries a minimum vacancy level of 10%. This can impact on referral response time as well as levels of service provision.

Clinical Activity

The demand for SLT was consistently high throughout 2015. When compared with 2014 data (excluding cochlear implant) there has been a 15.5% increase in the number of new patients seen and a 10.5% increase in activity for SLT. The highest areas continue to be in care of the elderly, ENT, neurology, neurosurgery, radiation oncology and stroke.

Of particular note is a 61% increase in the number of new patients seen in radiation oncology. This is a developing service and this significant increase comes on top of a 132% increase in the number of new patients seen between 2013 and 2014.

Almost all speciality areas registered an increase in the number of new patients seen, however the areas with the most significant increases are:

- ENT: 51% increase
- Gastroenterology: 49% increase
- Medical Oncology: 49% increase
- Medical (AMAU and short stay): 145% increase
- Emergency Department: 7,300% increase (1 new patient in 2014 but 74 in 2015)

A new senior SLT post was placed in the Emergency Department and acute floor as a result of the improved performance plan. The significant increases in the number of new patients seen in both these areas is a direct result of this service improvement and indicates the need for an SLT service in these areas.

Of note, there is a dedicated senior in the area of ENT however not in the areas of Gastroenterology or Medical Oncology. All increases in demand in these areas have been absorbed by the general services and indicate that increased resources are required in these areas also.

Within the Cochlear Implant programme, 2015 was a very busy year for the SLTs due to a resignation and two maternity leave. This was combined with a 26% increase in new referrals across both teams:

- 31% increase in referrals to the paediatric team
- 20% increase in referrals to the adult team

This increase in new referrals reflects international changes to guidelines for cochlear implantation, with children with asymmetrical hearing losses now being considered for unilateral CI in certain circumstances. In addition, more children who meet borderline audiological criteria and children with Auditory Neuropathy Spectrum Disorder were referred for SLT assessment. Many of these went on to benefit from cochlear implantation.

General initiatives and developments

During 2015, there were a number of initiatives and developments within the SLT service. These are summarised below.

- o There was a change in SLT manager with the retirement of Dr Rozanne Barrow.
 - o Bilateral sequential cochlear implant surgeries continued, with post sequential activation auditory training sessions provided by the SLT or the teacher of the deaf. In total 57 sequential cochlear implants took place.
 - o Five Patient Information Groups were run by the Adult Cochlear Implant team. Patients and their families gave very positive feedback in relation to these groups, and how beneficial they are when preparing for CI. Feedback forms are completed after every session. Smaller information groups were run for those over 65.
 - o The day hospital SLT service was developed with the allocation of a 0.5 WTE post. Patients attending 3 consultant clinics now benefit from timely SLT assessment which improves the quality of the service they receive and their overall outcomes
 - o The Frailty Intervention Therapy Team (FITT) was developed in the Emergency Department in 2015. The SLT department traditionally offered a service to admitted patients in ED. The allocation of an additional Senior SLT has offered the opportunity to assess those patients in a more timely manner and to support safe discharge home with HSE SLT or Day Hospital follow up.
 - o As part of the Stroke MDT, the SLT was instrumental in working to develop communication among the team in relation to patients. A Stroke Huddle was developed in which the team met about patients 3 times a week in order to plan co-ordinated rehab care and discharge. These brief meetings are ongoing.
 - o The SLT Department has strong links with colleagues in the local HSE primary care services.
- These links were strengthened in 2015 as the new services in the Day Hospital and ED were developed in consultation with our community colleagues. This reflects the fact that a patient's stay in Beaumont is only one part of their whole cycle of care and improved care results from collaborate working across services.
- o The Department has a history of quality improvements through Team Based performance management. In 2015, training on Quality Improvement methodologies was provided and the existing TBPM system was reviewed to reflect a change to the use of these methodologies. A number of projects were completed and commenced. These QI projects are ongoing within the Department.
 - o The Speech and Language Therapist played a key role in the completion of the Productive Ward Catering Module on the rehabilitation unit in St Joseph's Hospital Campus. This module initially involved an extensive audit of current catering practices on the unit, including the use of texture modified diets and fluids for patients with known dysphagia. Following completion of the audit, the findings were used to inform the development of a new streamlined process for the communication of patient specific dietary requirements and for the ordering and delivery of patient meals. This new model has resulted in reduced risk and improved quality of mealtimes for all patients on the unit.
 - o The Speech and Language Therapist in the rehabilitation unit was involved in a team wide project with the aim of developing a multidisciplinary care pathway to support the assessment, management and discharge planning of patients admitted following an acute stroke. This project involved the use of the CReW (Clinical Redesign and Workforce Planning) methodology. The methodology was used to develop diagnostic and discipline specific clinical care pathways with associated timeframes and algorithms which are based on best practice in the area of dysphagia and communication assessment and management following stroke. Specific multidisciplinary quality improvement initiatives were also highlighted and developed. The ongoing

use of these pathways has contributed to a high quality and efficient service for stroke patients referred to Speech and Language Therapy on the rehabilitation unit.

- o A number of staff served on national working groups which were developing national guidelines for the profession, thus contributing to best practice for patients.
 - o Anne Healy was a member of the Irish Association of Speech and Language therapists (IASLT) central council.
 - o The Cochlear Implant SLTs joined a working group to update the IASLT Guidelines for Working with Deaf Children.
 - o Jen Maloney sat on the working group to update the IASLT Scope of Practice Guidelines for SLTs.

Specific studies and projects

Specific studies or projects that members of the SLT are involved in include:

- o **Message Banking:** This project commenced in 2013 and in 2014, the Department was successful in securing funding from RMN (Research Motor Neurone) to release the senior SLT in Neurology for one day a week to develop this project. The work is ongoing with a completion date of 2016 set. This is a collaborative study with the Dept of Clinical Speech & Language Studies in TCD that aims to develop a message banking toolkit and guidelines to allow Irish SLTs to implement a consistent but individualised message banking service for patients with progressive neurological conditions. A central aspect of the study is that it is service-user driven; to this end a group of people who are facing progressive deterioration in their speech secondary to MND or primary progressive aphasia are advisors to the project.
- o **Oropress study:** the senior SLT in Radiation Oncology is a co-investigator in large multi-centre study led by Professor Alison Perry of the University of Limerick. This study is investigating tongue pressure and the benefits of using Oropress for patients with head & neck cancer who are having radiotherapy. It is in the early stages.

- o **Eden Alternative:** during 2014, the senior SLT based in the Raheny Community Nursing Unit played a major role in the introduction of the *Eden Alternative* into the unit. The *Eden Alternative's* mission is to improve the lives of older people and their carers by transforming the communities within which they live through a vision to eliminate loneliness, helplessness and boredom. To this end, a number of initiatives have taken place one of which is the establishment of an *Eden Ideas Tree* in the unit. This is a large tree mural that invites residents, carers and staff to post any ideas that they feel would improve the lives of residents. These ideas are then discussed at the regular *Eden Meetings* set up to progress the ideas generated.
- o **Informal assessment of language & cognition:** SLT and OT working in stroke are collaborating to develop an informal assessment of language and cognition for those patients who are not able to participate in the *Hear Me Think* assessment. *Hear Me Think* is a cognitive screening tool for patients with specific communication impairments developed in 2013 through a collaborative initiative between Beaumont SLT and OT.
- o **Jive for Joe's Fundraising Event:** The Speech and Language Therapist in the rehabilitation unit was a member of the rehab unit fundraising committee for 2015. A successful 'Strictly Come Dancing' style event was held in October 2015 with funds of over €11,000 raised. This money will now be used to develop a therapeutic outdoor space for use by all patients/residents on the St. Joseph's Hospital campus site.
- o The SLT in the Community Nursing unit, in collaboration with Cossicare, a volunteer agency introduced a volunteer scheme called 'Befrienders' in the unit. Volunteers were introduced to residents whom they commenced visiting on a regular basis.

Education and Training

Practice education

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

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

Contribution to Education

Members of the Department continue to contribute to in-house training to a wide variety of disciplines within the hospital. In addition, a number of staff are visiting lecturers at Trinity College Dublin. One of the SLTs in Cochlear Implant provides lectures on Cochlear Implant and 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.

The Speech and Language Therapist on the rehab unit was involved in the development and provision of a presentation on dementia and rehabilitation at a Dementia Study Day that was hosted in the St. Joseph's Day Hospital by the Care of the Elderly Services and attended by a wide variety of healthcare professionals.

The Speech and Language Therapist on the rehab unit was involved in the creation and provision of a 5 day postgraduate module for nursing staff in the area of Older Persons Rehabilitation in conjunction with the rehab unit MDT and the RCSI. Involvement included the development of curriculum and assessment procedures in the area of communication and swallowing difficulties in the elderly population and provision of lectures/workshops.

The module was completed by nursing staff across both the Beaumont and St. Joseph's sites and it is anticipated that the module will be offered to external candidates from this year.

The SLT in the Community Nursing Unit has been working with a team of staff within that unit to create an education tool for all staff who deal with residents (care staff, housekeeping, security, medical, catering, HSCPs, admin, etc). The aim of the tool is to deepen staff understanding of the perspectives and experience of older persons living in long-term care in order to enhance interactions between staff and residents and the general care environment for residents. The title of the project is 'Making a home a home'. This training will include a DVD which features residents from the unit.

Publications and invited presentations

Boyle, M., McMahon, U., The Frail Persons Journey through SLT services in Beaumont Hospital. *Frailty: Hard to Define, Easy to Recognise*. November 2015.

Lyons, R., **Brennan, S.** and Carroll, C. (2016) 'Exploring parental perspectives of participation in children with Down Syndrome'. *Child Language Teaching & Therapy*, 32 :79-93

Doyle, L. and Jagoe, C. Voice and Message Banking. [Irish Film Institute and Science Gallery joint event](#) – special screening of *The Theory of Everything* followed by an innovation workshop for transition year pupils to explore the science of innovation and life after trauma, Dublin, November 2015 (invited workshop presentation)

Doyle L. and McElligott K. Affects of Dysphagia and Gastrostomy Feeding on Quality of Life for People with Motor Neurone Disease. Oral presentation at: *Irish Association of Speech and Language Therapists Biennial Conference, Speaking Out: Exploring Clinical Practice, Knowledge and Evidence*. April 2015. Croke Park, Dublin.

Moloney, J. Outcomes of a Free water protocol in an acute and rehabilitation hospital setting. Oral presentation at: *IASLT Biennial Conference, Speaking Out: Exploring Clinical Practice, Knowledge and Evidence*, April 23 – 24, 2015, Croke Park, Dublin, Ireland.

Moloney, J. Free Water Protocols: A review of the evidence. Oral presentation at: *Clinical*

considerations in swallow rehabilitation: acute care, rehabilitation and community perspectives, Dysphagia SIG, February 6 2015, Dublin, Ireland.

O'Brien, M. The Role of Speech and Language Therapy in Radiotherapy. Invited Oral Presentation: *Annual Beaumont ENT Head & Neck Conference.* October 2015.

Staveley, R. The Eden Alternative: An SLT Perspective. Oral presentation at: *IASLT Biennial Conference, Speaking Out: Exploring Clinical Practice, Knowledge and Evidence, April 23 – 24, 2015, Croke Park, Dublin, Ireland.*

Staveley, R. Invited Presented at *IASLT Dementia Workshop.* October 2015

Dept of Psychology

Principal Clinical Psychologist/Head of Department: Dr Niall Pender

The Department continues to offer specialised psychological treatments for patients of the Hospital. The Department currently consists of 10wte psychologists, 3 PhD students and 2 MSc students registered with both RCSI and Trinity College Dublin. Staff also supervise approximately 5 HSE trainee clinical psychologists per year.

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. As such the demand for psychological assessment and interventions has grown substantially in 2015.

As a Department, we aim to provide a psychological service to most areas of the hospital but at present some areas remain unsupported. Resource issues and poor physical infrastructure continue to dominate service delivery problems especially the ongoing demands for suitable treatment space which is limiting the opportunity to expand treatment options. However, the team continue

to produce excellent work with limited resources and have continued their pattern of developing novel and patient focused treatment/assessment methods.

We 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.

We would like to thank the Beaumont Hospital Foundation for their assistance in funding improvements in the decoration of the temporary cabins to improve the patient experience.

Clinical Service Developments

Neurosciences:

In 2015 we were able to secure funding for a new post dedicated to epilepsy surgery which will enable our service to be more responsive and streamlined. Pre-surgical Wada tests are now undertaken weekly in collaboration with colleagues in Radiology and Neurophysiology. We are the only site in Ireland offering this service to epilepsy patients. This has substantially improved the throughput of patients in the surgical programme. Dr Sarah Clarke, Mr Mark Mulrooney and Dr Diane Gillan have also developed a novel treatment group for Non-Epileptic Attack Disorder (NEAD) which will improve the speed and efficiency of treatment for this condition. Approximately 100 patients are diagnosed with NEAD each year in Beaumont.

Mr Mulrooney continues to work with our colleagues in Neurosurgery to develop and improve the services for patients undergoing awake craniotomy and this is a unique service to such patients in Ireland. Paediatric neurosurgery referrals continue to expand and we have tried in 2015 to provide a service to such patients.

The assessment of mental capacity and decision making remains a key component of the Neuropsychology Service throughout the hospital especially to the older adult service. This ensures that patients with compromised cognition can be evaluated and clear objective decisions made regarding their capacity to make decisions.

Dr Niall Pender continues to develop services to neurodegenerative patients and in 2015 Beaumont Hospital became the first site in Ireland to participate in the ENROLL-HD international research trial. In January 2015 Dr Pender was invited to present to the Oireachtas Joint Committee on Health on the provision of services to patients with Huntington's disease in Ireland. In September 2015 Dr Pender was awarded the title of Adjunct Associate Professor in Psychology at Trinity College Dublin. In 2015, Dr Pender also took up the role of President of the Irish Brain Council.

Oncology:

The psychologist in the St Luke's Radiation Oncology Centre at Beaumont Hospital offers support to patients, their family members and staff on the emotional challenges that may arise at all stages of a cancer diagnosis. The service offers individual therapeutic support as well as group based interventions. The psychologist forms part of a very strong multi-disciplinary team including radiation oncology, nursing, radiation therapy, speech and language therapy, medical social work and dietetics.

A patient can request at any stage to meet with the psychologist who may offer support on a range of issues from acute anxiety through to more long term therapeutic intervention. Our psychologist, Dr Victoria Lunt is part of the Beaumont Hospital Chronic Disease Self Management Programme (CDSMP) under Dr Jennifer Wilson O'Rahallaigh, and regularly presents the cancer specific "Cancer Thriving and Surviving" (CTS) group programme. This programme aims to increase patient self efficacy and management of their medical condition in the post treatment period.

Current research focuses on the psychological adjustment of women diagnosed with Ductal Carcinoma in Situ (DCIS).

Liaison Psychiatry

The psychology service to the liaison psychiatry team provides assessment and intervention to patients of liaison psychiatry from all hospital patient groups. The liaison psychiatry team under Dr Jennifer Wilson O'Raghallaigh has been very active in developing a broad range of group interventions for patients from all areas of the Hospital. In 2015 Dr Wilson O'Raghallaigh took over the role of

Principal Clinical Psychologist (Specialist) in Liaison Psychiatry for which we would like to congratulate her.

In addition to her daily assessment and treatment services Dr Wilson O'Raghallaigh has developed and is undertaking the following highly successful interventions:

- Direction and facilitation of the Mindfulness Based Stress Reduction Programme for patients of Beaumont Hospital which includes 3 8-week groups per annum;
- Direction and supervision of the Psycho-dermatology Intervention in partnership with the Department of Dermatology;
- Co-Direction of the Better Health, Better Living programme for all patients of Beaumont Hospital which includes 6 6-week groups per annum;
- Training of peer and health care leaders of the Better Health, Better Living programme;
- Quantitative assessment of the Beaumont Hospital Resilience Plus programme for staff.

Dr Diane Gillan organised a very successful multi-disciplinary one-day conference entitled: "*Explaining the Unexplained: A Biopsychosocial Approach to Medically Unexplained Symptoms*". It was attended by approximately 150 attendees across a wide range of health professionals from all parts of the country and received very positive feedback. Dr Gillan also developed and ran a novel 6-week therapeutic group for liaison psychiatry patients, entitled the 'SMART' programme, which provided coping skills and techniques to manage stress and anxiety

Renal Psychology:

Dr Gillan undertook a detailed service evaluation of renal patients entitled: "*A Pilot of the Distress Thermometer among Renal Dialysis Patients*". This screening tool for distress which was undertaken with 53 dialysis patients identified that 35% of patients experienced distress. Following this Dr Gillan ran an education programme for renal patients over 6 weeks, based on the Stanford

Chronic Disease Self-Management Programme, with support from the Irish Kidney Association (IKA).

Dr Gillian has collaborated on the development of the novel Renal Transition Clinic at Beaumont Hospital, which provides a multi-disciplinary service to teenagers transitioning from paediatric hospitals in Temple Street and Crumlin Hospital to Beaumont Hospital.

Cardiology:

Dr Isabela Caramlau joined the Department in 2015 as Basic Grade Psychologist in cardiac-rehabilitation and we would like to welcome her to the Hospital. In 2015, Mr Jonathan Gallagher and Dr Caramlau developed a number of new services and interventions for cardiac patients. They were as follows:

- a) The Heart Failure 6 weeks self-management programme – UPBEAT, was rolled out;
- b) Additional group sessions for patients attending Cardiac Rehabilitation:
 - Goal Setting.
 - Smoking cessation (run jointly with a smoking cessation counsellor).
 - Medication adherence (run jointly with a pharmacist).
- c) Patients attending Cardiac Rehab are now routinely screened for sleep apnoea.

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 remains a corner-stone of our research and enables the psychology team to produce high quality international research.

The following research grants were obtained in 2015:

- Burke, T., Hardiman, O. & **Pender, N.** (2015). *Fellowship Exchange Programme for Mr Tom Burke*. European Huntington's Disease Network (€3000).
- **Pender, N.** (2015). *Neuropsychology of Huntington's disease*. Huntington's Disease Association of Ireland grant. €15,000.
- Hickey, A, **N.Pender**, D Williams, Bennett, K, Horgan, F. Wren M-A (2014). *The StrokeCog study: modelling and modifying the consequences of stroke-related cognitive impairment through intervention*. *Inter-disciplinary Capacity Enhancement Awards 2015* €600,000. ICE-2015-1048 (Co-applicant).
- Hardiman, O (PI), **Pender N** (PI) and Pinto-Grau M. (2015). *A longitudinal study of the evolution of language changes in Motor Neuron Disease (MND): Neuropsychology and Neuroimaging correlates of language performance in MND*. Motor Neurone Disease Association UK studentship £82,000 (€115,065). Application Number 30/579.
- Hardiman, O, Galvin, M, **Pender N** (Co-PI), Burke, T. (2015). *Defining the complex needs of ALS caregivers*. *American ALS Association*. \$200,000. Application Number: 20021.
- Doherty, C, **Pender, N** (Co-PI), et al. (2015). *Concussion: A Longitudinal study in amateur and professional athletes*. St James' Hospital Charitable Foundation.

Publications by members of the Department of Psychology in 2015:

Burke, T., Healy, D., Casey, P., Hardiman, & Pender, N. (2015). Atypical Social Cognitive Processing In Premotor Huntington's Disease: A Single Case Study. *Irish Journal of Psychological Medicine*. DOI: 10.1017/ipm.2015.48.

Pender, N. (2015). Huntington's disease: *The care of patients in Ireland*. Submission to the Oireachtas Joint Committee on Health, January 2015.

McCarthy A, Lonergan R, Olszewska DA, O'Dowd S, Magennis B, Fallon EM, Pender N, Huey ED, O'Rourke K, Delon I, Spillantini M, Hutton M, Lynch T (2015). The missing Tau mutation: c.915+15A>C exon10/intron 10 Boundary of MAPT Stem Loop Structure in an Irish Family with Frontotemporal dementia parkinsonism-17. *Brain*. Aug 21.

Iyer, P.M., Egan, C., Pinto-Grau, M., Burke, T., Elamin, M., Nasseroleslam, B., Pender, N., Lalor, E.C., Hardiman, O. (2015). Functional connectivity changes in resting-state EEG as potential biomarker for Amyotrophic Lateral Sclerosis. *Plos1*.

Burke,T., Pinto-Grau M., Elain, M., Bede, P., Hardiman, O., & Pender, N. (2015). Practice Effects Across Eighteen Months on Neuropsychological Measures of Executive Functioning. *Irish Journal of Psychology*.

Burke, T., Elamin, M., Galvin, M., Hardiman, O. & Pender, N. (2015). Caregiver burden in Amyotrophic Lateral Sclerosis: A cross-sectional investigation of predictors. *Journal of Neurology*, 2015, April 23 DOI 10.1007/s00415-015-7746-z.

Elamin M¹, Bede P, Montuschi A, **Pender N**, Chio A, Hardiman O. (2015). Predicting prognosis in amyotrophic lateral sclerosis: a simple algorithm. *Journal of Neurology*, 2015 Apr 11.

Presentations by members of the Department in 2015:

Pender, N. (2015). Huntington's disease: *The care of patients in Ireland*. Submission to the Oireachtas Joint Committee on Health, January.

Pinto-Grau, M., Burke, T., Lonergan, K., Elamin, M., Hardiman, O. & Pender, N. (2015). A Prospective Population-based Study of Language Changes in ALS. Platform presentation at the Psychological Society of Ireland's Annual Conference, Galway.

Niall Pender (2015). *Sports Concussion & Mild Head Injury: Neuropsychology Update*. Faculty of Sports and Exercise Medicine Training Day. Royal College of Surgeons in Ireland. 7th November.

Niall Pender (2015). *Symptom Validity Testing in patients with Medically Unexplained Symptoms*. One-day conference on medically unexplained symptoms. Beaumont Hospital, Dublin. August.

Niall Pender (2015). *Sports Concussion: Controversies and Issues*. National Memory Clinic Conference: Advances in Dementia. Trinity College Dublin: March.

Niall Pender (2015). *Neuropsychology: Assessment and Treatment with Neurological Patients*. Hermitage Medical Clinical GP Training Day. February.

Burke, T., Elamin, M., Hardiman, O. & Pender, N. (2015). Cognitive Deficits in Pure ALS: A Data Driven Approach. European Network for the Cure of ALS (ENCALS) Dublin

Burke T., Hardiman, O. & Pender, N. (2015). Population based Cognitive Phenotyping in Amyotrophic Lateral Sclerosis. Paper presented at the Psychological Society of Ireland's Early Graduate Conference, NUIG, Ireland.

Burke, T., Elamin, M., Galvin, M., Hardiman, O. & Pender, N. (2015). Caregiver Burden Does Not Affect Patient Survival in Amyotrophic Lateral Sclerosis: Investigating Factors Contributing to Burden. Accepted to American Academy of Neurology (AAN) Annual Meeting, Washington DC.

Burke, T., Pinto-Grau, M., Lonergan, K., Hardiman, O. & Pender, N. (2015). A Prospective Population-based Investigation Of Cross-modal Emotional Processing In Amyotrophic Lateral Sclerosis. Oral presentation accepted to the 26th International Symposium on ALS/MND, Orlando.

Burke, T., Elamin, M., Pinto-Grau, M., Lonergan, K., Hardiman, O. & Pender, N. (2015). Assessing the functional equivalence of verbal and spatial working memory tasks in Amyotrophic Lateral Sclerosis. Oral presentation accepted to the Psychological Society of Ireland's annual conference.

Burke, T., Pinto-Grau, M., Elamin, M., Hardiman, O. & Pender, N. (2015). An Isolated Deficit: Social Affective Deficits in Bulbar Onset ALS Patients (poster).

Burke, T., Pinto-Grau, M., Elamin, M., Hardiman, O. & Pender, N. (2015). Social Cognitive Function in ALS Patients. Neurological Alliance Ireland (NAI) meeting, Dublin (poster).

Medical Physics and Clinical Engineering Department

Head of Department: Mr. Pat Cooney, Chief Physicist

Introduction

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

Significant Service Developments

The Department manages the hospital's Medical Equipment Replacement Programme, which

secures HSE funding to replace aging medical equipment across the hospital. Significant service developments for the medical equipment replacement programme were witnessed in 2015, when the Department secured an allocation of €2.45 million. This enabled the Hospital to replace key items of medical equipment in our theatres, radiology and pharmacy.

The Department was instrumental in the successful completion and clinical implementation of new development projects, particularly in Radiology, where the newly developed and revamped Nuclear Medicine Department began clinical services in early January 2015. The new facilities and scanning equipment have brought substantial improvements in the service offered by the Nuclear Medicine Department, replacing the old technology with two new SPECT CT Gamma cameras and new radiopharmacy hardware and software, providing improved image quality, new functionality and reduced patient waiting times. Additional facilities were also provided into Cardiology with the upgrade of the main image display system in the second Cardiac Catheterisation suite. Table 1 gives details of the replacement and new medical equipment projects managed by MPCE Dept., in 2015.

Table 1 - Major Medical Equipment Replacement Projects 2015

1	Neuro Navigation systems replacement	Commissioned - Q2 and Q3, 2015
2	Neuro surgical microscope replacement	Commissioned - Q4, 2015
3	Redevelopment of Nuclear Medicine Department in Radiology	Commissioned - Q1, 2015
4	New Intraoperative Neurophysiological Monitoring	Commissioned Q1 2015
5	New Fibroscanner System	Commissioned - Q2 2015
6	New Infusion Technology	Commissioned - Q2 2015
7	New Holmium LASER system	Commissioned - Q2 2015
8	Urology Operating Scope system	Commissioned - Q3 2015
9	New Digital Chest X-ray Imaging Systems	Commissioned Q4 2015
10	New ECG equipment	Commissioned - Q1, 2015
11	Organ Recovery Units	Commissioned - Q4, 2015
12	New High-end networked patient monitoring - St. Damien's Ward	Commissioned - Q4, 2015
13	RO Water treatment system	Tender evaluation Q4 2015

Clinical Engineering and Medical Equipment Management

In addition to routine service delivery and clinical support, the clinical engineering technicians directly managed or contributed to the installations, acceptance testing and commissioning of the systems listed in Table 1. MPCE advanced its work on the development of a Medical Equipment Management Policy for the Hospital. This policy is being developed in line with relevant components of the standards published in Safer Better Healthcare, HIQA 2012. The Department's medical equipment asset inventory tracks medical equipment performance and maintains a full service history on each piece of equipment.

The MPCE Department manages the service level agreements for medical equipment, including a comprehensive service contract for the Hospital's infusion technology, covering critical care and all general ward areas. Over the last number of years the Department has standardised on this technology group across the hospital, replacing the ageing infusion devices, reducing patient risk and creating better opportunity to develop an infusion device lending library. The policy of standardisation was also implemented throughout for other technology groupings /locations within the hospital, in particular the mid to high-end patient monitoring in our theatres, ICUs and CCU. The Department has worked at committee level nationally and regionally, in medical equipment management, contributing to the development of a medical equipment replacement programme at both levels.

Imaging and Radiation Physics

Radiation protection advisory services are provided by the Diagnostic Imaging Physics section of the Department, with contributions to the statutory radiation safety committee; the statutory Quality Assurance program; communication with exposed workers about personal dosimetry and systems of work; dealing with incidents and other aspects of compliance with SI 125(2000) and SI 148 (2002).

The MPCE Department, in conjunction with the Imaging and Interventional Radiology Directorate, the Technical Services Department (TSD), the HSE and a design team, established a Development Plan for the Radiology Department. This was a spatial study of radiology to map out approaches to be taken for major equipment replacement and additions, management of patient flow and

experience and to incorporate compliance with new standards. It considered possibilities for both long and short terms. The development plan now forms the basis for future expansion in radiology services and specialist equipment replacement needs.

In addition to the normal workload and service delivery, 2015 saw Imaging Physics play key roles in a number of important developments for the Hospital.

After closing down in October 2014, the redeveloped Nuclear Medicine Department was reopened in January 2015. Physics staff in collaboration with Radiology, Radiographers and HSE project management played a key role in this impressive development. The new state of the art facility, designed and built by a multidisciplinary team comprising MPCE and Radiology staff members in conjunction with a specialist equipment manufacturer, commercial design team and their sub-contractors, has two new SPECT/CT systems for improved diagnostic imaging of disease; a new radiopharmacy and separate blood labelling room for preparing high quality radioactive injections for patients; two new injection rooms to cope with the increasing demand for this service. All the new imaging and laboratory equipment was commissioned and acceptance tested by the physics staff and the new facility now provides a high quality service using radioactive materials for the diagnosis and treatment of patients.

Imaging physics staff were centrally involved with radiologists and radiographers in the planning and purchase of two new replacement digital chest X-ray units to replace the two existing 15 year old systems. The room (Room 2) housing these units also required physics input in planning for refurbishment of the floors, ceiling, air handling and radiation protection equipment. The facility was commissioned by the physics staff and started clinical use at the end of 2015.

In a substantial multidisciplinary collaboration with St Lukes Radiation Oncology Network, Beaumont Hospital began work to become the first hospital in Ireland to introduce an Intraoperative Radiation Therapy (IORT) service for the treatment of breast cancer. This service, for the treatment of patients with early stage breast cancer, involves delivering

a radiotherapy dose to the target area on the surgical table during the surgical lumpectomy procedure. The main advantage for the patient is that IORT can eliminate or significantly reduce the number of required daily/weekly attendances for post-operative adjuvant external beam radiotherapy. There was over 35 staff between the two institutions involved with this work. Physics input was central to developing radiation safety procedures and governance structures to ensure the best treatment of these patients. The first treatment is due in 2016.

A new Holmium laser system and associated personal protective equipment was introduced into the Urology theatre and was commissioned by physics staff. Physicists in collaboration with the clinical staff and the vendor carried out a risk assessment for the use of this new device in theatres.

Beaumont Hospital was one of the first in Ireland to introduce software to track the radiation doses of patients undergoing diagnostic or interventional X-ray procedures. This helps ensure that our radiation doses are kept as low as reasonably achievable, consistent with obtaining the necessary information. In May 2015 Thomas Heary, Radiation Protection Advisor (RPA) gave a presentation on Patient Dose Tracking at the 4th Annual Quality and Patient Safety Day in Beaumont Hospital. Shortly afterwards he was invited by the Irish Association of Physicists in Medicine (IAPM) to give a talk on the subject of patient dose tracking at their Special Interest Group meeting during the Robert Boyle Summer School in Lismore on July 2015.

Finally, in conjunction with the Radiology Directorate, the imaging physics staff were involved with successful completion of two external inspections, namely:

- An audit of the Patient Radiation Protection Manual by the Quality Assurance and Verification Division for patient radiation protection - February 2015.
- An inspection of Nuclear Medicine Facilities by the Office of Radiological Protection at the Department of the Environment - September 2015.

Neurophysics

The key areas of focus for the neurophysics group are; management of electromedical equipment in clinical neuroscience; Health Informatics; Advanced Neuroimaging, MR Safety, Health Service Research and National Epilepsy Programme.

Neurosurgery: Following the management of a procurement phase in 2014, the neurophysics group, in conjunction with clinical engineering, led the implementation of new neurosurgical microscopes and neuronavigation systems during 2015. This included co-ordination of a multidisciplinary team to conduct user-acceptance testing of equipment, engage in user-training and building a collaborative approach to ensure safe and effective use of the new equipment in surgical practice.

Clinical Neurophysiology: The neurophysics group provides technical and scientific support to the clinical neurophysiology (CNP) service at Beaumont. This work involves a collaborative relationship with CNP personnel, IT Department and external equipment vendors to ensure optimal performance and reliability of EMG, EEG, NCV and intra-operative monitoring equipment thereby contributing the patient-centredness of the service.

The CNP Department provides long-term video-EEG monitoring for epilepsy. People with epilepsy who avail of this service are admitted to the hospital for several days of monitoring. Patient safety while in the monitoring unit is paramount and reliability of the video-EEG equipment plays a key role in this. Neurophysics personnel are committed to ensuring dependability of the equipment by applying their technical expertise as well as managing the various stakeholder relationships (doctors, nurses, clinical scientists, IT, equipment vendor etc).

eHealth and Health Informatics: The neurophysics group has a long history of R&D in exploiting information and communication technology (ICT) to enhance the care of people with a chronic disease. Using epilepsy as a probe the group has developed and implemented an epilepsy specific electronic patient record (EPR) which is now in use nationally at epilepsy centres across Ireland (Cork, Sligo, Galway, Cavan, Monaghan, Limerick, Dublin). The EPR ensures clinical information is available when and where needed for safe and effective care of people with epilepsy. The success of the

epilepsy EPR, which began its life at Beaumont Hospital, led to its nomination in 2015 as an eHealth Lighthouse Project for eHealth Ireland. This programme of work will be managed by personnel from the neurophysics group and aims to advance a paradigm of 3P medicine for people with epilepsy in Ireland. This 3P paradigm is defined as proactive, precision, personalised care and will use eHealth to bring genomics, patient reported outcome measures (PROMS) and data analytics into the clinical pathway. The HSE has committed a budget of €1.27m to this project which will be conducted as a collaboration between Beaumont Hospital, RCSI and HSE.

Advanced Neuroimaging: Ictal SPECT is a nuclear medicine investigation of brain function used to help localise the onset of seizures in people with epilepsy who are being considered for surgical treatment of their condition. While Beaumont is the only centre in Ireland offering surgical treatment for epilepsy, there is currently no Ictal SPECT service. In 2015, the neurophysics group in collaboration with the epilepsy programme at the hospital, initiated and managed a project to develop an Ictal SPECT service. This multi-disciplinary project is progressing with input from medical physics, neurologists, neurophysiologists, radiologists, radiographers, CNP scientists. To date the project team, led by neurophysics, has prepared a business case which describes the rationale for the service and details the resource requirements for its delivery. When approved, the implementation of this service will add significantly to the quality and safety of patient care for those undergoing epilepsy surgery.

Image Processing for Neurosurgical Planning: The neurophysics group provide image processing expertise to optimise the diagnostic yield in MRI and contribute to pre-surgical planning in neurosurgery. For example, the team conducts co-registration of CT and MRI to localise subdural and depth electrodes in patients who are undergoing invasive long-term video-EEG monitoring. Invasive electrodes are used when surface electrode recording fails to localise seizure onset. Invasive electrodes more effectively capture seizure onset, however, imaging and post-acquisition image processing is required to accurately identify the location of the invasive electrode.

When the Ictal SPECT service is up and running the neurophysics group will provide the required image processing service to post-process ictal and interictal images to highlight the epileptogenic zone in the brain. The surgical planning for the patient will be enhanced with consequent greater safety and outcomes for the patient.

MR Safety: In collaboration with radiological personnel, the neurophysics group took on responsibility for MR safety in the hospital. The group plays a key role in the hospital's MRI safety committee, leads the hospital's MR Quality Assurance programme, and provides MR safety training for non-radiology personnel to promote a safety culture. In addition, the group offers MR physics tutorials for trainee radiologists at the hospital. Together with the MRI safety committee, neurophysics has developed standard operating procedures associated with the delivery of the MRI service at Beaumont.

Health Service Research: Over more than a decade, the neurophysics group has been successful in securing research funding to work on health service research projects. To date the projects have largely focused on the socio-technical systems in eHealth with a view to understanding how people, process and technology interconnect in the healthcare environment. In 2015, the group was awarded a Research Collaborative in Quality and Patient Safety (RCQPS) grant of €280k to conduct a 2 year project entitled: "Making the patient a member of the healthcare team in chronic disease management". The RCQPS scheme, a collaboration between RCPSP, HRB and HSE, was developed to support research around the national clinical care programmes. Our RCQPS project will be conducted with the National Epilepsy programme. In collaboration with the anthropology department at Maynooth University, this project will use ethnography and action research to explore the concept of patient-centred care and how this can inform the design and implementation of eHealth solutions that can enable improved patient-centredness.

National Epilepsy Programme: The neurophysics group at Beaumont had its genesis in the hospital's epilepsy programme which is a multidisciplinary team of neurologists, neurophysiologists, neuroradiologists, neuropsychologists, epilepsy nurses, CNP scientists and medical physics. The

neurophysics group now plays a key role in the HSE National Clinical Care Programme for Epilepsy which is working on standardising and creating integrated services, and improving continuity of care for people with epilepsy in Ireland. Through 2015, the neurophysics group continued to support the implementation of the national epilepsy EPR across Ireland and also to lead the ongoing enhancement of the system in line with the evolution of the national programme.

Education & Training Activity

- The department continued contributions to the Radiology Fellowship course, with provision of Physics lectures and tutorials to the specialist registrars, for the Faculty of Radiology, Royal College of Surgeons of Ireland.
- A Radiation Protection Course for non-radiological hospital doctors was run in conjunction with the Imaging and Interventional Radiology Directorate. The course has Medical Council approval and in addition, was approved by the Faculty of Radiology to award 3.5 CME credits for attendance.
- Contributions to lectures on the Medical Imaging Module of the MSc in Health Informatics, TCD.
- The Department facilitated a 3 month undergraduate student placement from the DCU INTRA (Integrated Training) Programme.
- Provision of lectures to the RCSI module on Haemodialysis
- Provision of lecture and demonstrations on medical equipment device management and operation at the Beaumont Hospital Transition Year Programme, 2015.

Staff Appointments / Activity

- Meabh Smith, continued representation on the Health Products Regulatory Authority (HPRA), Advisory Committee on Medical Devices (Ministerial Appointment)
- Meabh Smith is Chairperson of the Biomedical Engineering Association of Ireland

- Gareth Enright, appointed as Senior Clinical Engineering Technician.
- Mary Fitzsimons, continued representation on the HSE, National Epilepsy Management Team
- Mary Fitzsimons, continued membership of HSE ICT Strategy Steering Group.
- Thomas Heary, continued appointment as the registered Radiation Protection Advisor to Beaumont and St. Joseph's Hospitals.
- Thomas Heary, continued representation on the Research Ethics Committee
- Pat Cooney, continued representation on the HSE Dublin North East Regional Medical Device and Equipment Management Committee.
- Thomas Heary, ongoing representation on the Voluntary Hospitals Group, Risk Management Forum, Radiation Safety Advisory Group
- Pat Cooney, continued representation on the National Medical Device Equipment Management Committee
- Paul Lowe, continued representation on the Haemodialysis Technical Evaluation Group for the National Renal Office
- Linda Gavagan and Thomas Heary – continued membership of the embers of the IAPM Radiation Protection, SIG
- Ronan Faulkner and Maria Dooley, continued membership of the IAPM Non-Ionising Radiation, SIG

Presentations / Conference Participation

For 3rd year in succession Thomas Heary attended the European Federation of Medical Physics summer school for Medical Physics Experts in PET/CT, NUC Med, Radionuclide Therapy

CHAPLAINCY DEPARTMENT

The Chaplaincy Department is an integral part of the multi-disciplinary team. Chaplains cover the whole hospital on a twenty-four hour basis over two twelve-hour shifts around the whole year.

Chaplains are in a unique position of meeting patients when they are at the most vulnerable both on a physical or psycho-spiritual level.

Our work spreads out in many directions - meeting new patients and their families particularly in the Emergency Department, and also in General ITU and Richmond ITU.

Patients faced with terminal illness have many issues that may need to be resolved. The chaplain is on hand to help them to work through these issues. In other words, the chaplain provides an empathic listening presence as well as sacramental healing presence.

The Chaplaincy Department is inter-denominational and multi-cultural in its approach. We work together as a team in preparing and celebrating inter-denominational services. For example this includes services for members of staff who have died.

We have our annual inter-denominational service for adults on the first Saturday and Sunday of November.

We celebrate mass everyday at 1pm with the exception of Saturday where mass is at 7.30pm.

We are blessed to have two outstanding folk groups: one headed by Paschal Robinson who plays at 10 am Mass and June Bibat who leads the Filipino group at 1 pm Mass.

We celebrate reconciliation services for staff and patients at Christmas and in the season of Lent. We have a service in Advent for all our voluntaries, namely Eucharistic ministers, pastoral associates, and our music groups. In 2015 the service was conducted by Archbishop Diarmuid Martin, D.D., D.Litt. (h.c)

On 27th of March 2015 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 5th of May 2015 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. Liam Duffy Chief Executive.

The Chaplaincy Department would like to thank the management and all the hospital staff for their support.

General Services

This report consists of individual reports from the following services/departments.

1. Introduction
2. Hygiene Services Task Group (includes cleaning, laundry and waste management)
3. Legionella / Water Safety Group
4. Patient Registration
5. Healthcare Records Management
6. Portering Services
7. Security Services
8. Transport/Mobility Management/Liaison Support
9. Printing

1. Introduction

The General Services Department incorporates Hygiene and General Services as well as Portering Services, Security, Chaplaincy, Medical Records, Patient Registration, Reception and Printing. The key role of all departments within General Services is to support clinical staff in other hospital departments in managing patient care. This is achieved through team working and liaison with various other hospital departments. There are a number of other service providers located on the Beaumont Hospital site and the General Services Department is the key contact and liaison for these services.

The General Services Department is responsible for the management and co-ordination of hygiene and cleaning standards throughout the hospital. It has a key role in the management of contracts for key services such as cleaning, laundry, waste management, transport and records storage. It is the central area for the receipt of tenders. It provides administrative support to the hospital in terms of managing returned post, faxing, laminating and provision of patient services such as the hairdresser and barber. The Hygiene and General Services Department is also the main liaison for on-site facilities such as St. Lukes Radiation Oncology, Royal College of Surgeons, Multi-storey Car Park Provider, Crèche, Irish Kidney Patients Association Hostel and the Ashlin Acute Psychiatric Unit.

2. Hygiene Services Task Group (includes cleaning, laundry and waste management)

Role and Responsibilities

The Hygiene Services Task Group (HSTG) is a multidisciplinary team with representation from each Directorate across the hospital as well as from key services such as IPC, Cleaning, Catering, TSD and Supplies. The main focus of this group is to ensure compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections (2009) from the perspective of the management of the environment, waste, linen, sharps, patient equipment and ward pantries. In 2015 the group meet on a monthly basis and reported quarterly to the Decontamination, Hygiene, Infection Prevention & Control Committee (DHIPCC), the Senior Management Team and ultimately through these forums to the Beaumont Hospital Board. The group is supported by the General Services Department and chaired by the Hygiene & General Services Manager. The Group wish to acknowledge Sharon Dwyer, who was the Chair until her secondment to the HSE in October 2015.

There is a quality improvement plan for each hygiene element which is managed by a named responsible member of the HSTG who reported on a quarterly basis during the year on the element they are responsible for. In addition, linkages with St Josephs Hospital Raheny, Learning and Development Department, Infection Prevention and Control Department, Health Promotion and the Integrated Quality and Safety Department reported to the HSTG during 2015.

Terms of Reference / Operational Plan 2015

We are pleased to report that in line with the Group's 2015 Terms of Reference, the Hygiene Services Operational Plan for 2015 was achieved. The Terms of Reference were based on the 8 themes of the National Standards for Safer Better Healthcare.

The Group's Terms of Reference and Operational Plan for 2016 has been devised and will be

presented to the Infection, Prevention and Control Committee meeting on 23rd February 2016 for approval.

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 Senior Executive.

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.

Audit Tool

The audit tool used is regularly reviewed and evaluated by the group to ensure we are capturing all key aspects of hygiene and infection control prevention. The tool was updated in December 2015.

Audit Comparison Results 2015

A breakdown of the audit scores for 2015 compared to 2014, 2013 and 2012 is outlined in detail [Appendix 1](#). A total of 80 hygiene audits (inclusive of 7 mattress audits) were carried out with an average audit score of 89 %. A pass score is 86%. The average score of 89 % in 2015 is down from 90 % in 2014 and 90 % in 2013. The average score for the environment was 90 %, sharps was 88 %, linen was 92 %, waste was 90 % and patient equipment was 85 %. Included in [Appendix 1](#) are the quarterly comparison reports for 2015 and it is noted that the average scores in Q1 and Q4 scored better than the other quarters of the year.

Local Managers and Department Managers/ Directorate Management teams as appropriate are made aware of hygiene audit results in their areas. Each Directorate were sent a summary breakdown of their audit scores for their areas on a quarterly and yearly basis.

18 risk management occurrence forms were completed mainly relating to blood splash exposure on sharps bins. This compared to 16 forms completed in 2014. [See Appendix 2](#).

Evaluation of Audit Results

In the past the evaluation of the audit results involved a review of the average scores for each element to ensure we were reaching a pass score of 86 %. We changed our evaluation process and now also review the number of fails overall, the fails for each element and trends in non-compliance issues. The overall failure rate for 2015 was 21 % which is significantly up from 18 % compared to 2014, and up from 15 % in 2013. The elements for noting with a reduced average audit score and increased failure rate are Patient Equipment and Sharps.

A number of outer ward areas were audited during one quarter resulting in a number of fails and challenges in relation to the management of patient equipment, hence affecting the overall failure rate. Meetings were held with the areas locally by members of the hygiene/general services team to guide and direct the staff on the non-compliance issues identified during the audits and action plans. Challenges regarding patient equipment were escalated to the Nursing Executive and the Decontamination, Hygiene, Infection Prevention and Control Committee. Additional Sharps Training for clinical staff was provided by IPC to include 5 point care. An initiative to improve practices was the Patient Equipment Focus Group and the 2015 strategy / action on the elimination of blood/body fluids on patient care equipment developed and led by the Infection, Prevention and Control team. The elements of this plan included system changes, training and education, evaluation and feedback, reminders in the workplace and an institutional safety climate. The group divided its work into three sub-groups, i.e. decontamination wipe group, infrastructure group and pulp disposal unit:-

- Approval was granted in December 2015 to proceed with the purchase of decontamination wipes for use on specific patient equipment.
- The Infrastructure group undertook audits of all wards to assess clean/dirty areas with a focus on the injection trays and incorporated staff education on the clean and dirty processes.
- Trials on the use of macerators took place in 2015 with a business case proposal that they be introduced into the hospital on a phased basis.

Mattress Audits

In 2015 a number of mattress audits of specific ward areas were undertaken to include Whitworth Ward, St Pauls Ward, St Marys Ward, St Laurences Ward, St Peters Ward, St Brigids Ward and Hardwicke Ward. This resulted in an average disposal rate of 50 %. A more durable mattress were sourced called Memaflex which has shown to improve the integrity of the mattresses. During the audits education was provided to ward staff on the checking of mattresses for integrity so that a standardised approach is taken against the hygiene standards. In addition the Hospital's SOP on the checking of Mattresses and Pillows was revised. To support this SOP a trial of a quality control label commenced on St Brigids Ward in August 2015 for a period of two months and was successful. This has since rolled out to all ward areas.

Health Information Quality Authority (HIQA) Unannounced Assessments

In 2015 HIQA continued to undertake unannounced hygiene inspections of public hospitals against the National Standards for the Prevention and Control of Healthcare Associated Infections. In March 2015 HIQA issued an overview on inspections in public acute hospitals against the standards, outlining the findings from the 54 inspections undertaken between February 2014 and January 2015. The report outlined main themes and key areas for improvement.

HIQA continued their unannounced inspections which included a continued emphasis on environmental and hand hygiene, with an added focus on antimicrobial stewardship and assessment of the implementation of infection prevention care bundles.

Beaumont Hospital's inspection report for 2014 was published by HIQA in December 2014 and in response, Beaumont Hospital, published a Quality Improvement Plan (QIP) on our website on the 27th January 2015, aimed at addressing any issues highlighted. The QIP was updated in June 2015 and was monitored and progressed until completion. When HIQA visited the hospital in August 2015, the Authority acknowledged there was evidence of progress in relation to the implementation of this QIP.

In July 2015 a number of information sessions for staff on the National Standards for the Prevention and Control of Healthcare Associated Infections in preparation for a HIQA unannounced inspection were held. In addition the FAQ's were reviewed and updated on Q-Pulse.

HIQA Unannounced Inspection – 12th August 2015

On 12th August 2015 the Authority inspected Beaumont Hospital. The Authority visited Radiology, the Oncology Day Ward, Coleman K. Byrne Unit and AB Clery Ward. They also revisited areas that they had inspected in 2014 (St. Martins Haemodialysis Unit, St. Brigid's and St. Mary's Wards) and were satisfied that significant progress had been made on closing out issues raised during their unannounced inspection in 2014. HIQA published their report on this inspection on 28th September 2015.

The report comments on the progress made since their last visit and on achieving the HSE target of >90% compliance for hand hygiene and on progress in the areas visited with the implementation of infection prevention care bundles. They also stated that the majority of the areas inspected on the day were clean and well maintained. They also highlighted a number of areas for improvement. The main areas for improvement were as follows:

- Legionella – a more systematic approach to the management of Legionella is required.
- Isolation of patients – review of risk assessment of patients where doors of isolation rooms are left open when there is a falls risk, review of signage relating to isolation and provision of additional single room accommodation.
- Infrastructural deficits of CKB (haematology) unit compared to the ODW.
- Deficiencies in injection and medication storage practices.
- Decontamination of reusable invasive medical devices in radiology & cleanliness of patient equipment in radiology.

In response a quality improvement plan (QIP) was developed and published on the Hospital's website as required by HIQA.

Outbreak Management

The Hygiene and General Services Department play a significant role in outbreak management with increased demands on cleaning, laundry and waste management services. In 2015 the General Services Department continued to work closely with the Infection, Prevention and Control team in managing an Influenza outbreak, MRSA outbreak, a *C. Diff* outbreak and an Aspergillus outbreak which

involved enhanced environment decontamination and replacement of patient chairs.

Hydrogen Peroxide Fogging

Enhanced environment decontamination was carried out on 171 occasions due to CRE cases, post discharge of *C. diff* cases and outbreak, MrMRSA vacated areas and building works and included enhanced environment decontamination of three full wards, i.e. ICU, Richard ICU and Hardwicke Ward. This compared to 113 occasions in 2014. This programme co-ordinated by the General Services Department involves a full deep cleaning, wall washing and curtain changes. The cost was €31,751 (exclusive of vat) along with costs for wall washing compared to a total cost in 2014 of €22,828 (exclusive of vat). A breakdown of the requests is attached in [Appendix 3](#).

The HSE target for new cases of *Clostridium difficile* per 10,000 bed days used decreased to <2.5 cases for 2014 compared to < 4.0 cases in 2013. With regards to the rates of C Diff cases in Beaumont Hospital, it is worth noting that the work undertaken by the Hygiene Services Task Group, i.e. enhanced environment decontamination using hydrogen peroxide fogging, mattress audits, review of patient chairs, the purchase of more durable mattresses and the purchase of new commodes has significantly impacted on the reduction in cases in 2015. There was a 57% reduction in the rate of Beaumont Hospital acquired CDI between 2nd and 4th quarter of 2015

Cleaning Contracts and Management

Noonan continued to provide the contract cleaning service to the hospital and we commenced the fourth year of the current contract in July 2015. This contract is managed by the Hygiene/General Services Department through continuous monitoring and evaluating of the cleaning services. The cleaning contract operates a discharge team for patient discharges / internal bed transfers.

Under the current contract we are billed separately for additional cleaning hours used for outbreaks etc. thus allowing for greater transparency. In 2015 additional costs were incurred due to outbreaks, St. Finbarr's Ward open at weekends and some building projects. The total spend for in 2015 was €3,249,815 which when compared to 2014 shows a saving of €15,853 bearing in mind the increased activity and JLC price increase from 1st October 2015.

Noonan continued to provide a window cleaning service to the hospital in 2015 and OCS Ireland provided the feminine hygiene service.

Laundry Tender

We commenced year three of our current contract with Celtic Linen on 1st August 2015. This contract consists of the provision of both a managed and non-managed service for general laundry, laundry bags, curtain and shower curtain exchange programme, sub suits, fire evacuation sheets and dust mats. The Hygiene/General Services Department manage this contract through ongoing monitoring and evaluating of the laundry service to include an annual inspection of the laundry plant which took place on 20th May 2015.

Total savings of €551,524.62 has been achieved based on the new pricing structure from 1st August 2013 to the end of 2014. In 2015 there will be no further savings as the cost is service/activity driven. There was an increase in spend of €23,742 in 2015 compared to 2014.

Patient Complaints 2015

There were eight patient complaints received either directly to the General Services Department or through the Patient Representative Department in 2015 (two in Q1 and three in Q2 and two in Q3 and one in Q4). This is down from a total of 26 complaints received in 2014. The complaints relate to linen, water cooler cleaning and 6 regarding cleaning. These complaints were addressed and closed out.

In-Patient Experience / Questionnaire / Comment Boxes

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. In 2015, 24 patients were interviewed with scores generally ranging from excellent to good with the exception of one survey. The hygiene comment boxes located on each floor is another format in seeking the patient's feedback. The General Services Department revamped the image of the boxes to encourage feedback which resulted in the receipt of varied comments and each issue was actioned.

Hygiene Policies, Procedures, Protocols and Guidelines (PPPG's)

The HSTG has a process of regularly reviewing hygiene related PPPG's which are then updated on Q-Pulse. In 2015 the following PPPG's were reviewed and updated:- Standard Operating Procedure (SOP) for daily cleaning tasks, the Waste Management Policy and SOP on the Transportation of Waste, SOP on Decant/Deep Clean, SOP on the Transportation of Hospital Laundry, SOP on the

Curtain Exchange Programme, SOP for undertaking multidisciplinary hygiene audits and the SOP on the checking of Patient Core Mattresses and Pillows. A new SOP for the enhanced cleaning of trolleys between patients in the Emergency Department was devised. The purpose of this SOP is to ensure a standardised approach for the enhanced cleaning of each trolley after a patient has been allocated an in-patient bed within the hospital and prior to another patient occupying the trolley.

International Hand Hygiene Week / New Guidelines for Hand Hygiene 2015

International Hand Hygiene Day took place on 5th May 2015 and representatives from the HSTG attended the launch of the new Guidelines for hand hygiene in Irish healthcare settings. This launch included a presentation from the Hospital’s Infection, Prevention and Control team on ‘Hand Hygiene Champions Keep up the Good Work at Beaumont Hospital’ and the introduction Beaumont Hospital’s ‘Hand Hygiene App’.

Hand Care Products Tender

In 2015 a tender specification for hand care products (alcohol hand gel, soap, alcohol based surgical hand preparation and hand moisturiser) was devised by a working group led by General Services to include representatives from Infection Prevention Control,

Nursing and Procurement. As part of the tender product evaluation process a number of trials took place and the World Health Organisation (WHO) Evaluation Tolerability Tool was used to evaluate each product. The outcome of this tender process was finalised in January 2016.

Waste Management

Beaumont Hospital continued to have a proactive approach to waste management throughout 2015. The recycling rate for 2015 averaged 65 %. (Appendix 4)

In 2015 Beaumont Hospital was successful in the Dublin City Council Neighbourhood Awards for Waste Management and second year in a row, secured first place under a Waste Management initiative based on the waste compound on site, the hospital’s segregation of waste processes for both clinical and non clinical waste, regular and recyclable waste and the bin free and paperless office initiatives.

The contract for our non-risk waste continued to be provided by Thornton Recycling and the contract for the risk waste was provided by SRCL. As part of our yearly review by the Dangerous Goods and Safety Authority we continue to be compliant in our waste management processes.

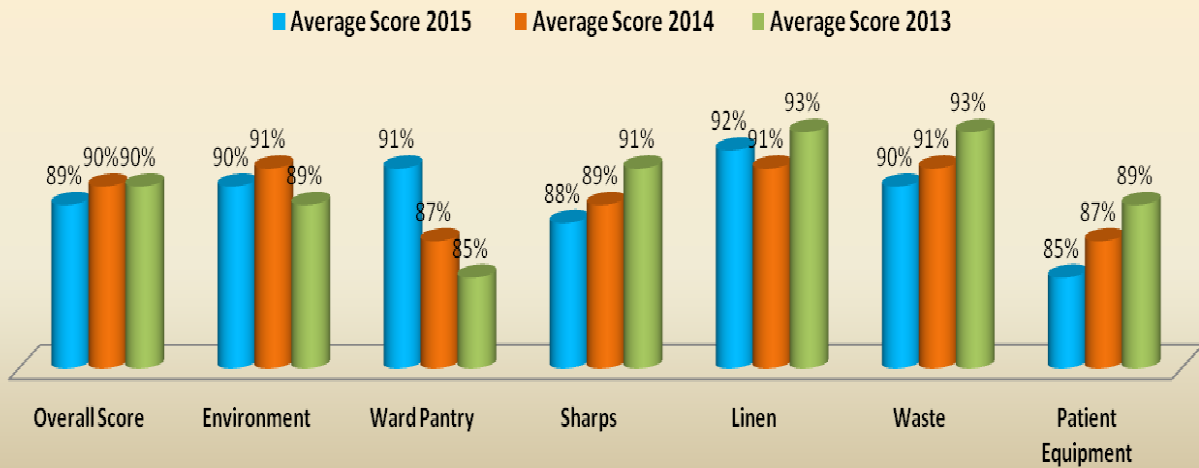
Appendix 1

Hygiene audit report 2015 V 2014 V 2013							
	Overall Score	Environment	Ward Pantry	Sharps	Linen	Waste	Patient Equipment
Average Score 2015	89%	90%	91%	88%	92%	90%	85%
Average Score 2014	90%	91%	87%	89%	91%	91%	87%
Average Score 2013	90%	89%	85%	91%	93%	93%	89%

The score for 2014 of 87 % for ward pantries relates to the multi-disciplinary hygiene audits carried out to the 26th May 2014. Local Catering Department ward audits were introduced in June 2014 which resulted in an improved audit score. Please see end graph

The local catering ward pantry % score for 2015 is 91%

Average % score 2015 v 2014 v 2013

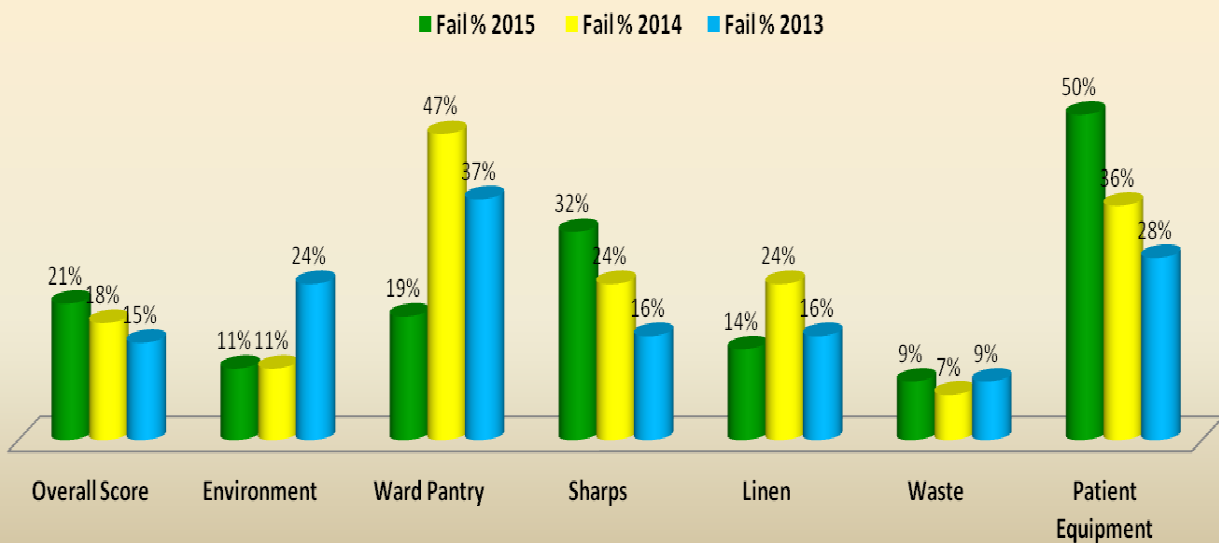


Fail % Audit Report							
	Overall Score	Environment	Ward Pantry	Sharps	Linen	Waste	Patient Equipment
Fail % 2015	21%	11%	19%	32%	14%	9%	50%
Fail % 2014	18%	11%	47%	24%	24%	7%	36%
Fail % 2013	15%	24%	37%	16%	16%	9%	28%

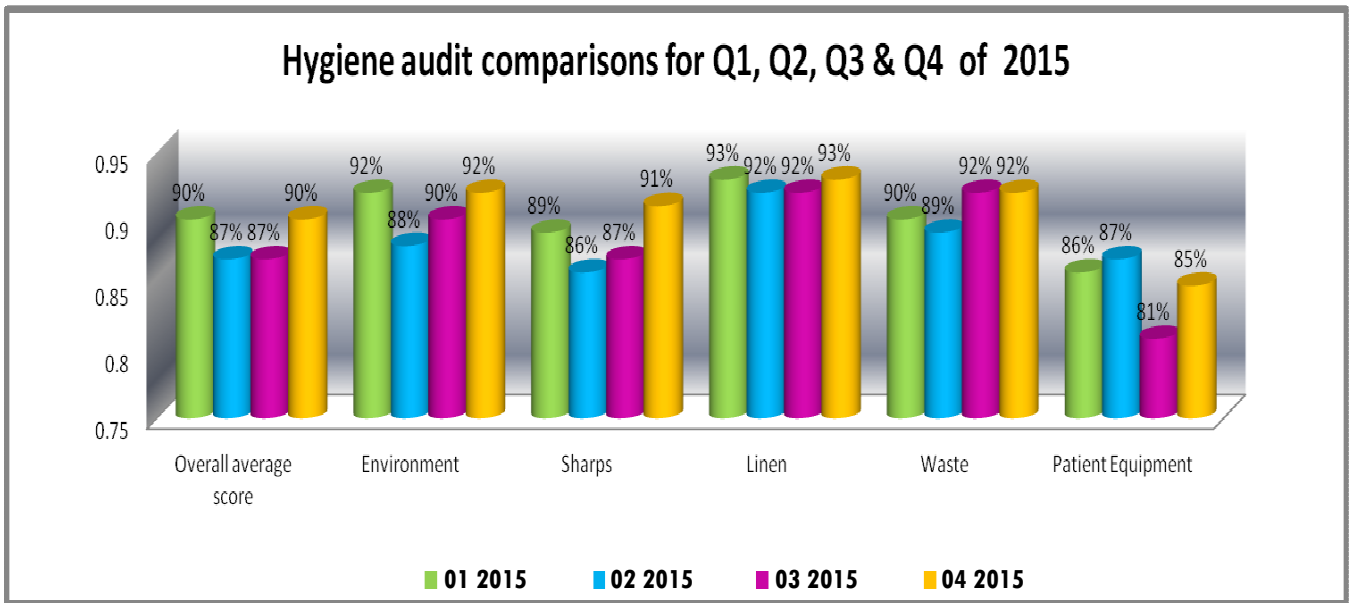
2014 Ward Pantry % score relates to multi-disciplinary hygiene audits carried out to the 26th May of the ward pantries.

Local Catering Department ward audits were introduced in June 2014 which resulted in an improved average audit score of 93%. Please see end graph
In 2015 local Catering Department ward pantry audits had a 19% failure rate

Fail % score 2015 v 2014 v 2013



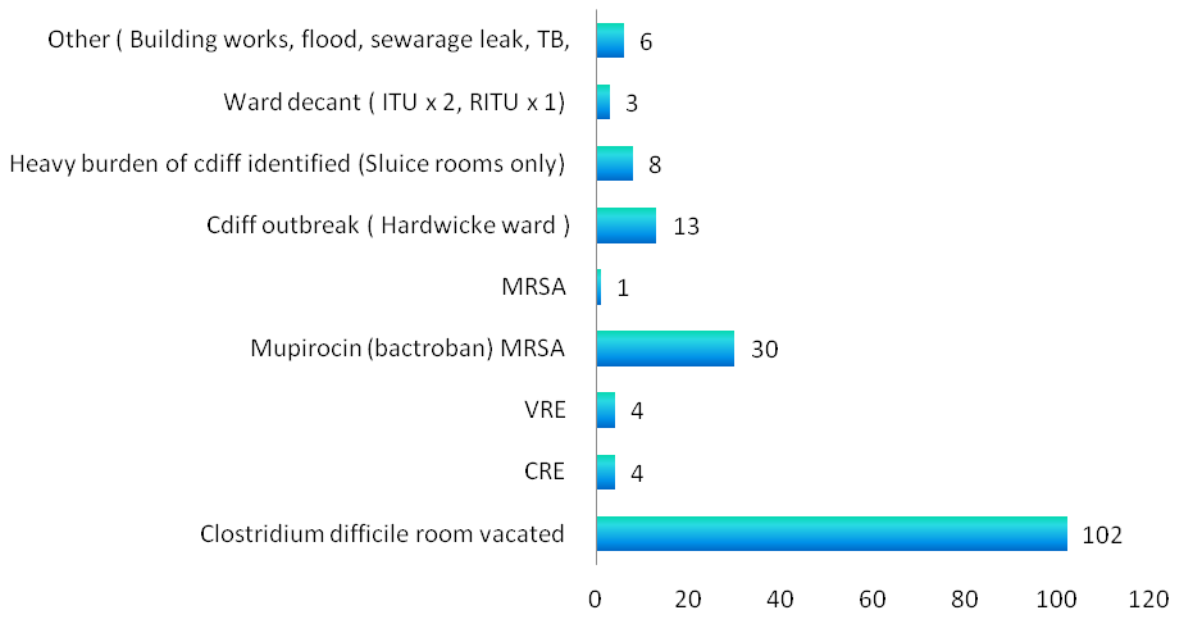
Hygiene audit comparisons for Q1, Q2, Q3 & Q4 of 2015						
	Overall average score	Environment	Sharps	Linen	Waste	Patient Equipment
Q1 2015	90%	92%	89%	93%	90%	86%
Q2 2015	87%	88%	86%	92%	89%	87%
Q3 2015	87%	90%	87%	92%	92%	81%
Q4 2015	90%	92%	91%	93%	92%	85%



Appendix 2

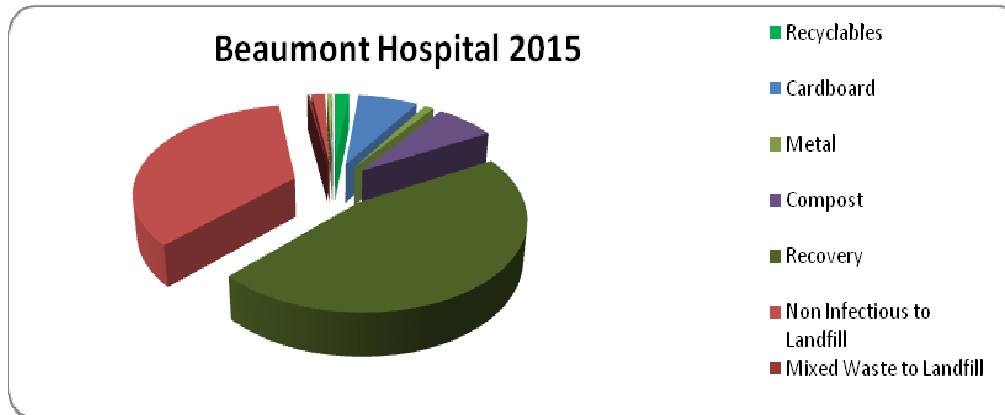
	Date	Category	Description of risk / incident identified	Closed out
1	15/1/15	Equipment / Instrument contamination / unsterilized	Blood splash identified on sharps tray and small splash on bin in clean utility	CNM 1 decontaminated the items immediately
2	20/1/15	Equipment / Instrument contamination / unsterilized	Blood found on Infusomat and blood pressure cuff	CNM2 advised at time
3	12/2/15	Blood splash exposure	Blood splash identified on sharps tray in clean utility	Staff Nurse advised at the time
4	26/2/15	Blood splash exposure	Blood splash identified on sharps trays	CNM 2 advised at the time and decontaminated
5	13/3/15	Blood splash exposure	Blood splash identified on 2 sharps bins located in at each hand hygiene sink	Nurse advised at the time and decontaminated
6	19/3/15	Blood splash exposure	Blood stained sharps bin observed in the investigation lab and an empty blood stained sharps bin in recovery	Theatre and recovery manager informed and decontaminated
7	15/4/15	Blood splash exposure	Blood stains on sharps bins and trays within the ED	CNM 3 advised at the time
8	15/4/15	Blood splash exposure	ABG machine had blood stain	CNM 3 advised at the time
9	18/5/15	Blood splash exposure	Blood stains on sharps bin in clean utility	CNM 2 advised and decontaminated
10	30/7/15	Blood splash exposure	Blood stained sharps bin observed in the investigation lab and on the ABG machine. A locked blood stained sharps bin in Theatre 1	2 CNM2 advised on feedback at time of hygiene audit
11	5/8/15	Blood splash exposure	Small blood spots / splashes on sharps bins beside ABG machine and in room 7	CNM 3 advised at the time. Decontaminated immediately
12	14/8/15	Blood splash exposure	Blood stain on bin	CNM2 advised at the time and form completed. Decontaminated immediately
13	17/8/15	Blood splash exposure	Blood stains on all 3 glucometers	CNM2 advised at time and form completed. Decontaminated immediately
14	3/9/15	Blood splash exposure	Sharps tray had blood stain	CNM2 advised at time and form completed. Decontaminated immediately
15	23/9/15	2 x Blood splash exposure	Blood stain on glucometer and a sharps tray	CNM2 advised at time and form completed. Decontaminated immediately
16	15/10/15	Equipment / Instrument contamination / unsterilized	Blood stained sharps bin	CNM2 advised at time and form completed
17	21/10/15	Blood splash exposure	Blood stain on sharps tray	CNM2 advised at time and form completed. Decontaminated immediately
18	6/11/15	Blood splash exposure	2 sharps bins had blood stains on lid	CNM 2 advised and RMOF completed. HCA asked to decontaminate lids.

Hydrogen Peroxide Annual Report 2015 No. of occasions carried out



Appendix 4

	Recyclables	Cardboard	Metal	Compost	Recovery	Non Infectious to Landfill	Mixed Waste to Landfill	Wood	WEEE	Shredding	Batteries	Lamps	Glass	Totals	Monthly % Rate
January	2.300	6.160	0.000	7.118	50.503	39.699	0.258	2.820	0.000	0.000	0.000	0.000	0.000	108.858	63%
February	0.940	7.940	2.000	6.990	47.234	38.646	0.000	0.000	0.653	0.000	0.000	0.000	0.000	104.403	63%
March	0.900	7.440	2.200	9.480	54.372	40.635	0.613	3.960	1.000	0.000	0.000	0.155	0.000	120.755	66%
April	3.490	6.640	2.080	8.164	54.544	40.851	0.625	2.980	0.000	0.000	0.000	0.000	0.000	119.374	65%
May	1.080	9.280	0.000	8.595	50.237	41.103	0.000	2.840	1.311	0.000	0.000	0.000	0.000	114.446	64%
June	1.380	7.520	2.720	8.525	48.082	38.025	0.113	0.000	0.000	0.000	0.000	0.138	0.000	106.503	64%
July	7.040	7.240	3.020	8.110	56.583	42.507	0.371	2.800	1.030	0.000	0.420	0.000	0.000	129.121	67%
August	1.960	10.620	0.000	6.359	53.393	40.833	0.294	0.000	0.000	0.000	0.000	0.000	0.558	114.017	64%
September	0.980	7.460	1.880	8.348	53.115	40.086	0.519	1.800	0.000	0.000	0.000	0.117	0.000	114.305	64%
October	1.440	10.700	1.480	7.624	49.577	40.563	0.000	1.500	1.242	0.000	0.000	0.000	0.000	114.126	64%
November	0.860	8.360	0.000	7.471	53.508	40.302	0.370	3.200	1.230	0.000	0.000	0.000	0.000	115.301	65%
December	1.320	8.480	0.000	9.624	57.307	40.491	0.762	0.000	0.000	0.000	0.000	0.165	0.000	118.149	65%
	23.690	97.840	15.380	96.408	628.455	483.741	3.925	21.900	6.466	0.000	0.420	0.575	0.558	1379.358	
% for 2015	2%	7%	1%	7%	46%	35%	0%	2%	0%	0%	0%	0%	0%	100%	



65%
RECYCLING RATE

3. Legionella / Water Safety Group

Introduction

The Water Safety Group is a multi-disciplinary group set up originally in 2007 as the Legionella Steering Group to ensure there are policies and procedures in place to monitor and control Legionella. In anticipation of the publication of the Guidelines for the Prevention and Control of Infection from Water Systems in Healthcare Facilities by the HPSC in 2015, the terms of reference for the group were being broadened to focus on wider issues relating to water safety. The overall purpose of the group is to ensure safety of all water outlets and of water related activities through application of evidence, national guidelines and others sources of expertise.

Roles and Responsibilities

- To regularly review surveillance data including the results of Legionella and other bacterial cultures, isolates of pseudomonas in critical care areas and other parameters (endotoxins).
- To update practices and procedures in line with national guidelines and other specifications.
- To draft, devise and update appropriate protocols and standard operating procedures.
- To educate all healthcare workers on essential measures to minimise waterborne infections and other adverse consequences arising from inappropriate practices.
- To liaise with national and other agencies regarding safety procedures and surveillance data.
- To undertake, when and if appropriate, investigation and research to help and assist in optimising patient and healthcare staff safety.
- To audit compliance with agreed procedures.
- To regularly conduct risk assessments in line with changing patient demographics, services and emerging evidence.
- To request certification and compliance with national guidelines in relation to water safety in new builds.
- To advise senior management on risks, proposed actions and measures that may require outside support

Legionella Water Safety Standards

Under Irish Legislation and Key National Standards, we are responsible for water once it enters the buildings. The HPSC has now launched Guidelines for the Prevention and Control of Infection from Water Systems in Healthcare Facilities (2015). The Terms of Reference for the Water Safety committee have been amended to reflect this.

Prevention Measures

During the year, work continued in the management of Legionella. The main Legionella prevention measure at Beaumont Hospital is on-line chlorine dioxide dosing, supplemented by shock dosing with chlorine dioxide as required and pasteurisation of all calorifiers. In addition water temperatures are monitored with a view to keeping them within the recommended range, routine sampling and testing continued to include a flushing programme and infrequently used water outlets are regularly flushed as per hospital policy. The hospital policy and associated standard operating procedures have been developed in line with the National guidelines and are available on QPulse.

Despite the above measures the hospital continued to have positive legionella results on monthly testing and chlorine dioxide is very corrosive to the hospital pipe work. In early 2015 a review of alternative solutions was conducted and a decision was made to replace the chlorine dioxide on-line dosing system with Copper Silver ionisation. The tender process for the purchase of this system was completed. The hospital met with the successful tenderer to consider any potential concerns regarding the effects of this system on dialysis water. Once all concerns have been alleviated, the system will be installed. In preparation for this, a high dose shock dosing of the hospital system with chlorine dioxide was carried out in August 2015. In addition measures will have to be put in place to test water used for haemodialysis purposes for metals i.e. copper and silver.

Risk Assessments

As per the national guidelines a risk assessment should be carried out every two years. HBE carried out a risk assessment on behalf of Beaumont Hospital in 2012. All actions recommended in this report have been closed out. A further risk assessment was also conducted in 2014 and the report was received and reviewed by the Hospital in December 2015 and actions recommended in this have been closed out.

Temperature testing and testing for Legionella is carried out monthly with remedial actions taken as appropriate. The results are reviewed at monthly meetings of the Water Safety Committee. An overview of the samples taken and the number of positive results overall and at a level greater than 100 is below. In all cases where positive results are detected, the local area are informed by IPC, the local area institutes flushing of the water outlet and TSD disinfect the affected water outlet. A letter is also sent to the Clinical Director of the affected area

from the Clinical Microbiologist and Chairperson of the Water Safety Committee.

There are repeat positive results in some high risk areas and a number of more detailed assessments have been carried out in response to these:

1. September 2013 - HBlock, Cystic Fibrosis, MAU Block 5:

A number of recommendations were made and all are closed out with the exception of the removal of dead end pipe work from the plant room. In the interim flushing of the dead end pipe work is taking place.

2. April 2014 - Richmond Ward / Richmond ICU

There were a number of issues here in relation to the water temperature which have been resolved, however, the main outstanding item is a recommendation to permanently remove some dead end pipe work. For this to happen access to service ducts etc is required which could pose other risks to vulnerable patients in the area. This work will be scheduled to take place when the neurosurgical intensive care unit moves to the HDU on the lower ground floor. In the interim this area will continue to be monitored closely and the possibility of using filters for affected water outlets is under consideration.

3. July 2015 - H6 Plant room

There were two main recommendations from

this report. One was the removal of several pieces of dead end pipe work which was deemed relatively low risk in comparison to the second recommendation to replace a non return valve. The non return valve has been replaced and flushing is taking place of the dead end pipe work pending its removal in the future.

4. HIQA Unannounced Inspection – 12th August 2015

On 12th August 2015 the Authority inspected Beaumont Hospital. The Authority visited Radiology, the Oncology Day Ward, Coleman K. Byrne Unit and AB Clery Ward. They also revisited areas that they had inspected in 2014 (St. Martins Haemodialysis Unit, St. Brigid’s and St. Mary’s Wards) and were satisfied that significant progress had been made on closing out issues raised during their unannounced inspection in 2014. HIQA published their report on this inspection on 28th September 2015.

The Authority highlighted a number of areas for improvement to include a more systematic approach to the management of Legionella. In response a quality improvement plan (QIP) was developed and published on the hospitals website as required by HIQA. The Hospital is committed to achieving full compliance with the standards. This QIP is regularly reviewed by the hospital and was the actions for Legionella was closed out with the exception of the tender for the management of Legionella.

Legionella species isolated to date is Legionella pneumophila, sero group 2 – 15.

Corporate Risk Register

Legionella is captured on the corporate risk register at rating of 16 and is regularly reviewed by the group.

Lab Results Analysis - Beaumont Hospital January 2015 to December 2015

Month	Total Number of Samples taken	Total Number of Positive Results	Total % Positive	Positive Results Greater than 100	Legionella: SPP CFU/L: SOP2
January	24	20	105	12	L. pneumophila sg 2-15
February	30	16	76	10	L. pneumophila sg 2-15
March	30	14	69	9	L. pneumophila sg 2-15
April	26	9	52	7	L. pneumophila sg 2-15
May	29	12	62	8	L. pneumophila sg 2-15
June	33	18	80	12	L. pneumophila sg 2-15
July	35	2	24	2	L. pneumophila sg 2-15
August	35	21	88	12	L. pneumophila sg 2-15
September	35	3	28	2	L. pneumophila sg 2-15
October	26	3	26	3	L. pneumophila sg 2-15
November	30	14	69	9	L. pneumophila sg 2-15
December	35	13	61	10	L. pneumophila sg 2-15
		Average % of Positives over 12 months	62	Average Positives over 12 months = 8	

Hydrotherapy Pool

The Hydrotherapy Service has not been operational for 6 years due to a number of factors including the presence of bacteria in the pool water. The pool is now ready to reopen subject to approval for weekly water testing in line with the Guidelines for the prevention and Control of Infection from Water Systems in Healthcare Facilities, 2015 and the UK (Pool Water Treatment Advisory Group, 2009). Previously bacterial testing was carried out on a monthly basis. Weekly testing aims to prevent long term closures of this nature and ensure a safe rehabilitation environment for patients.

Pseudomonas

Testing for pseudomonas in the hospital has been negative to date this year.

Dialysis Water

Dialysis water is routinely tested. Results are reviewed locally and signed off by a Consultant Nephrologist.

CSSD

Reported some issues with conductivity testing results in July which have since been resolved.

Drinking water dispensers and ice machines

Drinking water dispensers and ice machines are managed locally and there is a service contract in place. SOP on the management of water dispensers and ice machines available on QPulse.

Communication / Education

An e-learning programme for the management of Legionella is available subject to the availability of sufficient licences. Learning and Development are working with nursing to ensure training is rolled out appropriately. The Hospital policy requires this training to be updated every two years.

4. PATIENT REGISTRATION

The Registration Department operates 24 hours seven days a week 52 weeks of the year.

Below is a summary of all the patients registered through the Registration Department during the year.

In Patient Registration

PERIOD	2013	2014	2015
TOTALS	24,634	24,890	24,367

Out Patient New Attendees

PERIOD	2013	2014	2015
TOTALS	51,994	48,088	48,037

DAY PATIENT ADMISSIONS

Day Procedure Room (DPR)

PERIOD	2013	2014	2015
TOTALS	14,772	17,235	16,593

Endocrinology Day Room (EDR)

PERIOD	2013	2014	2015
TOTALS	443	421	428

Infusion Day Room (INF)

PERIOD	2013	2014	2015
TOTALS	1,632	1,931	2,163

Respiratory Care Centre (RCC)

PERIOD	2013	2014	2015
TOTALS	828	896	835

Neurology Day Unit (NDU)

PERIOD	2013	2014	2015
TOTALS	-	370	453

5. Healthcare Records Management

Executive summary:

The Healthcare Records Steering Group is a multidisciplinary team with the purpose of working towards ensuring that all patients treated in the hospital have a healthcare record, which provides comprehensive clinical information for safe and effective treatment – HSE Standards and Recommended Practices for Healthcare Records Management 2011. Dr. Amar Agha joined the group as the Consultant Representative in July 2015.

With effect from the 21st August 2015, meeting frequency will increase from 6 weekly to monthly and the last meeting was held on 18th September 2015. The Group wish to acknowledge Sharon Dwyer, who was the Chair until her secondment to the HSE in October 2015.

Introduction

“The Health Information and Quality Authority (HIQA) developed the National Standards for Safer, Better Care to describe what a high quality, safe service looks like. They set out the need for healthcare decisions to be based on the best available evidence and information. Records are a valuable resource because of the information they contain. High-quality information underpins the delivery of high-quality evidence based safe healthcare for service users, and many other key service deliverables. Information has most value when it is accurate, up to date and accessible when it is needed. An effective records management service ensures that information is properly managed, is available whenever and wherever there is a justified need for that information, in whatever medium it is required and which is compliant with the relevant legislation.” HSE Standards and Recommended Practices for Healthcare Records Management (2011)

The HSE Standards and Recommended Practices for Healthcare Records Management (2011) set out standards in relation to the suitability of the physical facilities, structure of the healthcare record, content of the healthcare record (HCR). The HCR Steering Group in Beaumont Hospital is a multidisciplinary group which is working towards ensuring that all patients treated in the Hospital have a healthcare record, which provides comprehensive clinical information for safe and effective treatment.

Physical Facilities (Standard 1)

In Beaumont Hospital the Healthcare Records Library is a secure facility located on the ground floor adjacent to the Outpatient Department. There is a secondary secure storage facility referred to as the DFU (dormant filing unit) on the lower ground floor in the Raphael’s Portacabins. There are approximately 115,400 HCR’s held on site. Oasis Group are engaged to provide offsite storage for a further 783,815 records approximately. There were risk issues previously due to the volume of HCR’s being held in the main HCR library but systems have been put in place to regularly weed less active records from the main HCR library to DFU and onto Oasis as appropriate. There are two scheduled deliveries from Oasis daily and urgent requests can be delivered on site within an hour.

Structure of the HCR (Standard 2)

In April 2008 the National Hospitals Office (NHO) Healthcare Records (HCR) chart cover was introduced to Beaumont Hospital. This HCR is 31 cm in height, 25cm in width and 2.5cm depth compared with the old Beaumont chart that was 29cm in height, 22cm in width and .9 cm in depth. The NHO HCR has a triple spine to accommodate a large record. The physical size of this record has resulted in a decrease in the number of HCR records that can be stored onsite and has increased the need to weed the library and send HRC records offsite. In June 2015 the smaller HCR was introduced for specific specialties. It has a single spine and is 0.9 cm in width with 5 dividers and is intended for use for expected short episodes of care. The introduction of the smaller HCR has the potential to increase the volume of HCR’s stored onsite by 35%.

The HCR is structured in such a way as to make clear the order in which documents should be filed. The challenge is maintaining the HCR in terms of maintaining the cover, the size of the HCR, loose filing and ensuring patient notes are filed in the correct HCR. Over time with a lot of use, covers can become torn and the HCR can increase in volume, making it difficult to access/ file information, store at ward level and to physically lift. Loose filing and ensuring patients notes are filed in the correct HRC have been identified as risk issues.

Key risks for the organisation

Two risk assessments have been undertaken on the healthcare record (a) assesment on the maintenance/structure of the healthcare record and (b) the clinical content of the healthcare record and the risk rating recorded on the corporate risk register was reduced from 20 to 16.

Management of Risks

The HCR Steering Group are using their influence to raise awareness of the national standards in conjunction with the Medical Records Department and the Directorate Management Teams.

Maintenance of Patient's HCR

Following the deployment of two staff into the Quality Control area of Medical Records in late 2014 to split large HCR's and re-cover damaged HCR covers there has been a significant increase in the productivity in this area, i.e. over 2,000 extra large HCRs split and nearly 3,500 HCR covers replaced.

Increase in maintenance of HCR in Medical Records

Year	HCR's Split	Damaged cover replaced
2015	2584	4008
2014	413	542
2013	1740	321
2012	1559	21

In 2015 a recruitment competition for ward clerks was undertaken and work commenced on defining their role in the maintenance of HCRs at ward level.

Pilot of Medical Clerking Sheet:

The Medical Directorate launched a pilot of a new Medical Clerking Sheet in tandem with the new intake of NCHD's in July 2015 for all Medical Admissions through the ED & the AMAU and Nephrology Admissions. 15 to 20 charts were audited which revealed a very positive outcome. There were some minor issues with the flow of the sheet and this has been reviewed with the Business Manager of the Medical Directorate. The primary purpose is to enhance the accessibility and quality of clinical information collected on admitted patients which in turn will enhance communication, quality & standards.

6. Portering Services

2015 continued to be a busy year for Portering Services with ward decants and internal ward moves to facilitate additional cleaning, additional beds and pressures in the Emergency Department. We saw the introduction and employment of seven new intern posts and two new posts were created in Radiology and

Rehabilitation due to increased patient services. We said goodbye to Robert Shaw who was successful at interview for post of store man in the Technical Services Department and Robert Korczak, night porter commenced leave of absence. Our two rehabilitation porters Jimmy Watters and Robert Clear won the Beaumont walking challenge. St John's Day hospital located in St Joseph's Raheny continued to be serviced twice daily with chart deliveries. The annual GP study day was held on 30th January 2015 and was a great success as in previous years.

7. Security Services

The Security Department and Team endeavour to provide a safe and secure environment for all patients, relatives and staff who attend Beaumont Hospital. In 2015 training continued to be one of our main focuses. The four members of the Security Team who are trained along with nursing as Trainers in Prevention and Safe Management of Aggression and Violence (PASMAY) commenced the roll out this training programme across the Hospital to multidisciplinary groups of staff. This course was designed specifically for Beaumont Hospital Staff and deals with de-escalation techniques, safe hold and restraint. Security staff have also undertaken First Response Fire Training and a new addition this year was Dementia Awareness training which has given security staff a great insight while assisting nursing staff. CCTV and Access Control continued to expand throughout the site and assisted both in the prevention and detection of security related issues. There are 150 CCTV cameras which cover the internal and external of the Hospital. The staff car parks are also covered by CCTV which is monitored by security personnel from the CCTV Control Room. There are 300 access controlled doors throughout the Hospital which continue to grow as new areas are developed. Access controlled doors help to restrict access and egress within the Hospital and surrounding buildings. It also enables Security Services to lock down areas out of hours and restrict access. The Security Management Team are active members of many committees involving the development of policies throughout the hospital including the committee for managing patients and visitors with potential for aggression and violence and the Smoke Free Campus Steering Group. The team are also involved in the Hospital's mobility management plan and campus development for the site.

8. Transport / Mobility Management / Liaison Support

Liaison Manager – continues to support the various external bodies on the site of Beaumont Hospitals these include Ashlin Centre – Psychiatric adult unit, MSCP, Creche, Irish Kidney Association, Dublin Bus, National Transport Authority, Smarter Travel Workplaces.

Transport Tender: A Transport Tender was awarded in February 2015 for a period of 2 years. The tender was divided into 7 Lots covering ambulance and taxi transfer for public patients and courier services.

Blue Cabs – general taxis

National Radio Cabs – Dialysis Patient Transfers

Medilink Ambulance – Dialysis Patient Wheelchair transfers, Ambulance transfers for public patients and the Care of the Elderly.

Wheels Couriers – courier services.

Transport Costs: There was continued monitoring of transport costs in 2015 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.

Mobility Management Plan

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 took part in the Smarter Travel Workplaces Pedometer challenge in September.

48 teams took part from all disciplines within the Hospital with a total of 14,388,468 steps.

Car Parking Policy – a revised car parking policy was launched in 2015. External vendors were involved including Garda Liaison Officer, Q-Park, Dublin Bus, Taxi Saver and Smarter Travel Workplaces.

Beaumont Hospital Neighbourhood Partnership

– Beaumont Hospital has continued to meet with the BHP on an ongoing basis

Dublin City Neighbourhood Awards

Dublin North Central and Dublin Citywide

Competition

– The Hospital came first in the following categories - Waste Management Initiative and Business Environment Initiative.

9. Printing Services

With the further expansion of hospital services both on the campus and St Joseph's, work increased again in 2015, despite the further increase in workload, work was managed without the need for additional staff, the digital system has proven excellent value for money. Projected targets and savings for 2015 were exceeded again this year. The Print Room continues to produce most of the hospital's documentation. A large part of the department's workload is the Graphic Design Service. Promotional work for hospital wide events including: Patient Information, Health Promotion, Hygiene awareness, Infection Prevention & Control promotions, Poster campaigns, Information stands, Newsletters, Screen Savers, Animations, Presentations, Hospital signage etc. are designed and produced by the Print Room. The Print Room also provides this promotional work and documentation, in digital format for use in E-learning the Hospital Intranet Site and the Web site.

St. Joseph's Hospital Campus

Mary Keogh,
Head of Services

Rehabilitation of the Older Person - 5 day Specialist practice Programme

The Rehabilitation of the Older person specialist practice programme commenced January 12th thanks to the efforts of all those involved in setting up and running this wonderful new development in education for Beaumont staff.

This education programme is for Registered General Nurses in support of developing their role as rehabilitation nurses. It is a five day course which enhances competencies for the nurses personal and professional development in the provision of care to the older adult in a rehabilitation setting. The course curriculum is designed to impart the Registered Nurse with fundamental knowledge and skills to provide care to those in need of rebuilding their lives. Central to the course philosophy is the nurses role within the interdisciplinary team, providing a coordinated plan of care which maximises the person's optimal level of functioning. The need for such a programme exists and is thoroughly justified in that this course aims to equip the registered general nurse with the knowledge and skills necessary in order to maximise the potential of the person requiring rehabilitation. It is our professional duty to not only maintain our standard of practice but to continually develop professionally resulting in the best possible outcome for our patients.

Rehabilitation Unit

The 20 bedded Rehabilitation Unit continued to provide comprehensive multidisciplinary rehabilitation to older persons with a wide range of rehabilitation needs, which are often complex. The length of stay reduced from an average of 33 days in 2014 to 29 days in 2015. The staff continue to work on the plan for every patient which has had be beneficial in reduction of length of stay.

Allied Health Professionals

The number of patients treated by AHPs on the Rehabilitation Unit on an annual basis continues to increase. The Goal Setting Process for stroke patients continued in 2015. This involves scheduling a meeting attended by the patients and relevant AHP staff to discuss patient specific goals, timeframes and discharge plans early in the patient's admission with the aim of improving quality and relevance of therapy input and reducing length of stay.

Unit 1 – Surgical

In 2015 Unit 1 admitted approximately 3219 patients. These included patients for elective surgery, admissions from vascular and orthopaedic outpatients, admissions from Day Oncology for pre/post chemotherapy hydration and a wide range of patients for interventional radiology procedures, such as angiograms/plasty's, uterine fibroid embolisations & vertebroplasty's. The 'Productive Ward Programme' continues on the ward and has proven to be very effective.

Theatre

Theatre remained busy for 2015 with 3,413 patients treated in total. We welcomed Gerie Devey to the staff of the Theatre. Theatre 1 has been upgraded which included lead lining so patients requiring radiological intervention are being treated. Patients under the care of the Plastic Surgeons are currently being treated in the new Minor Procedure Room.

Raheny Community Nursing Unit

Raheny Community Nursing Unit cares for older adults that require long-term care, many of whom have a high nursing dependency and complex medical needs. The multi-disciplinary team work to ensure that a high standard of care is delivered in a friendly, home-like setting. This unit prevents the transfer of acutely ill residents to an acute

setting which is of great benefit to our residents and their families. The team here are very committed to maintaining a home like setting for our residents. Person-centred care and maintaining the dignity of our residents are our core values.

We congratulate Jennifer O'Hanlon on her promotion to Assistant Director of Nursing of the RCNU.

Haemochromatosis

The Haemochromatosis outpatient service continues to operate 3.5 days per week and in 2015 saw a total of 1,805 outpatients. Patients are now transferred to Blood Transfusion service.

Sleep Apnoea

Sleep Apnoea clinics are run 5 nights a week and 2015 saw a total of 556 patients having sleep studies, in conjunction with Professor Costello's clinic in Beaumont.

Immunology Clinic

The Immunology Day Procedure Clinic led by Dr. Mary Keogh continues to treat patients who have been seen and triaged by the Consultants and is deemed to be suitable for intermediate to low risk challenges.

Pre Admission Screening Service

The Nursing Department and Anaesthetic Lead for St Joseph's Hospital introduced a screening service to improve on the quality and safety in service delivery. This resulted in a decreased rate of cancellations of patients on the day of surgery from 10% to 2%. Reducing the number of cancellations enables the hospital to meet the demands more efficiently.

Fundraising

Our very successful fundraising event for 2015 was Strictly Come Dancing 'Jive for Joes' in The Regency Hotel on 30th October. Staff from St Josephs Hospital Campus and Beaumont participated and the winning couple were Jean Kelly and Shane Rodgers. Funds raised on the night will go towards the development of a garden for the residents and patients of the campus.

Royal College of Surgeons in Ireland

Introduction from the RCSI Chief Executive

As Chief Executive/Registrar of RCSI (Royal College of Surgeons in Ireland), and a former Consultant General and Vascular Surgeon in Beaumont Hospital, it is my great privilege to provide an update of RCSI's activity in Beaumont Hospital in 2015.

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 over 20 years. RCSI's academic departments at Beaumont Hospital play a pivotal role in the provision of clinical services within the hospital; this report provides an account of these departments.

Throughout the last year, RCSI has continued to lead the way in activities such as education, training and research within the health sciences. In the area of research, we remain strongly committed to delivering on our translational research agenda. Important highlights in this area, throughout the year, have included the announcement of a €50 million investment in both educational and research activities and the launch of a new strategy for excellence in translational research. *Improving Human Health: RCSI's Strategy for Excellence in Translational Research 2014-2020* will focus on innovative research leading to better diagnostics, therapeutics and devices. It will also tackle important healthcare delivery issues.

During the year, RCSI clinician scientists based in Beaumont have made some significant research advances. Research highlights include an important breakthrough in understanding the mechanisms behind impaired bacterial killing by neutrophils in individuals with cystic fibrosis, made by the respiratory research group. Further to this, neuroscientists from RCSI have made another significant breakthrough in understanding what controls gene activity in epilepsy, that will pave the way for improved treatments in the future.

In 2014/2015, RCSI also continued to successfully communicate its research findings in a very broad range of health science disciplines, with a total of 375 Pubmed indexed articles published.

The College continues to make great progress with its strategic plan for 2013-2017, *Growth and*

Excellence, for the Faculty of Medicine and Health Sciences, which is now in its third year. The strategy builds on the College's international reputation as a centre for excellence in healthcare professional development, training and education. In alignment with the goals and objectives outlined, we have engaged a series of wide-ranging initiatives, during the last year, with the delivery of many impactful tools such as the launch of the Horizon 2020 Strategy, the implementation of the Industry Engagement Strategy and the launch of the HR Strategy for Researchers (HRS4R). The College is also embarking on plans to invest in the expansion of educational and research activities over the next five years to provide impactful research, excellence in education and international leadership in medical education. Staff in Beaumont Hospital continue to play a pivotal role in achieving many of the strategy's goals and we look forward to working together to build on these accomplishments in the coming years.

Late last year, RCSI was, for the first time, categorised by the Times Higher Education (THE) University World Rankings as being in the top 400 institutions in the world, in 2014-2015. Coupled with the College's impressive positioning in the top 50 institutions globally, in terms of International Outlook, in these rankings, this was a significant accolade. RCSI also welcomed a number of key appointments to the RCSI Hospitals Executive Team over the past year. In line with our strategy to build strong strategic partnerships with our clinical partners, the College welcomes the appointments as critical advances in the formation of a new group entity.

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 unselfish generosity towards RCSI. We will continue to support Beaumont in its many endeavours and look forward to continuing to work alongside our colleagues to provide the best in patient care.

Professor Cathal Kelly
Registrar / CEO
RCSI

Department of Surgery

Academic Activities

2015 was a hectic and successful year for the RCSI Department of Surgery. Academic members of the Department had national and international grant successes, and there were numerous publications in peer reviewed journals with new and established collaborators.

Several graduate students and post-doctoral researchers won prizes at conferences, both at home and abroad. This year also saw the graduation of several MD student and PhD students. Work on the National Breast Cancer Bioresource has continued with the generous support of Breast Cancer Ireland. This work has greatly enhanced the Department's translational research programme and has led to several clinical publications, patents and a retrospective clinical trial.

The Department continued to build new links and cement existing ones with world-renowned surgeons, and welcomed several eminent speakers over the course of the year. On 16 April 2015, the Department of Surgery hosted a Grand Rounds presentation from the James IV Travelling Fellow Professor Geoffrey Porter (Professor of Surgery, Ramia Chair in Surgical Oncology, Dalhousie University, Canada). His presentation entitled '*Overdiagnosis in Cancer*' generated much interest. At the Annual Department of Surgery Day on 14 July 2015, Professor Brian Lang from the University of Hong Kong, also travelling on a James IV Fellowship, presented on '*Surgical strategies in preventing protracted and permanent hypoparathyroidism after total thyroidectomy*'. The Department also heard presentations from Professor Peter Gillen, Mr Paul Balfe, Mr Pawan Rajpal, Dr Michael Quirke, Ms Astrid Leech, Mr Ben Doherty and Dr Yvonne Smith.

Professor Patrick Broe, Dr Laura Viani and Ms Deborah McNamara continued to serve on the governing body of RCSI, its Council. Professor Arnold Hill continued his tenure as Head of the RCSI School of Medicine and oversaw a number of exciting developments including the launch of the new Physician Associate degree programme in conjunction with Beaumont Hospital. Professor Hill also gave the Lister Legacy Lecture at the Royal College of Surgeons in Edinburgh Presidents Meeting in March 2015.

The Department welcomed several new research staff members including Ricardo Marques, Sri Hari-Krishna Vellanki and Yvonne Smith. New postgraduate students undertaking their studies in the Department included Cathy Richards Rachel Bleach, Nicola Cosgrove and Karen Crowley. Publications from academic staff within the Department included original articles in *Clinical Cancer Research*, *Oncogene*, *Breast Cancer Research* and the *Annals of Surgical Oncology*.

Translating our research to the clinic continued with important new collaborations with Pfizer and ALMAC Diagnostics and published patents in Europe and the US.



Professor Arnold Hill

Professor and Chair of Surgery and Head of School of Medicine, RCSI

Department of Medicine

As Senior Cycle Director, Professor McElvaney oversaw significant changes in senior cycle 1 Medicine/Surgery/ENT/Ophthalmology and the commencement of senior cycle on the Perdana campus. In senior cycle 2, there was an increased emphasis on evaluation of professionalism and communication skills. Significant changes in intermediate cycle also took place involving the Department of Medicine, with particular emphasis on clinical skills.

From 2014 to 2015, Professor McElvaney and his team made a series of important breakthroughs in the understanding and treatment of hereditary emphysema and cystic fibrosis, which were published in *Lancet*, *Journal of Allergy and Immunology*, the *American Review of Respiratory and Critical Care Medicine* and the *Journal of Immunology*.

The Respiratory Research Division of the RCSI Department of Medicine had a major success as their paper '*The Circulating Proteinase Inhibitor alpha-1 Antitrypsin Regulates Neutrophil Degranulation and Autoimmunity*' was awarded Research Paper of the Year, at the 2015 Irish Healthcare Awards. The research findings showed how the protein Alpha-1 Antitrypsin (AAT) plays an important role in controlling inflammation from white blood cells and its importance for good health. Congratulations to Professor McElvaney and to all involved in this important paper, particularly lead co-authors of the study, Dr Emer Reeves and Dr David Bergin, as well as RCSI PhD and medical undergraduate students Killian Hurley, Rebecca Wolfe, Ramia Jameel and Sean Fitzgerald. The research was supported by the Medical Research Charities Group/Health Research Board, the Alpha One Foundation (Ireland) and the Alpha-1 Foundation (USA).

Gillian Lavelle was also awarded a travel grant from the US Cystic Fibrosis Foundation for attendance at the North American Cystic Fibrosis Conference, held in October 2015.

Michelle White was awarded the runner-up prize of the Boehringer Ingelheim Travelling Fellowship for her poster presentation at the Irish Thoracic Society Annual meeting held in Cork on 13 November 2015.

Michelle was awarded the prize for her project entitled '*Alpha-1 antitrypsin augmentation therapy corrects neutrophil membrane structure and cell activity*'. This project has been funded by Science Foundation Ireland (11/RFP/BMT/3094) and was jointly supervised by Dr Emer Reeves and Professor Gerry McElvaney.

The 26th Sheppard Prize competition was held in Beaumont Hospital on Tuesday, 16 February 2016. Dr Timothy Murray won the MD oral presentation prize and Sinead Quinn won PhD oral presentation prize. Dr Hannah Forde and Dr Michelle White won poster presentation prizes.

A study carried out by Dr Killian Hurley has been published in the *Journal of Immunology* and was featured by the *In This Issue* which includes the top 10% of articles published in the journal. The title of the publication is '*Alpha-1 antitrypsin augmentation therapy corrects accelerated neutrophil apoptosis in deficient individuals*'. The project was supported by the MRCG/HRB scheme and was co-funded by the HRB and the Alpha One Foundation Ireland (grant # MRCG/2008/2)

Dr Paul McKiernan was awarded a prestigious European Respiratory Society Short-term Research Training Fellowship to work for 3 months in Prof Ian Adcock's Laboratory in Imperial College London. Karim Jundi was awarded best undergraduate poster presentation at RCSI Research Day for the project he carried out under Prof Greene entitled '*Expression of miRNA biogenesis machinery in cystic fibrosis*'.

Dr Michelle White, a postdoctoral researcher in the Respiratory Research Division, Department of Medicine, was awarded 2nd prize for her poster presentation at the Annual Sheppard Prize, on 17 February, 2016. This annual meeting provides a platform for researchers to present their projects carried out at Beaumont Hospital, Dublin. The title of Michelle's presentation was '*Sustained neutrophil inflammation in chronic airways disease is augmented by reduced membrane cholesterol content*'.

The book chapter New Research on the Importance of Cystic Fibrosis Transmembrane Conductance Regulator Function for Optimal Neutrophil Activity achieved impressive readership results. The chapter published with InTech in the book '*Cystic Fibrosis in the Light of New Research*' has so far been accessed over 100 times.

Professor Richard Costello continues his work on remote monitoring solutions for inhaler adherence. This is part of his work as a HRB Clinical Scientist and devices are being used in clinical studies in a number of centres throughout Ireland.

Professor Noel G McElvaney

Chairman, Department of Medicine, RCSI

Clinical Research Centre (CRC)

The RCSI Clinical Research Centre (CRC) continues to provide a resource to Beaumont Hospital physicians for clinical research.

In 2015, the centre was the national coordinating centre for the ESCAPE study led by Dr John Thornton and Professor David Williams. This trial demonstrated the benefit of thrombectomy in the treatment of stroke due to large vessel occlusion, and as a result, Beaumont Hospital will be developed into a National Centre for the provision of thrombectomy.

The CRC started a new role in sponsorship of clinical trials and in developing protocols to facilitate research across the Academic Health Centres in Ireland. To this end, a new Sponsorship and Quality Management Office has been established in the CRC, and four RCSI-sponsored clinical trials, at three sites including The Rotunda, The Coombe and Beaumont Hospitals, in the areas of Respiratory Medicine, Cardiovascular Disease, Neonatal Care and Obstetrics Care are currently running.

Excellence in research goes hand-in-hand with expertise in education; 2015 saw the expansion of research education programmes run by the CRC. In 2015, 188 healthcare professionals attended GCP training, provided by the CRC, including full introduction courses, refresher courses, GCP for ethics committees, and GCP for those involved with sponsor responsibilities. There were 100 attendees at the Introduction to Clinical Research course, and 86 RCSI medical students attended the Introduction to Clinical Research summer programme.

In keeping with our strategy to provide excellence in research nurse education, 26 nurses completed the RCSI Postgraduate Certificates in Clinical Research, bringing the total number of graduates to 109.

In 2015, there was a 34% increase in clinical trials activity. The centre continues to facilitate and develop in the key areas of Respiratory Medicine, Endocrinology, Cardiovascular Disease, Neurology and Nephrology.

Professor Dermot Kenny

Director, Clinical Research Centre, RCSI

Pathology Department

The RCSI Pathology Department has very close links with the Beaumont Histopathology Department. Consequently, there is integration between Beaumont Hospital and RCSI in the provision of molecular diagnostic service, teaching at undergraduate and postgraduate level and clinical research. The Department is involved in 12 regular MDMs to facilitate patient care.

The RCSI Pathology Department provides a clinically-based undergraduate curriculum for medical students and physiotherapy students. The Department pioneered a computer-assisted learning programme (CALPATH) which is case-based and which also has interactive learning and self-assessment based programmes. The teaching programme includes lectures; clinicopathological case scenarios and discussion; tutorials; specimen-assisted teaching; wet tissue (operative specimens) teaching; and autopsy teaching and learning. This programme was subject to extensive improvements during the year. Special study modules allow students to shadow histopathologists for six-week periods. This allows the student develop a much better understanding of the role of diagnostic pathology departments in patient management. An undergraduate pathology programme is also taught to physiotherapy students.

The Pathology Department has close links with U.K. Pathology Departments and U.K. Pathology Undergraduate Education and Research fora. The RCSI Pathology Department promotes undergraduate research through these fora.

In addition to teaching undergraduate students, the Department has a very active postgraduate training programme for histopathology trainees as part of the Faculty of Pathology Accredited Training Programme in Histopathology.

The Department has collaborative research links with external institutions including the Conway Institute UCD, Queen's University Belfast, Trinity College, Dublin and the National Cancer Institutes in Washington. The RCSI research laboratory is accredited by the Irish National Accreditation Board. The Laboratory acts as a reference laboratory for the UK National External Quality Assessment

Scheme (NEQAS) for both in situ hybridization and molecular pathology.

The research within the Pathology Department is translational-focussed and investigates modulators of invasion in bladder carcinoma and molecular mechanisms of invasion in colorectal carcinoma. Markers of aggressive behaviour in prostate cancer and colorectal cancer are also being investigated to identify cancers which will respond to new targeted therapies. Skin cancer is also being extensively studied. The Department, through collaborative funding, has acquired the Illumina MiSeq next generation sequencing platform which is an instrument that evaluates among other things the presence or absence of mutations in formalin fixed paraffin embedded material. This instrument will be used for a wide variety of molecular analyses which includes the detection of druggable mutations in colorectal cancer, lung adenocarcinomas and melanocytic lesions. The Department generated many peer-reviewed publications and contributed to numerous national and international scientific meetings in the last year.

Pathology staff examine in the surgical pathology component of the Membership Examination in Surgery (MRCS).

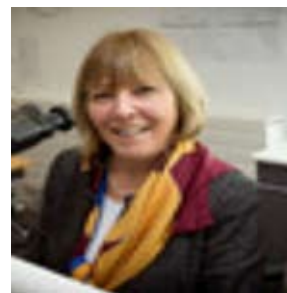
Professor Mary Leader is a member of the Irish Medical Council and Beaumont Foundation. She is Past-President of the Irish Society of Surgical Pathology, is a member of the Consultants Applications Advisory Committee (CAAC) and is a member of a number of editorial boards of international journals. She is President Elect of the British Division of the International Academy of Pathology. Professor Leader contributes to the teaching of pathology to the faculty of The College of Surgeons in East, Central and Southern Africa (COSECSA) in southern sub-Saharan Africa and is a basic sciences external examiner. She travelled to Malawi to examine in December 2015. She has published in excess of 200 publications. Professor Leader was invited to present two lectures at the Path Society/BDIAP meeting which was held in Dublin in June 2015: '*Pearls and Perils in Pathology*' and '*Cutaneous Soft Tissue Tumours*'.

Professor Elaine Kay is a member of the following Committees/Boards: The Histopathology Committee of the Faculty of Pathology, the All

Ireland NCI Scientific Advisory Board and the ICORG Translational Research Sub-Group. She is external examiner for the UK-based FRCPath examination. Professor Kay is Clinical Director of the Pathology Laboratory Directorate in Beaumont Hospital and a council member of IAMS.

Dr Dorman is secretary of the Irish Branch of the Association of Clinical Pathologists. He has been the sole Consultant Renal Pathologist in Beaumont Hospital for many years and provides an on-call service for renal pathology. He was joined in 2015 by a consultant colleague, Dr Brendan Doyle for the delivery of this local and national service. Dr. Dorman continues to collaborate with nephrologists both in Ireland and internationally, producing the pathology component of clinical nephrology and renal transplant articles (recent publications included). He has also been invited to describe the pathology of 'thrombotic microangiopathy and the kidney' at international meetings in London, Vienna, Budapest, Prague, Berlin and Dublin since 2014.

The Pathology Department is deeply indebted to all the teachers/lecturers from Beaumont Hospital, Connolly Hospital and Our Lady of Lourdes Hospital, Drogheda who contribute to our teaching with such dedication and commitment.



Professor Mary Leader
Professor of Pathology, RCSI

Department of Psychiatry

The RCSI Academic Department of Psychiatry continues to contribute to Beaumont Hospital by providing a high quality clinical service and active undergraduate and postgraduate educational programmes.

The Department of Psychiatry has a very active research programme and specific research themes include cellular cytoarchitectural and protein signature of major psychiatric disorders, the developmental epidemiology of psychosis, the neuropsychiatry of epilepsy, behavioural phenotypes of genetic disorders, structural and functional neuroimaging of genetic and neuropsychiatric disorders and a PhD programme in Mental Health Services research.

There is close integration with the Clinical Department of Psychiatry at Beaumont Hospital with Professors Murphy, Cannon and Cotter holding joint RCSI/Beaumont Hospital appointments and Dr MacHale contributing to the academic department as Senior Lecturer.

Professor Kieran Murphy continues in his role as Vice-Dean for Professionalism in RCSI. He is also a member of the Board of Management of the International Association of Medical Regulatory Authorities. In addition, he is a Council member of the Pharmaceutical Society of Ireland and also chairs their Professional Learning and Development Committee. Professor David Cotter continues in his role as Vice-Dean of the College of Psychiatrists of Ireland and Dean of RCSI Deanery for Basic Specialist Trainees in Psychiatry.

Dr Siobhan MacHale continues as Chair of the College of Psychiatrists of Ireland (CPSychI) Faculty of Liaison Psychiatry, and member of the CPSychI Council. She also continues her involvement in the first National Clinical Care Programme in Mental Health on the Management of Self Harm in the Emergency Department.

Professor David Cotter continues a prestigious HRB Clinician Scientist Award to study serum metabolic biomarkers of early psychosis and this award has facilitated the appointment of Dr Helen Barry as Locum Consultant for Prof Cotter's clinical responsibilities.

Dr Selena Pillay was appointed as RCSI Senior Clinical Lecturer and contributes to the Liaison Psychiatry service in Beaumont. Dr Susan Moore returned from the National Psychosis Unit, Bethlem Hospital/King's College London for the second year of her RCSI/KCL rotating Senior Clinical Lecturer in Psychiatry post. She also contributes to the Liaison Psychiatry service in Beaumont Hospital.

Dr Iulia Dudd returned from the Institute of Psychiatry, King's College London to RCSI/Beaumont Hospital for the second year of her RCSI/KCL rotating Lecturer in Psychiatry post. She contributes to both the Liaison and Neuropsychiatry services in Beaumont Hospital.

Research Highlights

Professor Kieran Murphy obtained research funding from the Health Research Board (HRB) for a project entitled '*Blood Brain Barrier Dysfunction in Schizophrenia; A Molecular Genetics Based Approach to Prognosis*'. He also published papers in, among others, Nature Genetics, JAMA Psychiatry and the American Journal of Human Genetics.

Professor David Cotter obtained research funding as Principal Investigator from the HRB for a project entitled '*An inflammatory biomarker study of psychosis: a longitudinal study in an at risk population*' with Dr Melanie Föcking as co-applicant. Prof Cotter was also awarded two HRB Knowledge and Dissemination Awards entitled '*Development of a young adult colouring book illustrating biological research on mental illness*' and '*Development and upgrading of the schizophrenia metabocard*'.

Professor Mary Cannon was awarded research funding as Principal Investigator from the Health Research Board for a project entitled '*Early life stress and the pathogenesis of auditory hallucinations in young people*'.

In April 2015, at the International Congress on Schizophrenia Research, held in Colorado Springs, US, Professors Mary Cannon and David Cotter were invited to organise, chair and speak at symposia at the congress.

Professor K. C. Murphy,
Professor of Psychiatry, RCSI

Molecular Medicine

The research activities of the Department of Molecular Medicine are focused on the molecular basis of disease states and the identification of biomarkers of therapeutic efficacy in malignancy. In addition to his role as Professor and Chairman of the Department of Molecular Medicine, Professor Brian Harvey is Director of Research, DOCTRID Research Institute (www.doctrud.ie). He was appointed President of the Life Sciences Council of the French National Research Agency ANR in 2015 and was also recently appointed as Visiting Research Professor in Université René Descartes, Paris, France. Dr Stephen Keely has been Module Coordinator for BioAT Scholars Programme in RCSI since 2011 and is also convenor for the RCSI PI Forum and a member of the RCSI School of Postgraduate Studies Committee. Dr Bryan Hennessy has recently been appointed as Chairperson of Cancer Trials Ireland (formerly ICORG). Dr Warren Thomas was appointed RCSI Lead in Physiology, Perdana University, where he has been working since January 2015.

National and international research networks, coordinated by Molecular Medicine staff, include the National Biophotonics and Imaging Network, the European Molecular Imaging Doctoral School (EMIDS), the EuroBioImaging Consortium, EU FP7 Cystic Fibrosis COST network, EU COST ADMIRE network in Aldosterone, the Irish Epithelial Physiology Group, International Committee on Rapid Responses to Steroid Hormones, Breast Predict, Rectal Cancer Research (in collaboration with MD Anderson), MERCURIC and the National Clinical Trials for Breast Cancer.

Professor Brian Harvey is coordinator of the ASSISTID EU Marie Curie COFUND programme (www.assistid.eu) which promotes research into the development and application of assistive technologies to enhance the quality of life for people with intellectual disabilities and autism.

Researchers from the Department of Molecular Medicine organised and participated in many national and international meetings in 2015. Professor Brian Harvey was Conference Convenor for the BioPhotonics and Imaging Conference BioPIC 2015, held in National University of Ireland, Galway, from 2–3 July. He was also Chairman of the International Committee for the 9th International Meeting on Rapid Responses to Steroid Hormones

held in Taipei, Taiwan, in June 2015. The 8th Annual Irish Epithelial Physiology Group Meeting was organised by Professor Brian Harvey, Dr Stephen Keely and Dr Olive McCabe and was attended by epithelial researchers from every university in Ireland and Keynote Speakers Professor Luca Turin, Ulm University, Germany and Professor Kim Barrett, University of California, San Diego.

Researchers from the Department of Molecular Medicine received various awards in recognition of their research achievements in 2015. Sinéad Quinn, PhD student with Professor Brian Harvey and Dr Warren Thomas, was awarded the Sheppard Prize at the Annual Beaumont Hospital Research Day for her poster '*Aldosterone-induced activation of protein kinase D2 in the distal nephron and its impact on renal health and disease*'. Dr Natalia Lajczak was awarded the Meritorious Research Award from The American Physiological Society for her presentation '*Bile acids regulate colonic epithelial defensin secretion: implications for pathogenesis and therapy of inflammatory bowel disease*' at Experimental Biology, Boston Massachusetts. In addition to their role as post-doctorate researchers, Dr Viviana Bustos, Dr Magdalena Mroz and Dr Alex Eustace were appointed as honorary lecturers in RCSI and have been involved in the teaching and supervision of undergraduate students. Aoife O'Dwyer, a post-graduate student with Dr Stephen Keely was awarded a PhD for her thesis '*The Regulation of Innate Intestinal Barrier Function by Bile Acids*' which she submitted in 2015. Fiona Ringholz also graduated with a PhD for her research on '*Specialized Pro-resolution Mediators in Cystic Fibrosis Lung Disease*' and was co-supervised by Professor Brian Harvey, RCSI and Dr. Valerie Urbach and Dr. Paul McNally, NCRC. Dr. Yasir Elamin received a MERIT award for his presentation at the American Society of Clinical Oncology (ASCO) annual meeting in June 2015.

Dr. Stephen Keely was awarded a Senior Investigator Award from the Crohn's and Colitis Foundation of America for a project entitled '*Targeting Bile Acids to Treat Inflammatory Bowel Disease*'. The project is in collaboration with researchers at the University of Oxford, the University of Bologna, and TCD and will run for three years. The research will investigate the potential for ursodeoxycholic acid, a naturally-occurring bile acid that has been used

for centuries in Traditional Chinese Medicine, in treating ulcerative colitis. Dr Bryan Hennessy was awarded funding from Gateway for Cancer Research for a three year Clinical Trial Study to be carried out in collaboration with Cancer Trials Ireland (formerly ICORG). Dr Yasir Elamin was awarded funding for a one year study on '*The role of Protein Tyrosine Phosphatase non-Receptor type 11 (PTPN11/Shp2) mutations in human non-small cell lung cancer (NSCLC)*' from Conquer Cancer Foundation and the American Society of Clinical Oncology (ASCO).

Research carried out in the Department of Molecular Medicine is funded by EU FP7 and Horizon 2020, Science Foundation Ireland, The Health Research Board, the Higher Education Authority, the Children's Medical Research Foundation, the Chilean Science Foundation, the Irish Cancer Society, the North Eastern Cancer Research Trust, ASCO and Gateway for Cancer Research.

Professor Brian Harvey

Professor of Molecular Medicine, RCSI

Department of Clinical Microbiology

The Department of Clinical Microbiology has been based at the RCSI Educational and Research Centre on the Beaumont Hospital campus, since 2000. This location facilitates integration and liaison at the hospital, including the diagnostic laboratory and the RCSI Department, which greatly strengthens teaching and research, both basic and translational. The Department has links with the National Reference Laboratories at St. James's and Children's University Hospital and contributes to their services.

The major research interests of the department are healthcare-associated infection (HCAI), including that caused by methicillin-resistant *Staphylococcus aureus* (MRSA), bacterial biofilm development, multi-drug resistant Gram-negative bacilli, hospital hygiene and new approaches to the treatment of bacterial infections, including use of novel peptides. The prevention and control of HCAI, and the reduction in antimicrobial resistance, are strategic aims of the Health Service Executive and the Department of Health in Ireland.

The Department, with colleagues in Dublin City University, has developed and evaluated the potential of gas plasma as a means of environmental decontamination. Further research grants, to develop this in a clinical setting, were awarded by Enterprise Ireland and the Health Research Board (HRB) in the second half of 2015 and the next phase of this research will commence in 2016.

The HRB and the Healthcare Infection Society are funding new approaches to treating biofilm related device-associated bloodstream infection and the

molecular characteristics of such infections. The Department also leads in the serotyping of bacteria responsible for invasive pneumococcal infections, using molecular approaches, as well as undertaking research on the interaction between MRSA and other staphylococci, and the assessment of new approaches to treating bacterial infections.

The Department contributes to undergraduate and postgraduate programmes in Medicine in Dublin, Bahrain and Perdana, as well as courses delivered by the Schools of Physiotherapy and Pharmacy in RCSI. The Department has in recent years used podcasts and online materials, and evaluated their effectiveness in improving medical students' knowledge and their comprehension of important issues in microbiology such as HCAI and its prevention. The Department has developed and used an online teaching resource to inform undergraduate medical students on the use of antibiotics and has evaluated the use of "clickers" to facilitate interactive sessions.

The Department, with the Health Protection Surveillance Centre, organises a very popular Foundation Course on HCAI each September and contributes to the RCSI postgraduate course for infection prevention and control nurses.

Departmental members are active on regional, national and international groups, have contributed to the development of clinical guidelines, advise nationally on the sensible and appropriate use of antibiotics and the prevention of infection, and participate in public meetings and other relevant fora on HCAI.

Professor Hilary Humphreys

Head of Clinical Microbiology Department, RCSI

Department of Academic Radiology

The Department of Radiology provides diagnostic and interventional radiology services to patients in the Beaumont catchment area, and combined undergraduate and postgraduate teaching to students and NCHDs.

Professor Lee stepped down as President of the Cardiovascular and Interventional Society of Europe, at the end of 2015. He was invited to give numerous lectures at international meetings. The Neuroradiology Department took part in the ESCAPE Trial under the direction of Dr John Thornton. The results of this trial were published in the New England Journal of Medicine earlier in the year and unequivocally showed an advantage for thrombectomy in patients with large vessel occlusion. Other randomised control trials also showed a benefit for stroke thrombectomy in patients with large vessel occlusion. Stroke thrombectomy has now become the standard of care for stroke patients with large vessel occlusion. A busy stroke thrombectomy service has been set up in Beaumont, which is now the nominated centre for stroke thrombectomy.

Professor Michael J. Lee

Professor of Radiology, RCSI

Department of Otolaryngology / Head and Neck Surgery

RCSI's 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. The Department is the national leader in post graduate ENT education, organising weekly national teaching lectures for trainees, grand round video conferencing, and ENT surgical skills courses running all year round.

It has 300–350 undergraduate students, being taught by dedicated surgical and medical lecturers and offers essential surgical care for many of its allied specialties, both in malignant tumour extirpation and benign disease of the head, neck and skull base. Its departmental colleagues have leadership roles nationally and internationally in their respective fields, namely lateral skull base surgery and head and neck cancer surgery.

The Department of Otolaryngology in Beaumont Hospital is the largest single provider of otolaryngology surgical primary procedures in the country. It has a separate National Cochlear Implant Department which is one of the largest in the British Isles. Through clinical experience, research, and didactic lectures the Department strives to increase knowledge of otolaryngology disorders and their treatments for students and postgraduate surgeons at all levels of training.

Departmental Changes 2015

2015 saw a number of changes within the Otolaryngology Department. In honour of Professor Michael Walsh, last year we announced a new academic medal which was opened for all surgical trainees (SHO/Registrars/SpRs/SR) this year. The 'Michael Walsh' Medal is an essay on contemporary Head and Neck Surgical Oncology; presentations took place at the Irish Otolaryngology Society Meeting 2015. Mr. Chris Oosthuizen won the Michael Walsh Medal for 2015.

Maureen Brooks replaced Noeline Conway, who retired in late 2014. Maureen worked for Professor Mary Leader from 2010 to 2014 (RCSI and Blackrock) and also in the Histopathology Department Beaumont from 1993 to 1998. She has been a terrific asset to the Department.

Emma Devoy Flood, Clinical Nurse Specialist, took over the role from Rosemary McMahon, who moved to the Cochlear Dept. in 2014. Emma is a specialist nurse who is dedicated and committed to her position as Head and Neck Oncology Specialist Nurse.

Professor James Paul O'Neill

James Paul O'Neill was appointed Professor of Otolaryngology Head and Neck Surgery in 2014 and since then has also become Chairman of the Medical Executive Board, Beaumont Hospital and President of the Biological Society and the Surgical Society RCSI. He recently assumed the role of Chairman of Examinations for IFHNOS (*The International Federation of Head and Neck Oncologic Societies.*) He also has taken on the role of the clinical lead to establish an RCSI MCCLE's programme, supporting undergraduate medical students who wish to prepare and apply for residency programmes in Canada.

Undergraduate Education

Otolaryngology has approximately 300-350 undergraduate students from SC2. Otolaryngology teaching format for SC2 students is a combination of lecture series and clinical attachments, which involves compulsory attendance at outpatient clinics, theatre allocation and team shadowing.

This year, otolaryngology teaching changed as we provided undergraduate education for both SC2 and SC1. Ultimately, otolaryngology will only be taught in SC1 and examinations will be linked with ophthalmology. SC1 students had a dedicated clinical tutor and have professorial lead lectures from Professor O'Neill and Professor Walsh. We are incorporating USMLE and Canadian ENT Exam questions into teaching, to further prepare our students for international examination success.



(From left to right: Thavakumar Submaraniam, Anel Naude, Robbie Woods, Catherine Brophy and Chris Oosthuizen)

Lecturers- Clinical and Academic

Dr. Tara Ramachandra became the new lecturer in Otolaryngology in 2015. She pursued her undergraduate studies in Biomechanical Engineering at Stanford University, and subsequently worked as a design engineer at Stryker Endoscopy. She returned to Stanford, where she earned her degree in Medicine in 2009. Tara then moved to Nashville, Tennessee, where she completed her internship and residency in Otolaryngology at Vanderbilt University in 2014. The following year, she became Vanderbilt's first Fellow in Facial Plastic and Reconstructive Surgery.

Dr. David Hogan, also a new lecturer in our department, completed his undergraduate studies with a BSc at The University of Queensland, majoring in Biomedical Science and Anatomy. He went on to complete his medical training, graduating with an MBBS in 2006. In 2014, he passed his part 2 fellowship examinations with the Royal Australasian College of Surgeons and now holds his FRACS in the specialty of Otorhinolaryngology, Head and Neck Surgery. He holds an associate lecturer position with the University of Queensland Medical School.

Departmental Academic Activities

Professor Rory Mc Conn Walsh continues as Chairman of Postgraduate Otolaryngology Training in RCSI. He has navigated our specialty through the many recent changes in postgraduate training.

Professor Mc Conn Walsh acted as the convenor for the British Skull Base Society meeting 2015 and invited Dr Dennis Kraus from New York and Dr Luc Morris from MSKCC to deliver key note speeches. The British Skull Base Society (BSBS) is the multidisciplinary, multi-professional body whose membership is the clinical specialists responsible for the treatment of patients in the UK and Ireland with skull base tumours and other disorders of the skull base.

IFHNOS and RCSI

IFHNOS (The International Federation of Head and Neck Oncologic Societies) is a global organisation established through cooperation of national and regional Societies and Organisations in the Specialty of Head and Neck Surgery and Oncology with membership from national and regional multidisciplinary organizations, representing 65 countries. The Federation provides a common platform for Specialists in the field of Head and Neck Cancer to interact in professional matters of mutual interest. IFHNOS appointed Professor O'Neill as Chairman of Examinations in 2015.

Lectures

RCSI Charter Day:

Professor O'Neill delivered a talk on 'The Future directions in the reconstructive management of laryngeal carcinoma patients, with particular focus on laryngeal transplantation'.

Irish Otolaryngology Society 2015

The 56th Annual Meeting of the Irish Otolaryngology Head and Neck society took place in 2015. This annual meeting is considered a key event in the Irish Otolaryngology calendar. Professor O'Neill delivered a talk on 'From South Korea to Ireland; The Papillary Thyroid Cancer Driven Epidemic Continues' and 'Is it Time for a Unified Otorhinolaryngology Undergraduate Curriculum in Ireland?'

The 5th Annual Head and Neck Surgical / Oncology Conference took place in St. Vincent's Hospital and Professor O'Neill discussed the 'Management of Laryngeal Cancer in the Elderly'.

Canadian Licence

Professor James Paul O'Neill has taken on the clinical lead to establish an RCSI MCCL's programme to support undergraduate medical students who wish to prepare and apply for residency programmes in Canada. To advise the School of Medicine periodically

on the licencing requirements and options to address changing landscape requirements for returning CSA/IMG's. This programme is to help the students assess challenges pertaining to preparation for successful completion of licencing exams (MCCEE + NACOSCE) prior to graduation and to access the resources available and needed to address these challenges.

World Head and Neck Cancer Day

The International Federation of Head and Neck Oncologic Surgeons (IFHNOS) had the first 'World Head and Neck Cancer Day' on 27 July 2015. 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.



Prof Broe (Past President RCSI), Mr Magee (Past President RCSI), Ambassador O Malley (USA Ambassador to Ireland), Prof James Paul O'Neill at WHNCD in RCSI

Professor O'Neill has corresponded with colleagues and hospitals in Ireland and a host of informative events for the public will again take place on the 27 July, 2016 in conjunction with The International Federation of Head and Neck Oncologic Surgeons. This year's event is taking place in the American Embassy, Phoenix Park.



Professor James Paul O'Neill

Head of Department of Otolaryngology, Head and Neck Surgery

Department of Anaesthesia

The RCSI department and Beaumont Hospital departments of Anaesthesia and Critical Care have close links, with teaching and academic activities provided by both departments. A number of successful research projects were carried out during this year culminating in successful presentation at national, international meetings, and ultimate publication. The department also collaborated with a number of larger multi-centre randomised controlled trials endorsed by the Irish Critical Care trials group (ICCTG) such as EPO-TBI, ETHICUS II and TRANSFUSE.

Dr Criona Walshe continued in the role of Acting Head of the Department of Anaesthesia pending commencement of the new professor overseeing the undergraduate programme including weekly students, SUBI, SSC and student electives, and students continued to rate their experience within the department highly.

In addition to undergraduate teaching, post graduate teaching was provided to fellowship in anaesthesia candidates, candidates preparing for the ICU (JFICMI) and Pain diploma with high success

rates achieved in each examination, A number of members within the department examined at each of these examinations. Dr Anne Hennessy was the Chair of the Membership exam committee of the College of Anaesthetists.

In 2015, the anaesthesia chapter in the Surgical Handbook was reviewed and updated by a team within both RCSI and Beaumont Hospital and this has been well received by senior cycle students. The simulator was incorporated into the undergraduate education programme and its efficacy was evaluated in a pilot study, which was successfully published.

Dr Rory Dwyer continued in his role as president of the Intensive Care Society of Ireland in 2015. He is also the clinical lead for both the National ICU audit programme and the Adult Programme for Transfer of critically ill. Dr Edel Duggan is the Director of the National Poisons Information Centre. Dr Michael Power undertook a second term as National Clinical Lead, Critical care Programme, National Clinical

Programmes and in late 2014, the National Launch of National Adult Critical Care Programme Model of Care was held in the College of Anaesthetists, Merrion Square Dublin. Dr Power is also a member of the DH National Maternity Strategy Steering Group 2015.

Clinical Neurological Science

The Department of Clinical Neurological Sciences comprises all of the clinical specialists in neurology, neurosurgery, neuroradiology, neurophysiology and neuropathology working in Beaumont Hospital. Each independent department has its own separate clinical and research structures but in several areas such as epilepsy, and mitochondrial and neuromuscular disease, there is considerable departmental interaction. Each of these clinical groupings is involved in the teaching of RCSI medical students.

Formal undergraduate examinations are not held in any of the clinical neuroscience disciplines. Examination in each of these areas is instead conducted during the major professional examinations in Medicine, Surgery, Pathology and Anaesthetics.

Invited Lectures

Publication and lecture highlights for the year included:

Bolger C. Minimally Invasive Spine Surgery Pan Arab Spine Society, Dubai, April 2015

Bolger C. Unifacet and Bifacet Spine Injuries, EFFORT, Prague, May 2015

Bolger C. Surgical Approaches to Upper Cervical Spine, Nottingham, June 2015

Bolger C. The Rise and Fall of New Technology, Eurospine, Copenhagen, September 2015

Publications

Three-dimensional gait analysis outcomes at 1 year following decompressive surgery for cervical spondylotic myelopathy.

Malone A, Meldrum D, Bolger C

Eur Spine J. 2015 Jan 24(1) 48-56

A global perspective on the outcome of surgical decompression in patients with cervical spondylotic myelopathy

Fehlings MG et al, Spine 2015 1322-8

Ciaran Bolger MB, BCh UDubl PhD FRCSI

Professor and Head of Department

RCSI Beaumont Library

RCSI Library, Beaumont Hospital supports the education, clinical research, and professional development activities of RCSI students, healthcare professionals, and researchers in Beaumont Hospital.

Library Services include the selecting and disseminating of electronic and print resources; the management of customer service enquiries by phone, email and in person; the provision of information skills training; the management of document supply; the facilitation of literature searching; the management of study space; and the provision of extended opening hours.

Highlights for 2015

The e-journal and book collections were updated in core clinical areas. Book-borrowing by students and staff increased to a total of 6,260 books, and 435,900 database searches were carried out by library users accessing our e-resources, within the college and from home.

The Information Skills Training programme, which supports students and researchers by offering tutorials and presentations on database search techniques for literature and systematic reviews, saw a 64% increase in attendance by staff and students. Informal feedback from tutors noted

an improvement in search skills and the quality of resources used in student assignments. The librarian presented at Study Days, Academic Writing Days, Staff Development Days and Undergraduate Information Skills modules in both RCSI and Beaumont Hospital locations.

The library Literature Search service provided support for researchers in RCSI, Beaumont Hospital and clinical teams working on national clinical guidelines. The service was expanded in 2014 to provide tailored supports for busy researchers and clinicians, who are already proficient in literature searching and to ensure that their current search strategies meet best practice for systematic reviews and publication, and this service continued into 2015.

The hospital librarian continued to be active on external committees, including the Working Group of the National Clinical Effectiveness Committee and the Health Science Libraries Group in Ireland.

Library Staff 2015

Breffni Smith, Assistant Librarian, RCSI Library, Beaumont Hospital

Catherine Lee, Assistant Librarian, RCSI Library, Beaumont Hospital (temporary cover 2015/16)

Christina Doherty (Library Assistant, Full-time)

Rose Bisset (Library Assistant, Part-time)

Bernie Condon (Library Assistant, Part-time)

Aoife Doherty (Library Assistant, Part-time)

Veronica Kendrick (Library Assistant, Part-time)

Breffni Smith

Assistant Librarian

RCSI Beaumont Hospital Library

