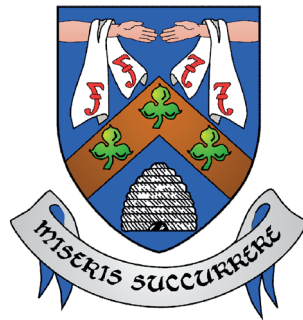




BEAUMONT HOSPITAL ANNUAL REPORT



2016



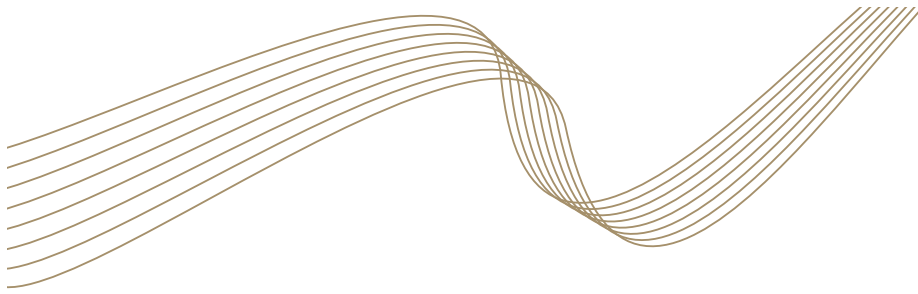
Mission Statement:

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



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Beaumont Hospital Board members and Meeting attendance

Member	Nomination source	Term of office	Board Meetings attended in 2016	
			Expected attendance	Actual attendance
Ms. Ann Fitzgerald, Chair	Minister for Health	17.12.13 –16.12.16	11	11
Professor Anne Matthews	Dublin City University	26.02.15 - 16.12.16	11	10
Dr Ursula O’Brien Counihan	Corrigan Faculty of Royal College of General Practitioners	17.12.13 – 16.12.16	11	9
Ms Laura Cuddihy	Chair Beaumont Hospital	03.02.14 - 02.02.17	11	11
Mr William Earley	Chair Beaumont Hospital	16.01.14 - 15.01.17	11	11
Dr Stuart Evans	Minister for Health	26.02.14 - 24.02.17	11	11
Mr Brian Healy	Chair Beaumont Hospital	12.02.14 - 11.02.17	11	8
Mr Mel Greaney	Minister for Health	09.04.14 - 08.04.17	11	10
Ms. Alison Gilliland	Minister for Health	08.04.15 - 08.04.17	11	10
Ms Geraldine Robbins	Minister for Health	09.04.14 - 08.04.17	11	10



Executive Management Group

Ian Carter, Chief Executive

Anne McNeely, Deputy CEO, Head of Organisational Development

Margaret Bourke, Clinical Director, Anaesthetics / Critical Care Directorate

Peter Conlon, Clinical Director, Medical Directorate

Mary Farrelly, Director of Finance

Karen Greene, Director of Nursing

Mohsen Javadpour, Clinical Director, Neurocent Directorate

Elaine Kay, Clinical Director, Laboratory Directorate

Fiona Keogan, Head of Clinical Services / Business Planning

Dilly Little, Clinical Director, TUN Directorate

Seamus Looby, Clinical Director, Radiology Directorate

Deborah McNamara, Clinical Director, Surgical Directorate

Conall O'Seaghda, Clinical Director, TUN Directorate

Patricia Owens, HR Director

Edmond Smyth, Chair of Clinical Governance

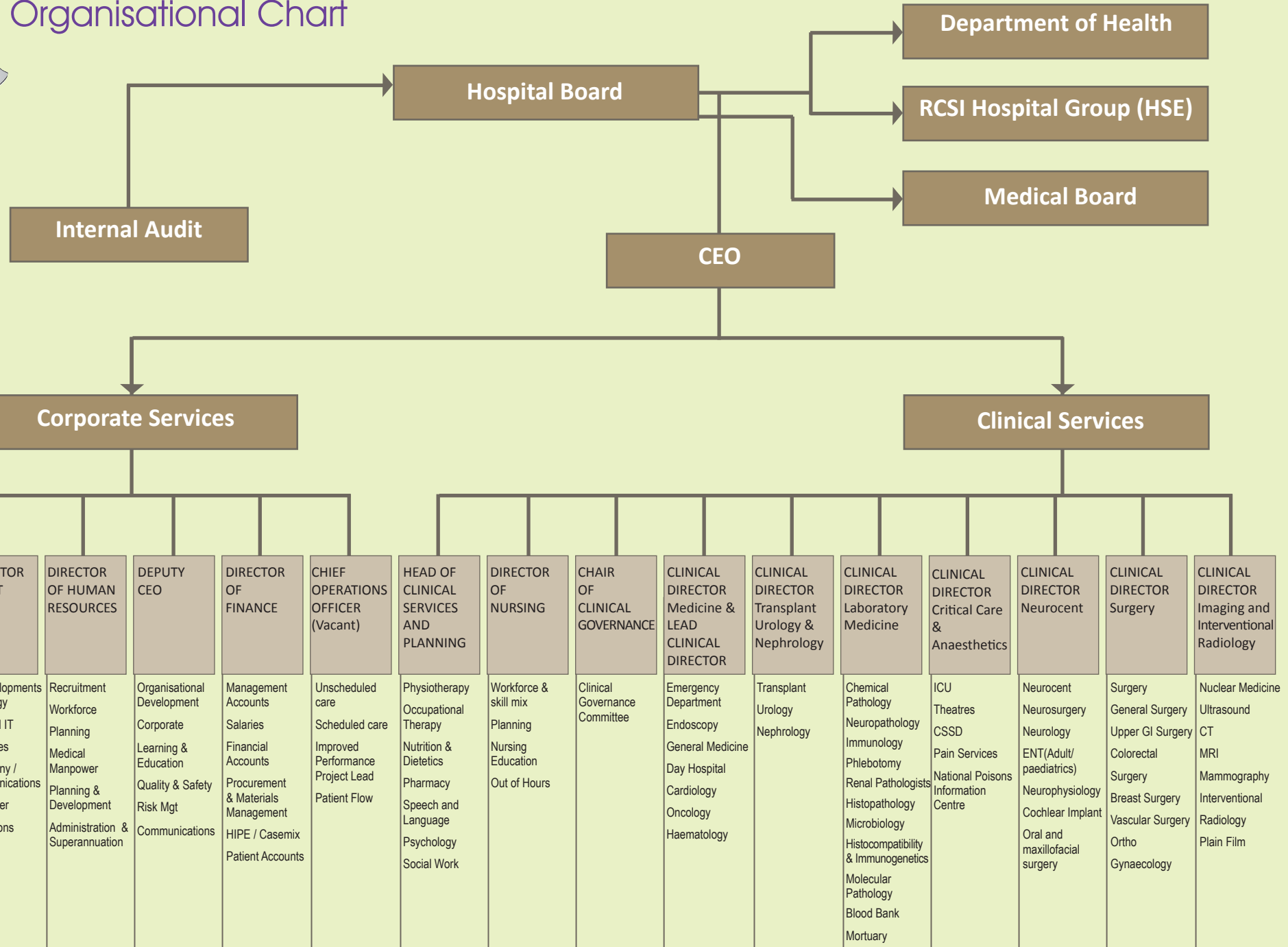
Mark Graham, Director of ICT

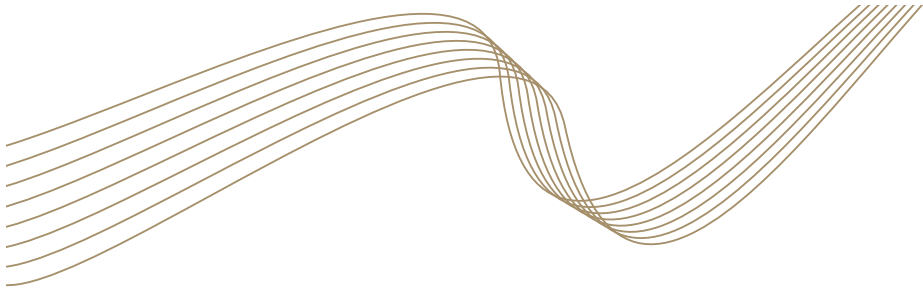
Brian Fitzpatrick, Head of Facilities Management and Campus Development





Organisational Chart



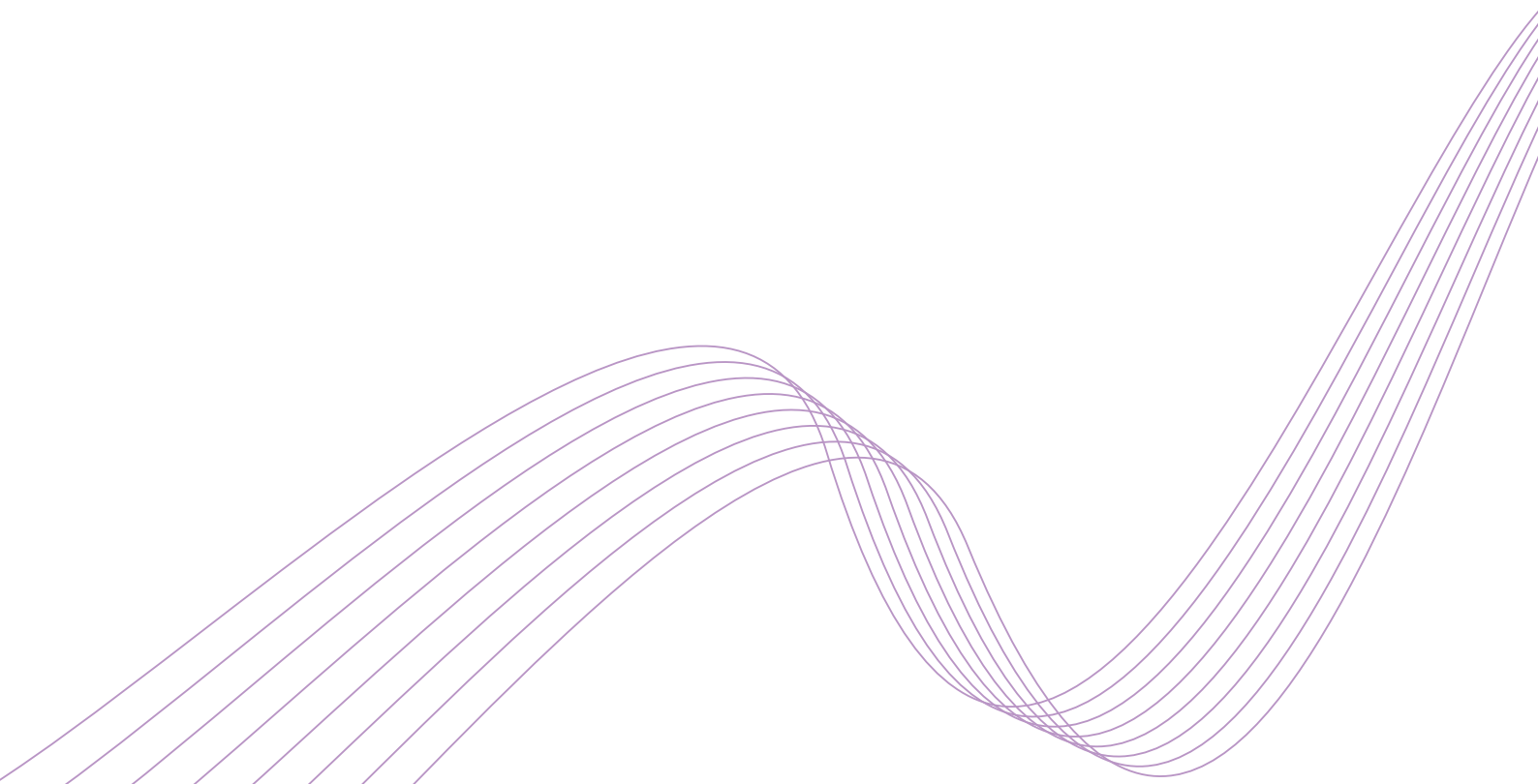


Bank

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

Legal Advisors

Byrne Wallace
88 Harcourt Street,
Dublin 2



Consultant Staff

Agha, Dr. Amar, Consultant Endocrinologist
Ahmad Nizam, Dr. Adriana, Consultant Anaesthetist
Ajmal, Mr. Nadeem, Consultant Plastic Surgeon
Alexander, Dr. Michael, Consultant Neurophysiologist
Allen, Mr. Michael J, Consultant/General Surgeon Breast
Arumugasamy, Mr. Mayilone, Consultant General Surgeon
Awan, Dr. Atif, Consultant Nephrologist
Barrett, Dr. Helen, Consultant Histopathologist
Barry, Dr. Helen, Consultant General Adult Psychiatrist
Beausang, Dr. Alan, Consultant Neuropathologist
Beddy, Mr. David, Consultant General Surgeon
Blennerhassett, Dr. Richard, Consultant General Adult Psychiatrist
Bolger, Professor Ciaran, Consultant Neurosurgeon
Bourke, Dr. Margaret, Consultant Anaesthetist
Branagan, Dr. Peter, Consultant General Physician
Breathnach, Dr. Oscar Seamus, Consultant Medical Oncologist
Brennan, Dr. Paul, Consultant Radiologist
Brett, Dr. Francesca, Consultant Neuropathologist
Brewer, Dr. Linda, Consultant Geriatrician
Buckley, Dr. Elma, Consultant Anaesthetist
Burke, Mr. John, Consultant General Surgeon
Burns, Dr. Karen, Consultant Microbiologist
Byrne, Mr. Paul, Consultant Obstetrician & Gynaecologist
Caird, Mr. John, Consultant Neurosurgeon
Cannon, Professor Mary, Consultant General Adult Psychiatrist
Cantrell, Dr. Robert, Consultant General Adult Psychiatrist
Chaudhri, Dr. Rita, Consultant Anaesthetist
Cheasty, Dr. Marese, Consultant General Adult Psychiatrist
Cheema, Mr. Ijaz, Consultant Urologist
Cheriyian, Dr. Danny, Consultant Gastroenterologist
Collins, Mr. Denis, Consultant Orthopaedic Surgeon
Conlon, Professor Peter, Consultant Nephrologist
Connolly, Dr. Sean, Consultant Neurophysiologist
Conway, Dr. Frances, Consultant Anaesthetist
Cosgrove, Dr. Mary, Consultant General Adult Psychiatrist
Costello, Professor Richard, Consultant Respiratory & General Physician
Costelloe, Dr. Elizabeth, Consultant Neurologist
Cotter, Professor David, Consultant General Adult Psychiatrist
Creagh, Mr. Thomas, Consultant Urologist
Crimmins, Mr. Darach, Consultant Neurosurgeon
Cryan, Dr. Jane, Consultant Neuropathologist
Curley, Professor Gerard, Consultant Anaesthetist

De Freitas, Dr. Declan, Consultant Nephrologist
Deasy, Mr. Joseph, Consultant General Surgeon
Delanty, Professor Norman, Consultant Neurologist
Delargy, Dr. Mark, Consultant Rehabilitation Medicine
Denton, Dr. Mark, Consultant Nephrologist
Dinesh, Dr. Binu, Consultant Microbiologist
Doherty, Dr. Colin, Consultant Neurophysiologist
Dolan, Dr. Niamh, Consultant Nephrologist
Donegan, Dr. Ciaran, Consultant Geriatrician
Donnelly, Mr. Michael, Consultant Orthopaedic Surgeon
Dorman, Dr. Anthony, Consultant Histopathologist
Doyle, Dr. Brendan J, Consultant Cardiologist
Doyle, Dr. Brendan, Consultant Histopathologist
Duggan, Dr. Edel, Consultant Anaesthetist
Duke, Dr. Deirdre, Consultant Radiologist
Durcan, Dr. Laura, Consultant General Physician
Dwyer, Dr. Rory, Consultant Anaesthetist
El-Masry, Mr. Sherif, Consultant General Surgeon
Farrell, Professor Michael, Consultant Neuropathologist
Faul, Dr. Clare, Consultant Medical Oncologist
Fitzpatrick, Dr. David, Consultant Radiation Oncologist
Fitzpatrick, Dr. Fidelma, Consultant Microbiologist
Foley, Professor David, Consultant Cardiologist
Forde, Mr. James, Consultant Urologist
Fulcher, Mr. Timothy, Consultant Ophthalmic Surgeon
Gaffney, Dr. Alan, Consultant Anaesthetist
Gaffney, Mr. Robert, Consultant Otolaryngologist
Galvin, Dr. Sinead, Consultant Anaesthetist
Garland, Dr. Malcolm, Consultant General Adult Psychiatrist
Gilligan, Dr. Peadar, Consultant Accident & Emergency
Given, Dr. Mark, Consultant Radiologist
Gleeson, Mr. Aidan, Consultant Accident & Emergency
Glynn, Mr. Fergal, Consultant Otolaryngologist
Gopinathan, Dr. Deepak, Consultant General Physician
Grogan, Dr. Liam, Consultant Medical Oncologist
Gulmann, Dr. Christian, Consultant Histopathologist
Gumbrielle, Dr. Thomas, Consultant Cardiologist
Gunaratnam, Dr. Cedric, Consultant Respiratory & General Physician
Halpenny, Dr. Michelle, Consultant Anaesthetist
Hambly, Dr. Niamh, Consultant Radiologist
Hannan, Dr. Kieran, Consultant Nephrologist
Hardiman, Professor Orla, Consultant Neurologist
Harewood, Dr. Gavin, Consultant Gastroenterologist
Hayes, Dr. Blanaid, Medical Officer

Healy, Dr. Fiona, Consultant Paediatrician
Healy, Professor Daniel, Consultant Neurologist
Heffernan, Dr. Attracta, Associate Specialist
Hegarty, Mr. Nicholas, Consultant Urologist
Hennessy, Dr. Anne, Consultant Anaesthetist
Hennessy, Dr. Bryan, Consultant Medical Oncologist
Hill, Professor Arnold, Consultant General Surgeon
Houlihan, Ms. Kathleen, Consultant Accident & Emergency
Howard, Dr. Donough, Consultant Rheumatologist
Humphreys, Professor James, Consultant Microbiologist
Javadpour, Mr. Seyed, Consultant Neurosurgeon
Kay, Professor Elaine, Consultant Histopathologist
Keane, Dr. Fiona, Consultant Dermatologists
Kearns, Dr. Grainne, Consultant Rheumatologist
Kearns, Mr. Gerard, Consultant Oral Surgeon
Keaveny, Dr. Joseph, Consultant Anaesthetist
Keeling, Dr. Aoife, Consultant Radiologist
Keeling, Dr. Frank, Consultant Radiologist
Kelada, Dr. Sherif, Associate Specialist
Kelly, Dr. Peter, Consultant Neurologist
Keogan, Dr. Marie, Consultant Immunologist
Kerr, Dr. Jennifer, Consultant Radiologist
Khalib, Dr. Khairin, Consultant Immunologist
Kieran, Mr. Stephen, Consultant Otolaryngologist
Kiernan, Dr. Fiona, Consultant Anaesthetist
Kilbride, Dr. Ronan, Consultant Neurophysiologist
King, Dr. Mary, Consultant Neurologist
Kneafsey, Mr. Brian, Consultant Plastic Surgeon
Lacy, Mr. Peter, Consultant Otolaryngologist
Larney, Dr. Vivienne, Consultant Anaesthetist
Lavelle, Dr. Ena, Consultant General Adult Psychiatrist
Leader, Professor Mary, Consultant Histopathologist
Leahy, Professor Austin, Consultant General Surgeon Vascular
Lee, Professor Michael, Consultant Radiologist
Leonard, Dr. Irene, Consultant Anaesthetist
Leonard, Dr. Jane, Consultant Paediatrician
Linnane, Dr. Seamus, Consultant Respiratory & General Physician
Little, Dr. Mark, Consultant Nephrologist
Little, Ms. Dilly, Consultant Urologist
Logan, Dr. Mark, Consultant Radiologist
Logan, Ms. Patrica, Consultant Ophthalmic Surgeon
Looby, Dr. Seamus, Consultant Radiologist
Lynch, Dr. Bryan, Consultant Neurologist
Lynch, Dr. Timothy, Consultant Neurologist

Mac Hale, Dr. Siobhan, Consultant General Adult Psychiatrist
Macnally, Mr. Stephen, Consultant Neurosurgeon
Magee, Dr. Colm, Consultant Nephrologist
Martin, Dr. Alan, Consultant Geriatrician
Mc Adam, Dr. Brendan, Consultant Cardiologist
Mc Aleese, Mr. Paul, Consultant General Surgeon
Mc Conkey, Professor Samuel, Consultant Infectious Diseases
Mc Conn Walsh, Professor Rory, Consultant Otolaryngologist
Mc Coy, Dr. Blathnaid, Consultant Neurologist
Mc Dermott, Dr. Sinead, Consultant Microbiologist
Mc Donnell, Mr. Ciaran, Consultant General Surgeon
Mc Elvaney, Professor Noel, Consultant Respiratory & General Physician
Mc Enroy Mullins, Dr. Deirdre, Consultant Gastroenterologist
Mc Erlean, Dr. Aoife, Consultant Radiologist
Mc Grath, Dr. Frank, Consultant Radiologist
Mc Guigan, Dr. Christopher, Consultant Neurologist
Mc Hugh, Dr. John, Consultant Neurophysiologist
Mc Lean, Dr. Sarah, Consultant/Palliative Medicine
Mc Lornan, Ms. Liza, Consultant Urologist
Mc Nally, Dr. Cora, Consultant General Physician
Mc Namara, Ms. Deborah, Consultant General Surgeon
Mc Quillan, Dr. Regina, Consultant/Palliative Medicine
Mcardle, Dr. Orla, Consultant Radiation Oncologist
McCabe, Dr. Dominick, Consultant Neurophysiologist
Mcgrath, Dr. Andrew, Consultant Radiologist
Mchugh, Mr. Seamus, Consultant General Surgeon Vascular
Merwick, Dr. Aine, Consultant Neurologist
Mishra, Dr. Shailendra, Consultant Anaesthetist
Mohan, Mr. Ponnusamy, Consultant Urologist
Molloy, Dr. Fiona, Consultant Neurophysiologist
Moneley, Mr. Daragh, Consultant General Surgeon Vascular
Moore, Dr. Alan, Consultant Geriatrician
Moore, Dr. Michael, Consultant Anaesthetist
Morgan, Dr. Jacinta, Consultant Rehabilitation Medicine
Morgan, Dr. Ross, Consultant Respiratory & General Physician
Moroney, Dr. Joan, Consultant Neurologist
Morrin, Dr. Martina M, Consultant Radiologist
Morris, Dr. Patrick Glyn, Consultant Medical Oncologist
Moynihan, Dr. Barry, Consultant Geriatrician
Mullett, Mr. Hannan, Consultant Orthopaedic Surgeon
Mullins, Dr. Gerard, Consultant Neurophysiologist
Murphy, Dr. Gillian, Consultant Dermatologists
Murphy, Dr. Philip, Consultant Haematologist
Murphy, Dr. Sinead, Consultant Neurologist

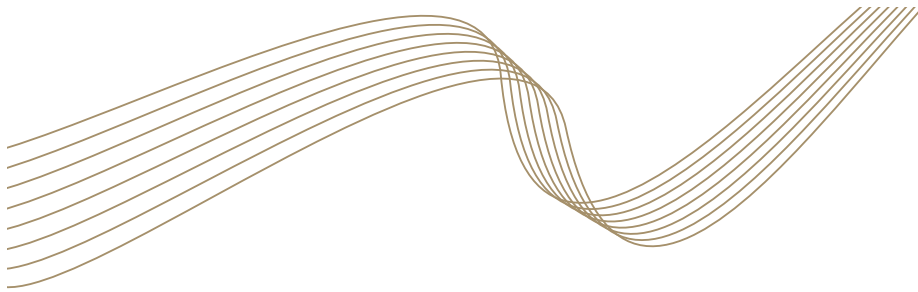
Murphy, Mr. Denis, Consultant Urologist
Murphy, Professor Kieran, Consultant General Adult Psychiatrist
Murray, Professor Francis, Consultant Gastroenterologist
Mushtaque, Mr. Muhammad, Consultant General Surgeon
Naughton, Mr. Peter, Consultant General Surgeon Vascular
Ni Mhuirheartaigh, Dr. Neasa, Consultant Radiologist
Ni Raghallaigh, Dr. Siona, Consultant Dermatologists
O Ceallaigh, Mr. Padraig, Consultant Oral & Maxillo Facial Surgeon
O' Riordan, Dr. Sean, Consultant Neurologist
O Seaghdha, Dr. Conall, Consultant Nephrologist
O' Sullivan, Mr. John Barry, Consultant Plastic Surgeon
O'Brien, Dr. Margaret, Consultant Neurologist
O'Brien, Mr. David, Consultant Neurosurgeon
O'Brien, Mr. Donncha, Consultant Neurosurgeon
O'Connell, Dr. Karina, Consultant Microbiologist
O'Connell, Dr. Paul, Consultant Rheumatologist
O'Donohoe, Mr. Martin, Consultant General Surgeon Vascular
O'Dwyer, Mr. Tim, Consultant Otolaryngologist
O'Hare, Dr. Alan, Consultant Neuro-Radiologist
O'Kane, Dr. Marina, Consultant Dermatologists
O'Neill, Dr. Brian, Consultant Radiation Oncologist
O'Neill, Dr. Tanya, Consultant Anaesthetist
O'Neill, Professor James Paul, Consultant Otolaryngologist
O'Neill, Professor Shane, Consultant Respiratory & General Physician
O'Rourke, Dr. Declan, Consultant Nephrologist
O'Rourke, Dr. James, Consultant Anaesthetist
O'Shea, Dr. Anne-Marie, Consultant Histopathologist
Osman, Dr. Mugtaba, Consultant General Adult Psychiatrist
O'Toole, Dr. Aoibhlinn Mary, Consultant Gastroenterologist
Patchett, Professor Stephen, Consultant Gastroenterologist
Pollard, Dr. Valerie, Consultant Anaesthetist
Power, Dr. Michael, Consultant Anaesthetist
Power, Dr. Sarah, Consultant Neuro-Radiologist
Power, Mr. Colm, Consultant General Surgeon
Power, Mr. Richard, Consultant Urologist
Quinn, Dr. John, Consultant Haematologist
Quirke, Dr. Michael, Consultant Accident & Emergency
Rajab, Mr. Hassan, Consultant Obstetrician & Gynaecologist
Rajan, Dr. Lillian, Consultant Microbiologist
Rawluk, Mr. Daniel, Consultant Neurosurgeon
Redmond, Dr. Janice, Consultant Neurologist
Redmond, Dr. Maeve, Consultant Histopathologist
Reid, Dr. Valerie, Consultant Neurophysiologist
Rivera, Dr. Eddy Ferrufino, Consultant Respiratory & General Physician

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



Corporate Reports





Ann Fitzgerald
Chair
Beaumont Hospital Board

Chair Report

2016 was an interesting year in Beaumont Hospital. The financial position continued to be a challenge as both demand and activity increased in parallel with ongoing funding restrictions and cash deficits.

As a Board we were striving to ensure the highest standards of fiducial governance and stewardship. This involves working with management to implement robust cost containment whilst seeking out critical investments in areas such as additional clinical staff in the relevant disciplines, capital developments, pharmaceutical supplies, necessary medical and surgical supplies and patient supports.

The Board were extremely pleased with the significant reduction in both the number of emergency patients waiting for bed accommodation and an overall reduction in the time patients spend in the Emergency Department. These reductions commencing in June and generally being maintained for the remainder of the year. Previous years experience of significant ED overcrowding during October and January did not manifest.

Whilst wait times for scheduled care remains far from optimal, the Board was also pleased to note a 4% reduction in total number of patients waiting and a 50% reduction in the number of patients waiting (01.08.16) >18 months.

Given the catchment demographics with high proportions of frail elderly, frailty was a major theme in the hospital and the Board was heartened by innovations such as the Frailty Intervention Therapy Team (FITT) which has had a significant positive impact on maintained mobility and independence whilst in hospital. This model has become acclaimed nationally and the leadership and commitment of Beaumont staff is admirable.

Amidst very busy day to day operations the Hospital continues to develop and improve facilities and

services. The official opening of the National Kidney Transplant Service in St Damien's Ward was performed by Minister of State Finian McGrath in January 2016 and in November 2016 the Minister for Health Simon Harris officially launched the Annual Report for Ireland's National Kidney Transplant Service at Beaumont Hospital. The 5th Annual Quality and Patient Safety Meeting was hosted on May 19th. Memorable for many reasons, but mostly for the poignant story by Mr Ciaran Staunton describing the circumstances leading to the untimely death of his 12 year old son in the USA from sepsis. Also in 2016 the RCSI received planning permission for an €11m extension of their Education and Research Centre on the grounds of Beaumont Hospital.

The National Laboratory Information Management System (LIMS) was launched and Beaumont is scheduled to go live with the new system in 2017. The Board received a presentation during the year from the Laboratory Directorate describing a significant modernisation proposal involving new technology and the integration of Chemical Pathology, Haematology and Immunology. This is a major innovation, and will be the first of its kind in the Irish Public Health Services.

The Hospital saw many changes in 2016, retirements and staff turnover, more broadly coupled with welcoming in new recruits and fresh expertise. The Board oversaw the retirement of Mr Liam Duffy, Chief Executive for the past 12 years and an employee of Beaumont and its predecessor for almost 39 years. On behalf of myself and all Board members, I thank Liam sincerely for the courtesy shown to the Board at all times.

I also extend a warm welcome to Ian Carter who took on the role of Chief Executive Beaumont Hospital in June 2016. Ian has a long and distinguished career in hospital leadership and management and we are extremely grateful for his contribution to the management of

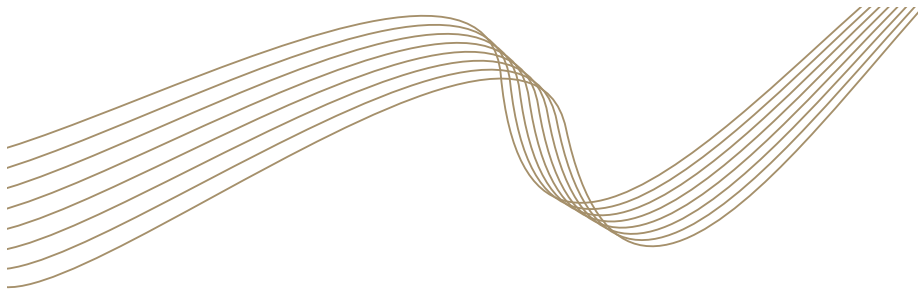
Beaumont since his appointment. We wish Ian and the Executive Management Team continued success and progress.

This is my final Annual Report as Chair of Beaumont Hospital Board. It has been an honour and a privilege, full of challenge and opportunity. Within the first three months of 2017 all of the current Board members will have completed their three year term of office. I extend

my thanks for their support to me in my role as Chair. I commend them for their commitment to Beaumont Hospital; voluntarily they gave generously of their knowledge and experience both at the Board itself and on its committees and other associated work.

Finally on behalf of the Board I express my wholehearted thanks to the staff and management of Beaumont Hospital for the ongoing dedication to improving and developing high quality services for local, regional and national populations.

**Ann Fitzgerald,
Chair, Beaumont Hospital Board**



Ian Carter
Chief Executive

CEO Report

Primary executive and operational focus for 2016 centred on achievement of planned levels of internal and group service delivery within available finances and specified quality parameters, combined with advancement of the capital development programme.

Performance outcomes for the year were generally satisfactory.

Clinical Treatment

Overall patient volumes across all key treatment groupings exceeded 2015 performance.

Table 1

Activity	2015	2016	2016 / 2015 % Variance
ED attendances	49920	53313	7%
Inpatient discharges	24360	25347	4%
Day Care attendances	61843	64699	5%
OPD attendances ¹	180931	186490	3%

Note¹ includes both consultant led and other professional led activity, excluding the Diabetic Day Centre

Access

In terms of performance in relationship to access:

Emergency Department

- 32% reduction in average number of patients in ED waiting for bed accommodation @ 08.00 2016 / 2015 (total count reduction 25% n = 1755) - in year reduction commencing in June and average daily count value of < 15 achieved July - December.
- 19% improvement in average time spent in ED for those patients not requiring admission
December 15: 6 hours 11 minutes **December 16:** 5 hours 27 minutes.

- 22% improvement in average time spent in ED for those patients requiring admission
December 15: 19 hours 49 minutes
December 16: 15 hours 29 minutes.

Inpatient / Day Care / Endoscopy

- 4% reduction in the total number of patients awaiting elective admission / treatment, exceeding national target of securing 50% reduction in numbers of patients waiting (01.08.16) > 18 months and exceeding national target of 70% of patients waiting < 8 months for admission / attendance
- 70% reduction in numbers of patients waiting for endoscopy.
- ongoing achievement of ensuring all patients requiring urgent colonoscopy had procedure undertaken or were offered appointment within 28 days of referral receipt.
- 98% of patients with traumatic brain injury admitted within 12 hours of acceptance to national centre.

Outpatient

- reductions in overall wait volume achieved for Endocrinology, Maxillo-Facial, Urology, General Surgery, Vascular Surgery, Neurology and Neurosurgery.
- consistently exceeding 95% target of patients whose referral was triaged as urgent by the Breast Cancer Unit attended or where offered an appointment within 2 weeks.
- consistently exceeding 90% target of patients whose referral was triaged as urgent by the Prostate Unit attended or where offered an appointment within 2 weeks since August 2016.

In support of these access improvements, the Hospital has generally progressed a series of internal and external patient pathway processes

designed primarily to improve access for patients requiring emergency admission and certain elective patient cohorts. These include timely admission identification, admission avoidance initiatives, specialty ward placement, joint usage of other hospitals within the RCSI Hospital Group and timely planned discharge including access to community support placement. These have been largely successful.

Key Service achievements in 2016:

- FITT: introduction of a specialist frail elderly assessment team in the Emergency Department.
- Imaging and Interventional Directorate - mechanical thrombectomy service for large vessel ischaemic stroke treated 172 patients.
- Imaging and Interventional Directorate introduced a full 08.00 - 20.00 service for plain film, CT and MRI.
- Laboratory Directorate processed over 1 million GP orders on 520,000 samples on 150,000 episodes from 100,000 different patients, with overall more than €5.4 million tests being performed.
- Medical Directorate successfully redesigned acute medical-take model with subsequent introduction of a '*General Internal Medicine Service*'.
- National Poisons Centre celebrated 50th anniversary dealing with over 10,000 in year enquiries.
- Surgical Directorate diagnosed and treated over 330 breast cancers, added to local Breast service provision with the development of intra-operative radiotherapy and performed over 350 DIEP breast reconstructions.
- Surgery Directorate expanded the range of rectal cancer surgical services with the addition of advanced minimally invasive transanal resection.
- Transit Care Unit introduced.
- Transplant, Urology and Nephrology Directorate performed 50 direct living kidney donor transplants.

Key Quality achievements in 2016

- Clinical Handover - *Noted* Project successful hospital wide implementation.
- Critical Care & Anaesthetics Directorate's ongoing progression of the *Operating Theatre Efficiency Improvement Initiative*

- '*Better Beaumont lunch and learn*' group, the interdisciplinary healthcare QI learning collaborative, commenced by the Surgical Directorate, celebrated their 100th meeting.
- Electronic rostering: significant progress on full implementation of electronic rostering with link to automated pay for NCHDs.
- Hospital Hygiene Audit recorded an overall 90% score.
- Influenza Vaccination uptake of over 50% for the 2016 / 2017 season.
- Laboratory Directorate maintained INAB Accreditation for Chemical Pathology and Histopathology, the Blood Transfusion Department maintained ISO15189:2012 accreditation and NHISSOT received EFI accreditation status.
- Quality and Patient Safety Meeting 5th - *Safety, Better Care is in our hands*.
- Quality & Safety walk-round approach and tool-kit launched.
- Resilience Training Plus Training Programme shortlisted as a finalist in the HMI Leaders Award.
- Pharmacy Department introduced dedicated staff to undertake medicines reconciliation review targeting frail elderly in ED and to services in Hardwicke ward and the day hospital.
- Waste Management awarded 2nd place in the Dublin City Council Neighbourhood Awards.

Key Education and Research Development initiatives and achievements in 2016

- a total of 91 peer view publications during the year from staff of the hospital.
- RCSI secured planning permission for extension to the Educational and Research Centre, the Smurfit Building, on the hospital campus.
- RCSI now ranked in the top 250 institutions worldwide and joint 1st place in the Republic of Ireland in the Times Higher Education World University Rankings (2016-2017).
- establishment of the Viani Hearing Research Centre, a multi-institutional centre bringing together several departments within the hospital, the Royal College of Surgeons and Trinity College Dublin.
- Neurocent Directorate opened the Senior Neurosurgical Society of America Annual meeting and were successful in their bid to host the EANS annual meeting in 2017.

Finances

Commendable performance was demonstrated in 2016, returning an in year deficit of €402. This achievement was only made possible by effective direct service management by the Clinical Directorates supported by the Finance Department.

Human Resources

Importantly the Hospital has been able to start a reduction in the use of agency staff, particularly nursing, as recruitment and retention values generally improve.

Capital Development

Important capital development, equipment replacement and additionality were possible in 2016, particularly:

- National Kidney Transplant Service in St. Damien's Ward formally opened by Minister of State Finian McGrath.
- new Digital Radiography room installed.
- replacement of all 4 autoclaves with the most up to date technology and with a modern RO water treatment system.
- new theatre recovery patient monitoring.
- replacement of 2nd pharmaceutical isolator.
- upgrade of neurosurgical navigation system EM upgrade (BrainLab).

Key Challenge Factors

Whilst overall clinical volume and emergency access performance improvements in the second half of 2016 were satisfactory, there remain certain presenting internal and external factors that present challenges to overall clinical delivery system capacity and capability within the hospital

External

ED attendances

- increasing presentation volume (7%), acuity / complexity (8%) and patients aged > 75 years (14%).

ED admissions

- increase in number of patients requiring admission on an emergency basis - reflecting both volume, complexity and age value increases.

Discharge

- experienced inconsistent provision of community care and support placements, albeit stabilised during last quarter of year.

OPD

- 2% increase in OPD referrals including significant volume from geographical

catchment areas for which Beaumont Hospital is not the designated service provider.

- 14% of patients with new booked appointment did not attend.

Internal

Surgery / Elective treatment capacity

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

Impact of these Factors

Impact of these external and internal factors are as follows:

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

Change Requirements 2017

As such there is a clear and immediate requirement to:

Increase overall general bed capacity

Beaumont hospital has secured necessary capital funding to commence development of Rockfield facility adjacent to hospital campus - this will become operational in 2017.

Necessary development and design for new designated Cystic Fibrosis ward facility agreed by HSE - AHD.

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

Improved ability to recruit necessary nursing staff has been demonstrated during 2016 and it is projected that full available capacity will be possible in 2017. Necessary location for High Dependency Unit has been identified and the Hospital has confirmed to the HSE this essential requirement for introduction during 2017.

Develop and Expand existing Emergency Department

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

Increase timely discharge to community bed facilities

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

Increased OPD capacity

In the absence of necessary on site accommodation the Hospital has commenced necessary search for off campus facilities. As such it is projected that this will be secured in 2017.

Increased OPD capability

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

Co-joint Working within the RCSI Hospital Group construct

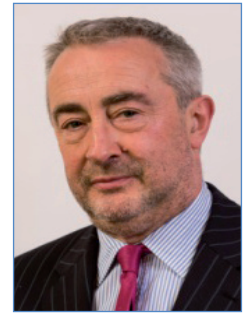
The Hospital has effectively commenced joint usage particularly of theatre and endoscopy capacity of other hospitals within the RCSI Group, thereby maximising all available infrastructural capacity. This approach will be further expanded in 2017.

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

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

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

IAN CARTER
CHIEF EXECUTIVE



Director of Clinical Governance:
Professor Edmond Smyth

Head of Organisational Development:
Anne McNeely

Head of IQS:
Pauline Fordyce

Quality and Safety

Introduction

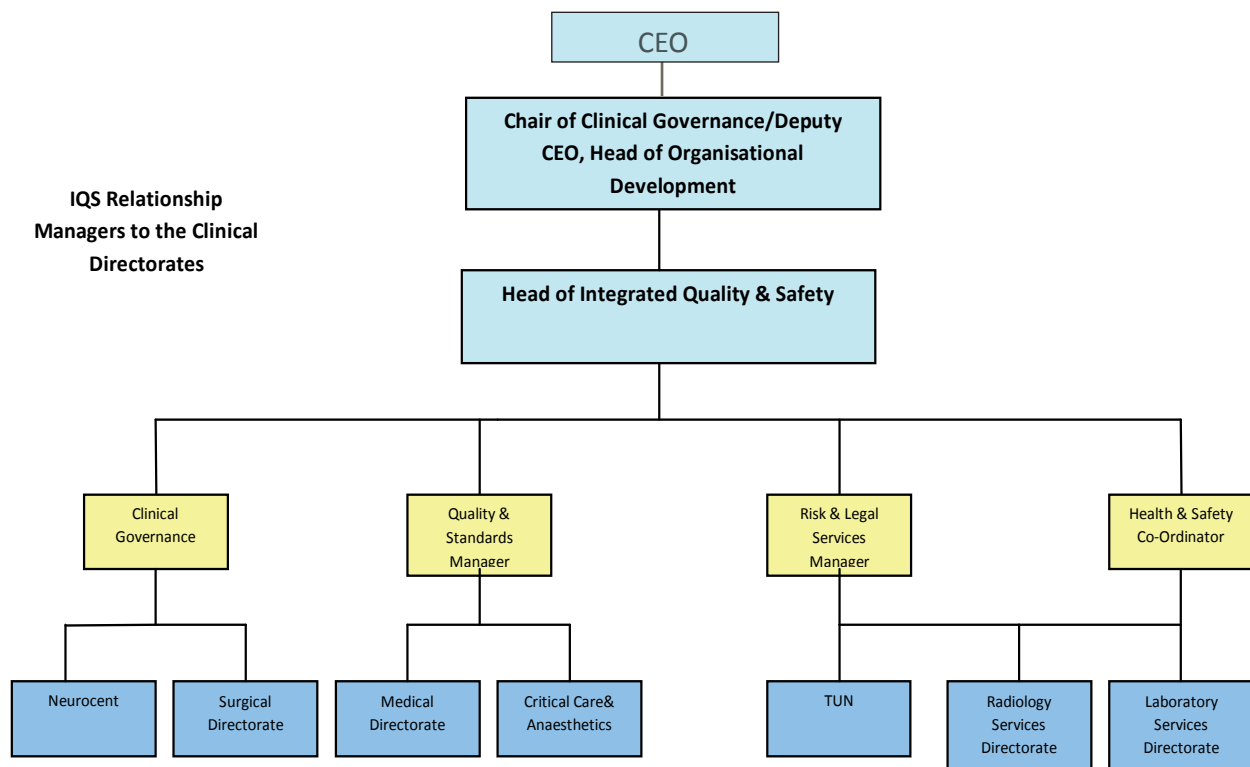
The Integrated Quality and Safety (IQS) Department as part of the hospital corporate services, continues to provide support and lead on the quality and safety management programme of the hospital. The ethos of the department is defined by Lord Darzi by which quality is defined by the three dimensions

- Safety - which is avoiding harm from 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 and support is provided to the Clinical Directorates and Departments by their nominated IQS relationship manager. Due to the interdisciplinary nature of the IQS Team specialised clinical support services and advice are provided on risk and legal services, quality initiatives and quality management systems, patient safety concerns, systems and root cause analysis, legislative overviews, wellness programmes and human factors analysis.

Table 2



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.

The IQS department as part of improving data has established Quality and Patient Safety Metrics which provides assurance to the CEO that the Hospital has appropriate arrangements in place to monitor and manage all critical issues relating to quality and safety, while proactively supporting continuous quality improvement.

The Integrated Quality and Safety Committee and Working Agenda

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

Seven Committee meetings were held in 2016. All statutory compliance reports were tabled and acted upon at these meetings, as follows;

Environmental Protection Agency, (EPA), Office of Radiology Protection, Inspection of the Hospital under S.I. No. 478/2002 - European Communities (Medical Ionising Radiation Protection) Regulations 2002, Inspection requirements.

This inspection took place in quarter four 2015 and all actions were implemented by the Radiation Safety Committee which provided assurance to the IQS Committee in 2016.

Health Information Quality Authority (HIQA), Inspection of the Hospital under the National Standards for Safer Better Health Care (2012); *'Report of the unannounced inspection of nutrition and hydration at Beaumont Hospital, Dublin; 10 August 2016.'*

Reported compliance issues tabled for implementation and ongoing review.

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

This inspection was carried out on quarter four 2015 and a report was provided to the Hospital. All updates were tabled at the IQS Committee as implemented by the Blood Transfusion Department.

Health and Safety Authority (HSA); Inspection of Dangerous Goods (Clinical Waste) under the European Communities (Carriage of Dangerous Goods by Road and Use of Transportable Pressure Equipment) Regulations S.I. No. 349 of 2011. An external annual audit was carried out in compliance with this statute in q4 2016 and a report was tabled by the A/Health and Safety Co-ordinator.

Health Products Regulatory Authority (HPRA); Implementation of the National Kidney Transplant Service Quality Management System in compliance with EU Directive 2010/53, SI 325/2012 and the Framework for Quality and Safety of Human Organs intended for Transplantation.

A three day inspection took place in quarter three 2016 and assurance was provided to the committee on the implementation of all recommendations by the Quality Manager, Renal Services.

At the seven meetings held all quality related data was discussed as well as audit, incident reviews and reports, staff feedback and patient satisfaction surveys. Information sessions were held on Risk and Legal Services and Q-Pulse.

The Terms of Reference of the Committee was updated in January 2016 with a revision of the reporting arrangements and the transfer of the accountability and the reports for the Drugs and Therapeutic Committee and the Infection Prevention and Control Committees to the Clinical Governance Committee

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

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

Clinical Governance and Audit/Quality and Standards

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 meets on a bi-monthly basis, chaired by Professor Edmond Smyth, Director 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.

In 2016, a number of groups/committees reported to the Clinical Governance Committee providing quality assurance and updates on quality improvement activity. The Committees/Group reporting on a scheduled basis are as follows:

- Infection Prevention & Control Committee
- Sepsis 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 Director 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.

Clinical Audit

Clinical audit is a tool which can be used to discover how well clinical care is being provided and to learn if there are opportunities for improvement. The Hospital's clinical audit programme includes hospital directed clinical audit projects in addition to locally initiated clinical audits which individual clinicians undertake as part of their ongoing professional development and improvement. In 2016, 42 audits were registered in addition to a number of hospital wide audits that were completed including, documentation of consent, healthcare records, hand hygiene, sepsis documentation.

In addition to local audits Beaumont Hospital participated in a number of national audits including major trauma, audits in intensive care, hip fractures and mortality.

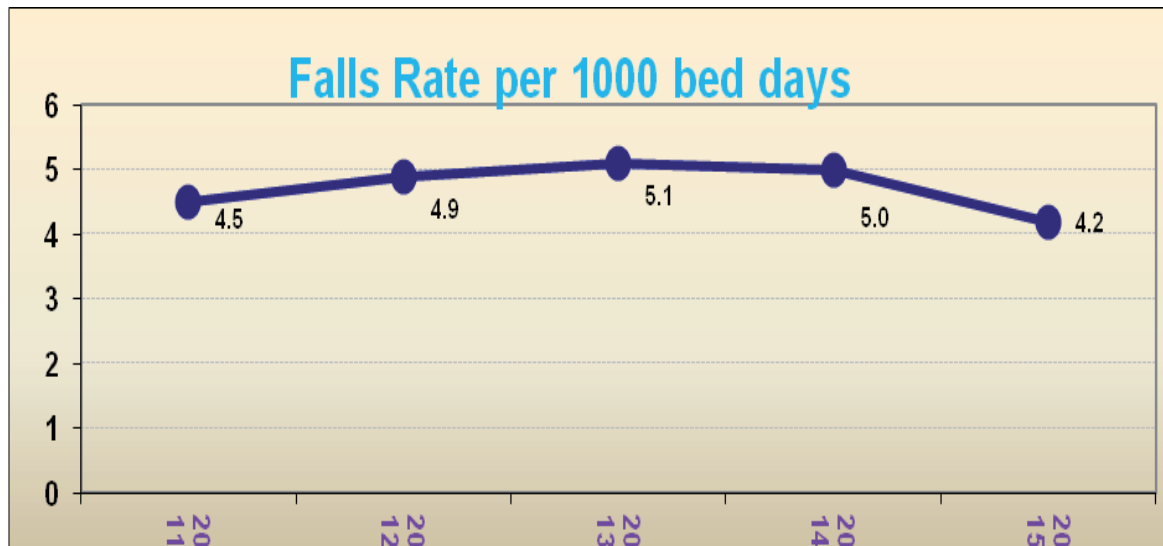
Clinical Handover – 'NOTED' Project

During 2016, hospital wide implementation of the NOTED system was completed. This project was sponsored and supported by Clinical Governance and led out by the IT Department. 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.

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 (Table 3).

Table 3



BH Falls rate per 1000 bed days 2011-2015 (Source: Risk Management & Management Information)

In Beaumont, the average falls rate over the last 5 years (2011 -2015) is 4.7 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 2015/16, the Falls Group designed and implemented into practice a serious fall review form with the aim of instigating a review of a fall where a patient has sustained harm. This review looks at the contributing factors to that fall, the key causal factors and what learning is there from the event, including the identification and action of any quality improvements.

The group also developed ‘*Guidance on Build Design for Consideration to assist in Fall Prevention*’ This guidance document makes suggestions for environmental interventions that may aid in mitigating falls. This includes guidance on the following: approaches/ entrances, internal environment, ward areas, bathrooms and also includes information on visual and patient equipment considerations.

This document was approved in 2016 and it has been agreed that it will be included in any project work i.e. upgrade, redesign or refurbishment from this point forward.

Nutrition & Hydration Standards

Commencing in 2015 and completed in 2016 HIQA used the National Standards for Safer Better Healthcare to review how public acute hospitals were ensuring that patients’ nutrition and hydration needs were being adequately assessed, managed and effectively evaluated. Following a review, comprising of the completion of a self assessment questionnaire by each acute hospital and 13 unannounced visits to 13 sites a report outlining key recommendations was published.

In August 2016, an unannounced visit by HIQA took place in relation to Nutrition and Hydration. Taking into account the report of the unannounced visit and the key recommendations from the national report, a Quality Improvement Plan (QIP) was developed identifying key improvements that need to take place to meet the standards.

These were identified as:

- The hospital wide introduction of malnutrition screening (MUST)
- The development of relevant policies and procedures to support evidence based practice.
- Ensuring that the correct meal is provided to patients at all times.
- Audit of nutritional content and portion sizes of hospital meals.

Ongoing work to achieve these improvements will continue through 2017.

5th Annual Quality & Patient Safety Meeting

The 5th Annual Quality & Patient Safety Meeting was held on May 19th. The objective of this meeting was to bring together all those involved in patient care and to provide a setting for staff to meet, learn, share knowledge and to recognise accomplishments in improving quality and safety for patients and staff. The theme for 2016 was agreed as ‘*Safer, Better Care is in our Hands*’.

This year the hospital was pleased to have Professor Jason Leitch, National Clinical Director, Scotland and Mr Ciaran Staunton, Co-founder of the Rory Staunton Foundation as keynote speakers.

Prof Leitch spoke of how Scotland saved thousands of lives, outlining the quality improvement activities that are ongoing but also what is required to ensure a continual focus and commitment to quality and safety. This was followed by Mr Ciaran Staunton who told the story of his 12 year old son Rory and his untimely death in the US from sepsis. He spoke lovingly of his son but went on to outline his family’s fight to ensure that sepsis is recognised and that sepsis protocols are in place to ensure this does not happen to another family. His inspirational talk elicited a standing ovation. He acknowledged that Sepsis Guidelines are being introduced in Beaumont Hospital this year and encouraged all clinical staff to strive to look after their patients as well as possible.



From L to R: Ms Helen Ryan, Clinical Governance Manager, Mr Ciaran Staunton, Prof Jason Leitch and Professor Edmond Smyth, Director of Clinical Governance.

Fifty two posters were on view presented by staff from across the hospital. The meeting concluded with parallel sessions from a multi-disciplinary group of staff representing their hospital, departments, and clinical directorates and demonstrating the wide range of quality improvement activity taking place.

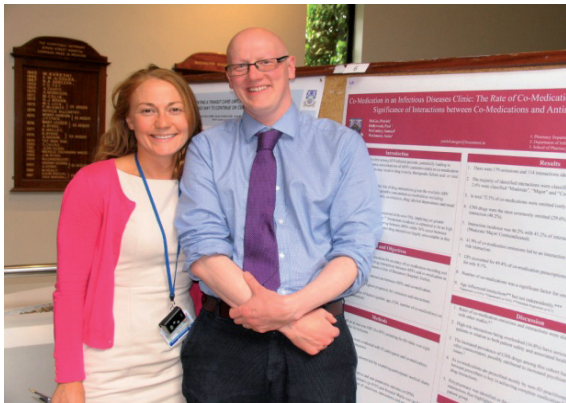
Prizes were awarded for the best oral and poster presentations as follows:

Oral Presentations

- 'Clostridium difficile infection: What happened in 2015?' Thressia Puthussery, Infection Prevention & Control
- 'Development of the multidisciplinary brain tumour passport' Kareena Malone, Senior Physiotherapist Neurosurgery

Poster Presentations

- 'Passport to better care: Developing an abdominal aortic aneurysm patient passport' Jonovan Tan, Medical Student
- 'To reduce the number of surgical site infections in upper and lower GI patients' Leah Gaughan, Anti-microbial Pharmacist
- 'Restructuring of MSK Physiotherapy OPD: Improving waiting times for patients' Niall Halliday, Acting Clinical Specialist Musculoskeletal Outpatients
- 'Our wish for end of life care: A collaborative approach to improving end of life care' Gillian Rufli, End of life care Co-Ordinator



Public information evening for patients and their relatives

Public Information Evening

In conjunction with the Quality & Patient Safety meeting and as part of the overall theme of delivering safer better care a public information evening was held on May 18th targeted at patients, their relatives and the local catchment population.

Dr Fidelma Fitzpatrick, Consultant Microbiologist, Dr Mary Keogan, Consultant Immunologist and Dr Siobhan MacHale, Consultant Psychiatrist delivered a sessions on 'The Rise of the Superbug', 'What's Food Allergy and What's Not' and 'Mind – Body Medicine', respectively.

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.

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 2016 the core services provided by the H&S Department were as follows:

Risk Registers & Departmental Risk Assessments

The department continued 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 Josephs Hospital Campus and the Out of Hours Service.

In 2016 the department facilitated completion of additional risk assessments across hospital services including manual handling, VDU and chemical risk assessments.

Auditing

In accordance with the 2016 fire safety audit plan directorates were audited on a quarterly schedule.

An on-line fire safety auditing tool has been implemented 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.

Dangerous Goods Safety Advisory Audit

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

In 2016 cross sections of wards & departments were assessed during the audit.

Health & Safety Training and Awareness

In 2016 the Health and Safety Department provided a programme for the delivery of mandatory health and safety training which included fire safety training and inanimate manual handling training. Each quarter department heads and directorate management teams are in receipt of reports indicating their Department's compliance of attendance at mandatory health and safety training.

Additional health and Safety training programmes

In 2016 the Department continued to provide further health and safety training as follows:

- 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

Review and development of Training Programmes

A training programme for the use of the Patient Evacuation Lifts was developed in conjunction with the Hospital's fire safety consultant Michael Slattery & Associates. The delivery of the training is scheduled for Quarter 1 2017.

System Analysis Investigation

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

The top three types of incidents in 2016 were patient moving & handling, violence & aggression and inanimate manual handling.

- In 2016 the Health and Safety Department reported 37 incidents to the HSA.

Liaison with Health and Safety Authority

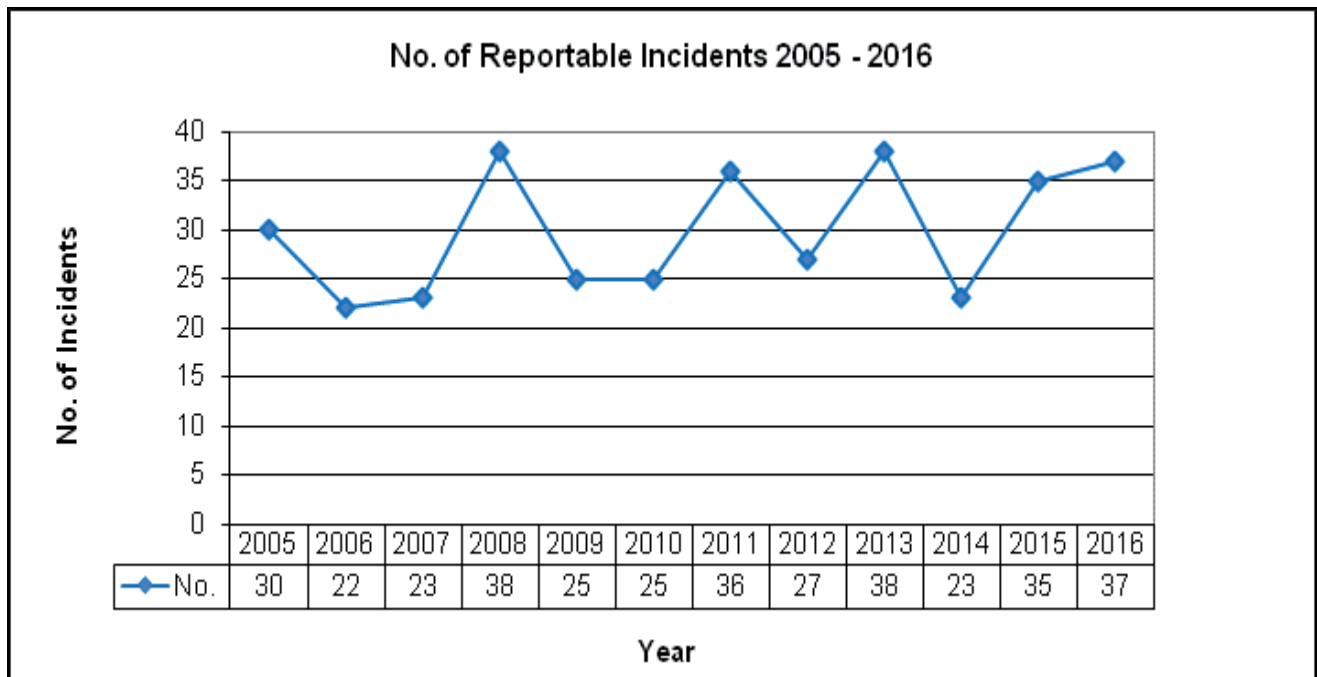
The Health and Safety Authority completed one statutory site inspection in quarter 4 2016 relating to the Hospital's compliance with European Communities (Carriage of Dangerous Goods by Road and Use of Transportable Pressure Equipment) Regulations 2011 to 2015.

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

Major Capital 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.

Table 4



Total No of Reportable Incidents 2005 -2016 (Note: Reportable incident: Staff member lost 3 days or more)

Capital Projects

The Haemodialysis project commenced in January 2016. 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 –
 - Method statement review.
 - A continued working relationship with the Project Manager.

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.

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 (24th-28th October 2016) focused on the theme healthy workplaces. The Department co-ordinated a week long awareness campaign reflecting the European theme called '*Healthy Workplaces for all staff*'. The campaign aimed to improve health at work for all staff, whether they are just starting their career or coming to the end of their working life. Campaign materials were distributed to staff including information from Health Promotion, Health & Safety, Occupational Health, Staff Counselling, Healthy Ireland, Human Resources and Learning & Development. Self care classes and mindful meditation were scheduled on the promotion week along with complimentary blood pressure and diabetes checks for staff.

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 partners with and supports staff to continually develop the hospital as a healthy workplace.

Tobacco Free Policy

Beaumont Hospital continues to strive to achieve Tobacco Free Grounds for the better health of our patients, staff and visitors. The Tobacco Free Policy Steering Committee has continued their work

throughout 2016 to address the challenges that arise within a large hospital site.

This has included:

- A review of the allocation of staff to address smoking at the Hospital entrance.
- Improvement and changes to signage within the grounds of the Hospital to encourage patients, staff and visitors not to smoke in smoke free zones on the grounds.
- Consistently working with staff and patients to advise them of the non-smoking outdoor areas and assist staff in dealing with patients that have difficulties quitting and require exemptions.
- Working with managers to assist them in dealing with their own staff who have difficulties in quitting smoking.

Smoking Cessation Service

The Health Promotion Department continues to provide a part-time Smoking Cessation Service (SCS) for staff and patients. In 2016 181 clients received Intensive Tobacco Cessation Support and 109 Outpatient clients received Tobacco Cessation Consultations. 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 2016.

Brief Intervention training in Smoking Cessation (BISC)

The Health Promotion Department staff facilitated training throughout 2016. 10 staff members were trained in the hospital over the year. 2 staff travelled and were trained externally. As part of an initiative to prepare undergraduates in nursing to support smokers as inpatients on the wards 184 undergraduate student nurses were trained in DCU in 2016 which was facilitated by the Hospital's Health Promotion staff alongside staff from the HSE.

Wellbeing and Stress Management

The Wellbeing and Stress Management Programme for Outpatients is now in its seventh year and 65 patients attended in 2016. 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 Plan key indicators.

The Mindfulness and Relaxation Centre (MARC) hospital website continues to be of great ongoing support to the patients who have completed the programme above. Patients, staff and the public have access to downloads on this site and the content reinforces some of the techniques taught on the programme.

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.

Better Health Better Living

The Health Promotion Coordinator partnered with the Psychology Department and a patient with chronic disease to facilitate the running of an on-going, well recognised Stanford University six week Chronic Disease Symptom Management Programme for outpatients with chronic disease. The programme meets many of the indicators within the Healthy Ireland National Plan 2015-2017 for the management of Chronic Disease.

"To be honest it just felt like I had found the remaining piece of a jigsaw puzzle" a quote from a patient who has attended the programme.

Ongoing Wellbeing Initiatives for Staff:

Massage Therapy; Yoga; Pilates and Circuit Training continued for staff throughout 2016.

European Health & Safety Week 2016

The theme for 2016 was *"Healthy Workplace for all Staff"*. As part of a multidisciplinary team the Health Promotion Department staff saw this as an opportunity to support our own staff in promoting their own health. There were many stands with a large variety of information relating to the theme of the week. Day two included Blood Pressure, Body Mass Index testing and Blood Sugar levels for 272 members of staff with individualised advice. 61 staff had increased blood pressure readings and they were advised to attend their G.P. for follow up. *"I am so grateful you were able to pick up on this increase in my blood pressure as I would never have known and I am now been monitored by my G.P."*.....a recent comment from a staff member. Mindfulness sessions and massage therapy were provided throughout the week with healthier options in the staff restaurant made available.

Staff also availed of a stationary bike trial with the view to looking at healthy ideas to keep them fit and active.

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 throughout the 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.

Twelve Health Promotion Information Awareness Days were held in the Centre in 2016. The Specialist Nurses, Daffodil Cancer Centre staff and Health Promotion staff facilitate these days.

Examples of Information Topics included Lung Cancer, Ash Wednesday Quit Smoking, Cancer Awareness - Daffodil Day, Haemochromatosis Awareness, Bowel Cancer and Mental Health.

Health Information Leaflets are readily available at the centre for all patients, visitors and staff. As an additional communication initiative in 2016 Health Promotion partnered with Psychology and COPD staff to produce a booklet and DVD to highlight the services available for our patients within the hospital.

Healthy Ireland and Initiatives

The launch of the Healthy Ireland Implementation Plan 2016-2019 for the RCSI Group on October 10th 2016 in Beaumont Hospital further stamped the importance of health promotion for our patients and staff going into the future.

Initiatives that were successfully launched in the Hospital within the year under the Healthy Ireland umbrella are:

- Calorie Counting for Breakfast
- Better Health Choices in some of our Food Vending Machines
- Introduction of Slimming World for staff
- Teams of staff participating in the Operation Transformation challenge

The Health Promotion Department staff are very aware that sustaining these initiatives will require an on-going commitment from all staff involved, but we will continue to strive to support to improve the health and wellbeing of patients, staff and visitors.



Patient Advisory Liaison Service (PALS)

The Patient Advisory Liaison Service (PALS) continues to provide support and assistance to patients, relatives and staff in the management and resolution of complaints. The *Proactive Patient Engagement Role* within the Department supports patients and relatives by telephone, visits to the clinical areas at the request of patients, relatives or staff and a Monday to Friday “Drop in Service” to the office, situated at the back of the outpatient clinics. This aspect of the PALS role relates to listening and actively addressing patient and family concerns and questions, before they develop into formal written complaints, in liaison with the relevant hospital staff. PALS also supports the management and resolution of formal complaints and this is acknowledged as an important function of the Department.

Patient Concerns

The incidence of formal written concerns raised by patients as complaints in 2016 is illustrated in Table 5 and includes a comparison to 2014 and 2015.

Table 5: Incidence of Formal concerns/complaints 2014-2016.

Year	Number	Trend
2014	782	Increase of 30% on 2013
2015	823	Increase of 5% on 2014
2016	772	Increase of 6% on 2015

Complaint types are categorised into “8 Pillars of Care” as set out by the HSE and Table 6 outlines the categories of formal complaints during 2016 under each of these headings, in comparison with 2015.

Table 6: Complaint categories 2016.

Complaint category:	2016
Access to care which includes: delays in admission; appointment delays; lack of resources.	51%
Dignity and Respect includes: dignity not respected; alleged inappropriate behaviour; discrimination; End of Life care.	5%
Safe and Effective Care includes: staff competency; delay or mis-diagnosis; tests; continuity of internal / external care; discharge process; health and safety; hygiene; infection prevention & control; medication concerns; treatment & care.	27%
Communication and Information includes: communication skills; delay and failure to communicate; information.	10%
Privacy includes: confidentiality; hospital facilities (privacy)	0.1%
Improving Health includes: empowerment; holistic care catering; smoking policy.	0.8%
Accountability includes: lack of information on complaints or feedback process not available; quality of response to complaints made; bill disputes; invoice errors; insurance cover.	6%

The Directorate Teams receive individual monthly reports from PALS, indicating their formal concerns and complaints activity and an on-going six month trend comparison. The teams also receive quarterly “Visual Dashboards” highlighting their complaint trends and providing quarterly comparisons to the previous 3 years complaint activity. The dashboards were designed to further promote a culture, whereby complaints could be seen as informing the service - to the feedback of concerns from patients and visitors (acknowledging that this may reflect a very small population, of the overall service users) and act as a catalyst for change and improvement.

Approximately 442 patients have called to the PALS Department in 2016, with concerns and questions. The main category of concerns relate to

lack of communication, access for both in-patient and out-patient treatment and advice on patient care.

Transitioning from Patient Representative Department to Patient Advisory Liaison Service (PALS)

In April 2016 the Patient Representative Department evolved its role to incorporate a Patient Advisory Liaison Service (PALS). A poster campaign was introduced across the Hospital to increase patient, visitor and staff awareness of the service. In tandem with this, PALS also introduced a pilot scheme whereby a PALS staff member was “on-duty” at the Patient Information Desk for one hour (Monday – Friday afternoons). This was part of the strategic plan to increase patient and family engagement with the Department. The success of the pilot scheme (during 47 sessions, there was engagement with 490 service users) has now resulted in a permanent presence at the Patient Information Desk for an hour at visiting time, each weekday afternoon.

Volunteer Service

There are currently 8 volunteers (ex-employees) providing 1 to 2 hour sessions at the Patient Information Desk. The sessions are at the discretion of the volunteers and as such are intermittent. However across 52 sessions in 2016, they have interacted with 852 patients and visitors. These interactions range from asking for directions to advising on the liaison with a PALS staff member for further support and advice.

Patient Engagement Workshops

To further enhance the organisational culture for staff to recognise the value of concerns raised by patients as complaints, as part of patient feedback, PALS provides staff training, using real “anonymised” complaints. The workshops continued to be delivered in Beaumont and in St Josephs during 2016.

These have been developed to provide staff with: background to the concept of patient engagement in Healthcare; expected outcomes in relation to positive patient engagement contrasted with the impact of negative engagement; opportunity to work with actual complaints and to consider how they may inform staff from a quality improvement perspective; support and guidance on responding to complaints.

PALS aim continues to be supporting patients, families and staff in a non-judgemental manner with care and compassion. The Department continues to support staff to respond to all concerns in a meaningful way, to assure complainants their concerns have been listened to and addressed.

Risk and Legal Services

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

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

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).

Extreme/high rated incidents are escalated to the CEO, RCSI and HSE. These incidents are presented to a Serious Incident Review Team meeting (SIRT), chaired by the Deputy CEO for agreement with regard to further investigation. All investigation reports are discussed at SIRT.

Coroners Court Activity

The Department worked closely with clinicians in their preparation for Coroners’ Court: In summary the activity for this year was as follows:

- 282 death have been reported,
- 49 reports have been sent to the Coroner,
- 21 inquests were attended by clinician staff.

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.

Clinical Negligence / Employee Liability & Public Liability Claims

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

Table 7

Year	Total Number of Claims at year end
2011	139
2012	136
2013	161
2014	172
2015	193
2016	195

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). Currently, over 90% of claims are active and have been received in the past 4-years.

Insurance Portfolio

The Department is also responsible for the insurance portfolio for the hospital. This also involves co-ordinating claims with the insurance policies.

Staff Counselling Service

In 2016, SCS provided counselling services to 197 employees. 21% of these cases were directly attributed to 'work related' issues, with the remainder attributable to 'personal' issues only or 'both' (i.e. the issues were personal in nature but work was reported as adding to these issues).

An aspiration for 2016 was to capture more statistical data and incorporate a web based counselling outcome evaluation and auditing system.

- Installing, testing and updating 'My Outcomes' has been valuable as it facilitates Feedback Informed Treatment and provides key statistical data on counselling outcomes assuring a quality service.
- Engaging with this web based system has meant a comparison to international outcomes has been possible.

- The clients who attended SCS demonstrate outcomes that are 5 times more effective than clients with no treatment and above average compared to international clients with identical ORS scores.

Psycho-educational inputs

While Mindfulness Based Interventions (MBI's) are not the panacea for all personal issues, it has in the past, been considered "soft skills", which are now being recognized as scientifically valid means of creating the conditions for greater emotional intelligence leading to peak performance. The SCS is active in bringing MBI's to employees.

A total of 6 tailored Raising Staff Awareness workshops were delivered. Resilience Plus programmes were delivered on 3 occasions. This innovative, dynamic programme was delivered in collaboration with Learning & Development. Psychological measures were administered and are being collated by Psychology Department with promising early results. A submission to the Health Promoting Hospitals conference, due to take place in March 2017, has been made in respect of Resilience Plus.

Occupational Health Department

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 contractors. It is part of the Integrated Quality & Safety Department and has close links with the Staff Counselling Service and the Health Promotion Department. Activity has been growing in recent years (detailed figures available upon request).

3. Staff

The team is comprised of the following:

- Consultant Occupational Physician (0.8 WTE)
- Specialist Registrar training in occupational medicine (on an annual rotational basis)
- CNM3 (0.8 WTE)

- CNM2 X 2 (1 WTE and 1 X 0.8 WTE)
- Manual Handling Coordinator (0.6 WTE)
- Grade 4 Clerical Officers (3 equivalent to 1.6 X WTE)

Our full complement of CNMs was restored in early autumn with the return of 2 of our CNMs from maternity leave. Dr Áine Jones was our SpR from January to July and was then replaced by Dr Anthony O’Keeffe.

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

- FOM RCPI Spring & Autumn & Smiley Meetings (April, October, November) 2016
- Occupational Health Nurses Association of Ireland Autumn Meeting November 2016
- DATHs (Dublin Academic Teaching Hospitals) Meetings (quarterly)
- Journal Club:
Regular ‘in-house’ Journal Club meetings were held during the year addressing a wide range of topics including sleep disorders, MRSA, models of work stress and health screening at recruitment.

4. General Activities

- **Pre-employment health assessment (PEHA):** for all new recruits. We have observed a significant increase in this activity of 10% since 2015.
- **Employee immunisation programme:** employees’ immunisation needs are reviewed upon recruitment and appropriate follow-up is provided until the process is complete. Despite the increased recruitment activity in 2016, we noted an 11% reduction in vaccine clinic attendances. This may reflect the fact that we are no longer providing vaccination services to the cleaning contractors.
- **Management referrals:** for fitness for work assessment. Increasingly, such referrals relate to mental health and stress related conditions, not infrequently with a work component. Referred employees are seen by either an occupational health nurse or doctor depending on the case complexity. There was a small increase in this activity numerically from 2015 (3.6%) though cases are tending to greater complexity as indicated by an increasing number of attendances before closure of the case is achieved.
- **Self-referrals:** with work related health issues including stress. Self- referrals are a good

indicator of staff confidence in the service and though numerically much less than management referrals, they have not declined since 2015.

- **Management of occupational injuries**

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). We observed a 53% increase in these injuries in 2016 following the all time low level recorded in 2015.

- Other work injuries (including musculoskeletal injuries) also increased in 2016 by 26%. Many of these also require investigation and reporting (as above). Musculoskeletal injuries are managed in consultation with our in-house physiotherapist (Ms Michelle Clarke). We work closely with the Physiotherapy Department to ensure timely access to physiotherapy when indicated.

- **Health surveillance / screening:**

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). This activity increased by 64% in 2016 undoubtedly partly accounted for by the postponement of some of this non-urgent activity in 2015 due to staff shortages.

- **HR procedures:** During 2016, 13 members of staff were deemed to have met the medical criteria for enhanced sick pay under the Critical Illness Protocol (CIP) and 2 employees were retired on the grounds of ill health.

- **Hospital committees** (team members contribute to a number of hospital committees):

- IQS Committee
- DHIPCC
- Radiation Safety Committee
- Health & Safety Committee
- Joint OHD and HR meetings (monthly to discuss long term sickness absence cases)

- **Overall activity:** Departmental activity is currently tracked using the OPAS occupational health. Overall activity in OHD increased by 20% between 2015 and 2016 (detailed breakdown of figures available upon request).

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.
- **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, all of which was confirmed by an audit in 2015. We organised a 'Sharps Awareness Road Show' in April as part of our ongoing educational drive to highlight the risks of needlestick injury. The Covidien safety needle was formally launched in October with a view to reducing injuries associated with use of hypodermic needles. The aforementioned significant increase in needlestick injuries suggests that further work needs to be done to implement the European Sharps Directive in our hospital and this will form part of the programme of work for OHD in 2017.
- **Annual influenza vaccination programme:** We have to date achieved an influenza vaccination uptake of 50% across the hospital for the 2016/17 season and though vaccination will continue in the early months of 2017, there is unlikely to be a substantial increase on this figure. However, this does represent an increase of 5% on 2015 figures. Individual directorates were given the challenge of increasing their uptake by 5% as a KPI and several directorates

did achieve this. However, the range of uptake across clinical units is very wide (7 to 100%) suggesting that more work needs to be done to dispel the myths and misunderstandings about the benefit of influenza vaccination in healthcare workers. We 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 by supplementary educational sessions for those with low uptake, assisted by Dr Karen Burns, Consultant Microbiologist. Having piloted a peer vaccination programme on the St Joseph's campus in 2015-16, we used our experience and feedback to plan for implementation of the HSE's Peer Vaccination programme. This was rolled out by HSE shortly before the 2016 influenza season. However, peer vaccination only occurred in the TUN directorate and on the St Joseph's Campus. The fact that the TUN Directorate is the highest performing individual directorate this year, with an uptake of 52%, (representing an increase of 12% from the previous season) suggests that the presence of a highly engaged peer vaccinator can have a significant positive impact on uptake.

- **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. With each intake of doctors, there is a large verification process undertaken in consultation with the Medical Administration Department. While all our consultants are now compliant with this directive, we are challenged every year to achieve compliance in our mobile NCHD population who work in the hospital but fail to present themselves for occupational health clearance. This is now listed as a risk on the hospital's risk register, a decision justified by the observation that during 2016 several more surgical NCHDs failed to be cleared in accordance with national guidelines. The HSE's NDTP (National Doctors' Training Programme) has launched its NER (National Employment Record) for doctors but the occupational health window has not yet been rolled out. It is hoped that in time, once this is fully operational, it will be possible to

remove this particular organisational risk from the hospital's risk register.

- **Staff Satisfaction Survey:** we undertook a staff satisfaction survey during the month of May which confirmed a high level of satisfaction in users of the service (details available on request). Feedback was solicited on a number of quality indicators on the OHD itself (including accessibility & cleanliness) and on the quality of the consultation (timeliness, courtesy, quality of advice given, sense of confidentiality and being treated with dignity and respect). Satisfaction with interaction with OHD staff was 'excellent' for 76% of respondents and 'good' for 15%. Overall satisfaction with the service was similarly rated.

6. Training Activities

Occupational health medical and nursing staff contributed to the training of Beaumont staff on various topics during 2016.

Internal:

- Staff Induction (bi-monthly)
- I/V study days (monthly)
- Sharps training
- Venepuncture / cannulation for nurses (weekly)
- Grand rounds (presentations on flu vaccination, ergonomics, management standards for workplace stress and doctors' health and wellbeing).
- RCSI medical students on sharps awareness and the interface between occupational health and infection control (annual)

External:

- RCSI Safe Patient Care: HCAI Prevention and Control for All - a Foundation Course (Dr B Hayes) on 'Occupational Health Aspects of Infection Control'
- RCSI Pharmacy students: Work and Health (Dr B Hayes)
- Building Resilience: RCPI. 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.

7. Patient Moving and Handling Training

Moving and handling training is provided by the Manual Handling Coordinator supported on an 'ad hoc' basis by an external agency. Training involves completion of an 'e-learning' module followed by a classroom or on-site session. A total of 601 employees were trained in patient

handling, with 533 provided in the classroom and 68 in their place of work. A total of 15 individual workplace ergonomic assessments were carried out.

8. Departmental Affiliations & Achievements

- 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 became Dean of the Faculty in November 2016.
- Dr B Hayes was awarded the degree of Doctor of Medicine (by thesis) by RCSI in November 2016 for her research on doctors' health and wellbeing.
- 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

9. Research, Publications and Presentations

- Dr B Hayes is currently the lead investigator in a national survey of physician wellbeing (RCPI), preliminary results of which were published in December 2015*.
- Dr B Hayes has been an invited speaker at a number of national academic meetings and conferences in 2016 addressing various aspects of the issue of doctors' health and wellbeing. These included:
 - *Hospital Stressors - do we Care?* Charter Day, RCSI, February 12th, Dublin.
 - *National Study of Wellbeing of Hospital Doctors in Ireland.* Faculty of Paediatrics, RCPI, May 12th, Dublin.
 - *Workplace Stress for Hospital Doctors.* Annual Congress of Anaesthesia, May 20th, Dublin
 - *Burnout in Hospital Doctors in Ireland.* International League Against Epilepsy (ILAE) Conference, October 6th, Dublin.
 - *Irish Doctors' Wellbeing Study.* FOM Autumn Meeting, October 7th, Dublin.
 - *Workplace Wellbeing for Doctors in Training.* National Education Day for Doctors in Training, St Luke's Symposium, RCPI, October 19th, Dublin.

* *Quality Care, Public Perception and Quick-fix Service Management: A Delphi Study on Stressors of Hospital Doctors in Ireland.* B Hayes, D Fitzgerald, S Doherty, G Walsh. *BMJ Open* 2015

Freedom of Information (FOI)

Death Notifications: 2016

The Department deals with requests and queries received, in a timely manner as set down by the FOI and Data Protection Legislation.

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.

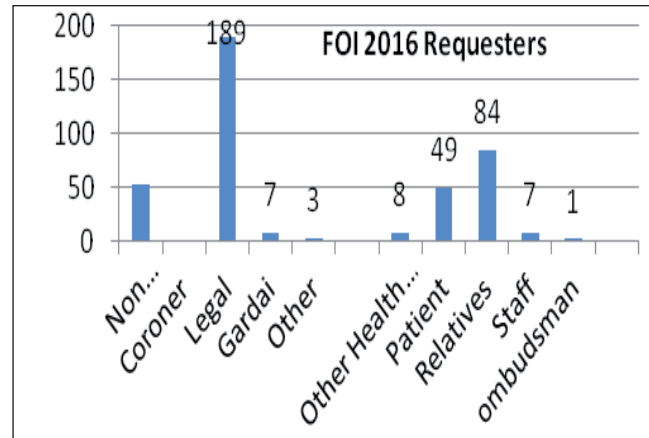
The aim of Beaumont Hospital is to minimize the need to treat all requests as official FOI requests. Accordingly, routine (direct) access is available which enables patients or staff, etc to gain access to their medical or staff records.

Death Notification Forms

The aim of this office is to ensure that death notification 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 788.

Table 8: Total of requests received and processed through the FOI/Routine Access Department is 2286.

Table 8: Freedom of Information – Breakdown of Activity for 2016



Performance

Table 9: Admissions activity 2013 - 2016

	2013	2014	2015	2016
Cardiology	552	560	497	670
ENT	1,394	1,254	1,188	1,167
Medical	10,963	11,461	11,462	11,945
Nephrology	1,104	1,069	1,027	1,029
Neurology	731	770	663	708
Neurosurgical	2,455	2,626	2,485	2,538
Surgical	5,819	5,491	5,361	5,614
Urology	1,616	1,659	1,684	1,666
Total	24,634	24,890	24,367	25,337

Table 10: In-Patient admissions by hospital catchment and non catchment areas

2016	Medical	Surgical	ENT	Neurosurgery	Neurology	Neph & Urology	Total
Catchment Area	11,009	4,227	531	420	462	1,250	17,899
Non-Catchment Area	1,606	1,387	636	2,118	246	1,445	7,438
Total	12,615	5,614	1,167	2,538	708	2,695	25,337

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.

Table 11: Bed Days Used 2013 - 2016

Specialty	2013	2014	2015	2016
Surgical	40,458	42,408	42,490	41,570
Neurosurgical	25,339	24,382	25,894	25,455
Urology	8,533	8,711	7,932	7,672
ENT	5,704	5,031	4,061	4,184
Medical	116,507	119,711	117,490	118,462
Nephrology	10,505	11,525	11,442	11,623
Cardiology	10,978	11,669	10,147	12,022
Neurology	9,934	10,800	10,653	10,083
Unallocated				
Total	227,958	234,237	230,109	231,071

Please note St. Joseph's hospital activity is included in above data.

Table 12: Day Case Discharge Procedures 2013- 2016

Specialty	2013	2014	2015	2016
CARDIOLOGY	1,268	1,110	1,175	1,373
DERMATOLOGY	1,740	1,699	1,452	2,118
ENT	5,400	4,983	4,634	4,793
GYNAECOLOGY	1,201	978	866	706
MEDICAL	31,132	33,092	34,423	34,962
NEUROSURGERY	248	175	186	188
NEUROLOGY	516	697	815	865
NEPHROLOGY	944	913	1,053	1,013
ORTHOPAEDICS	523	1,574	1,293	1,118
PAIN RELIEF	652	547	838	868
SURGICAL	9,972	9,919	10,495	12,093
UROLOGY	4,372	4,535	4,614	4,604
TOTAL	57,968	60,222	61,844	64,701

Haemodialysis	2013	2014	2015	2016
	25,324	25,689	23,268	22,923

Please note St. Joseph's hospital activity is included in above data.

Geriatric day hospital is excluded from the data above.

Table 13: Consultant and non consultant led outpatient attendances 2013- 2016

	2013	2014	2015	2016
New	51,677	48,088	47,278	47,390
Return	129,712	128,416	133,653	139,100
Total	181,389	176,504	180,931	186,490

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

Table 14: Emergency Department attendances 2013 - 2016

	2013	2014	2015	2016
New	47,500	47,403	46,235	49,523
Return	3,545	3,874	3,685	3,790
Total	51,045	51,277	49,920	53,313

Acute Medical Assessment Unit included in above data.
(Closed July 2016)

Table 15: Total Lab Requests 2013 -2016

	2013	2014	2015	2016
Total Requests	2,264,207	2,389,403	2,540,260	2,666,987
G.P. Referrals	833,560	861,705	941,909	1,018,630
Beaumont Private Clinic	26,289	26,076	24,559	23,608

Table 16: In-Patient Public Waiting List > 3 months December 2013 - 2016

Speciality	2013	2014	2015	2016
Surgery				
E.N.T.	135	437	400	485
General Surgical	163	375	330	415
Gynaecology	28	75	67	79
Maxillo facial	1	5	4	
Neurosurgery	155	391	410	360
Othopaedics	16	68	67	68
Pain-relief	4	6	4	5
Plastic surgery	28	98	77	108
Urology	36	77	90	151
Vascular surgery	7	11	14	14
Medicine				
Cardiology				1
Endocrinology				
Gastroenterology	10	28	18	13
Infectious diseases			1	
Nephrology	5	6	3	4
Neurology	5	23	35	17
Respiratory medicine		3	2	0
Rheumatology	1	1	2	0
Total	594	1,604	1,524	1,720

Above information is a snapshot of paediatric and adult patients waiting greater than three months in December of appropriate year.

Table 17: Theatre Activity 2013 - 2016

Beaumont Hospital Theatre Activity				
Specialty	2013	2014	2015	2016
Surgery	2,853	2,819	2,611	2,554
Orthopaedic	1,337	1,196	1,239	1,265
Urology	1,680	1,701	1,700	1,738
ENT	1,126	1,068	947	954
Neurosurgery	2,093	2,163	2,125	2,125
Gynaecology	260	250	246	256
Breast Surgery	259	291	275	237
Medical Spec	320	329	304	338
Total	9,928	9,817	9,447	9,467

Table 18

St. Josephs Theatre Activity				
Specialty	2013	2014	2015	2016
Endoscopy	313	184	23	16
General	869	819	784	910
Urology	502	537	502	546
Dermatology	141	154	122	118
Plastic surgery	198	279	265	318
Pain Relief	256	289	621	667
ENT	426	437	366	335
Locals	848	945	1,022	1,060
Total	3,553	3,644	3,705	3,970

Table 19: Inpatient average length of stay 2013 - 2016

Year	Ave LOS
2013	9.3
2014	9.4
2015	9.5
2016	9.1

Table 20

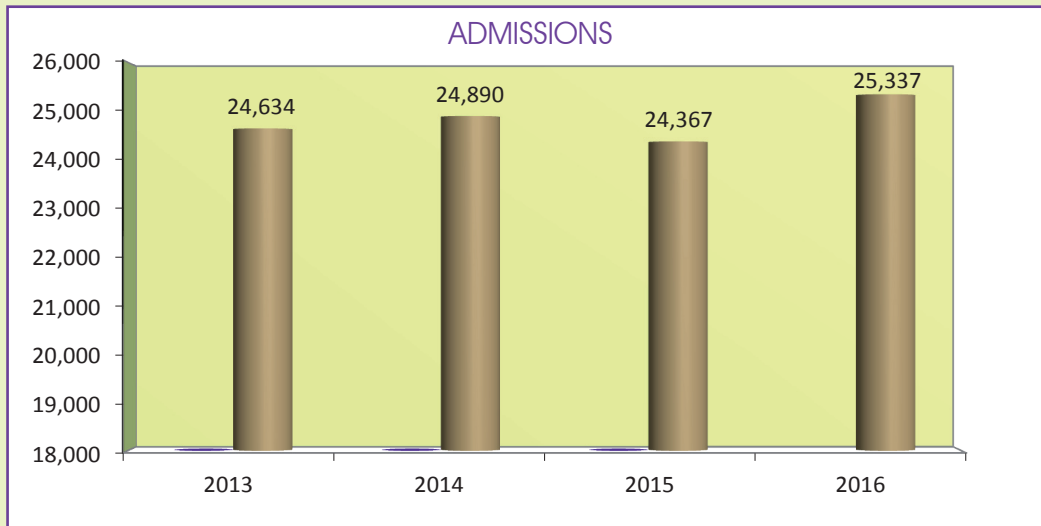


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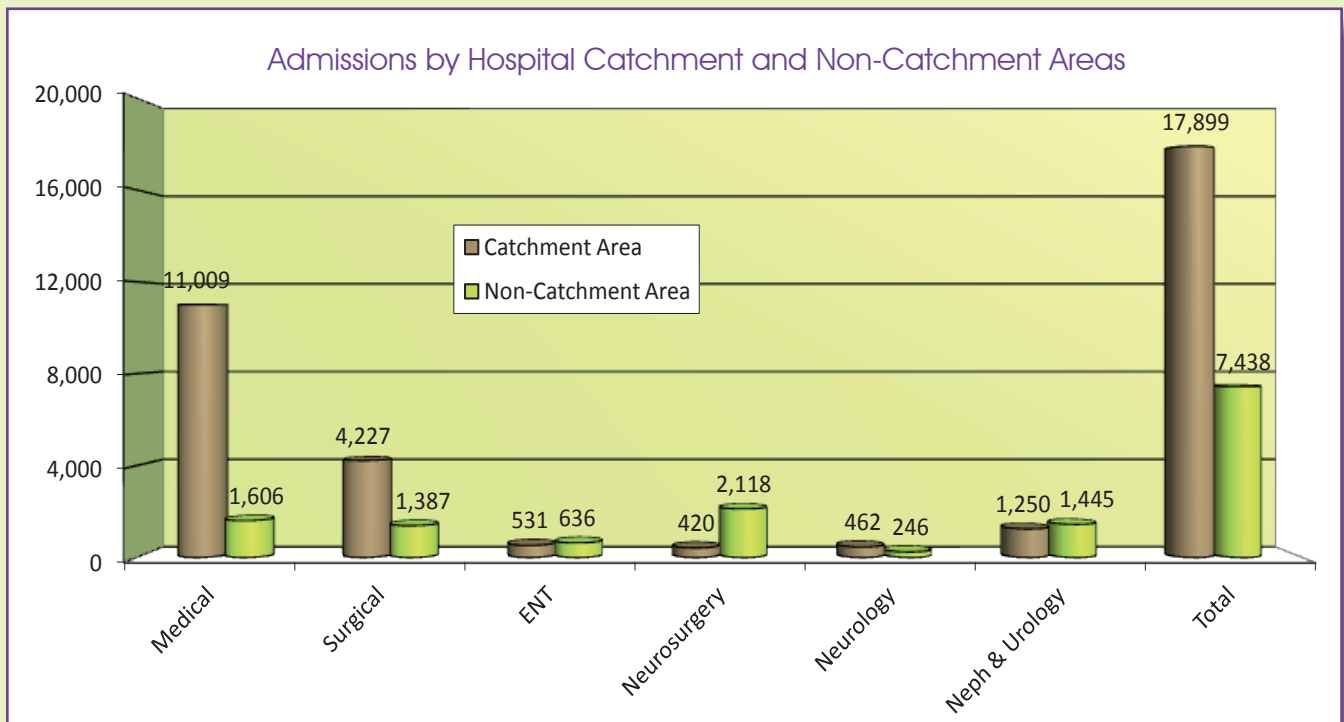


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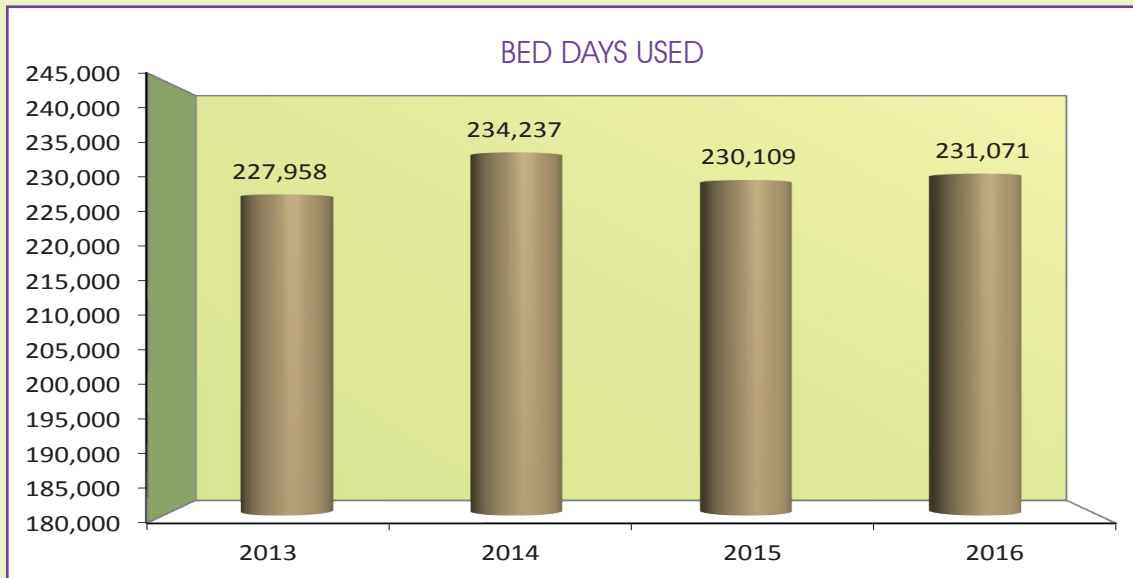


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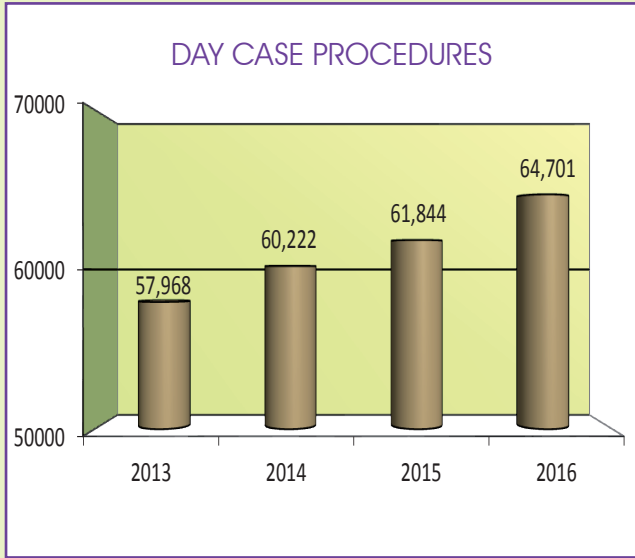


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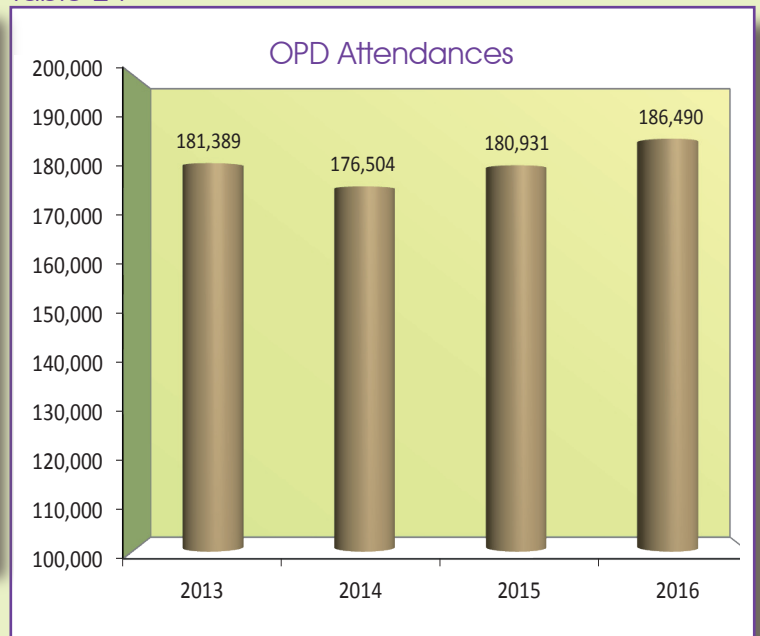


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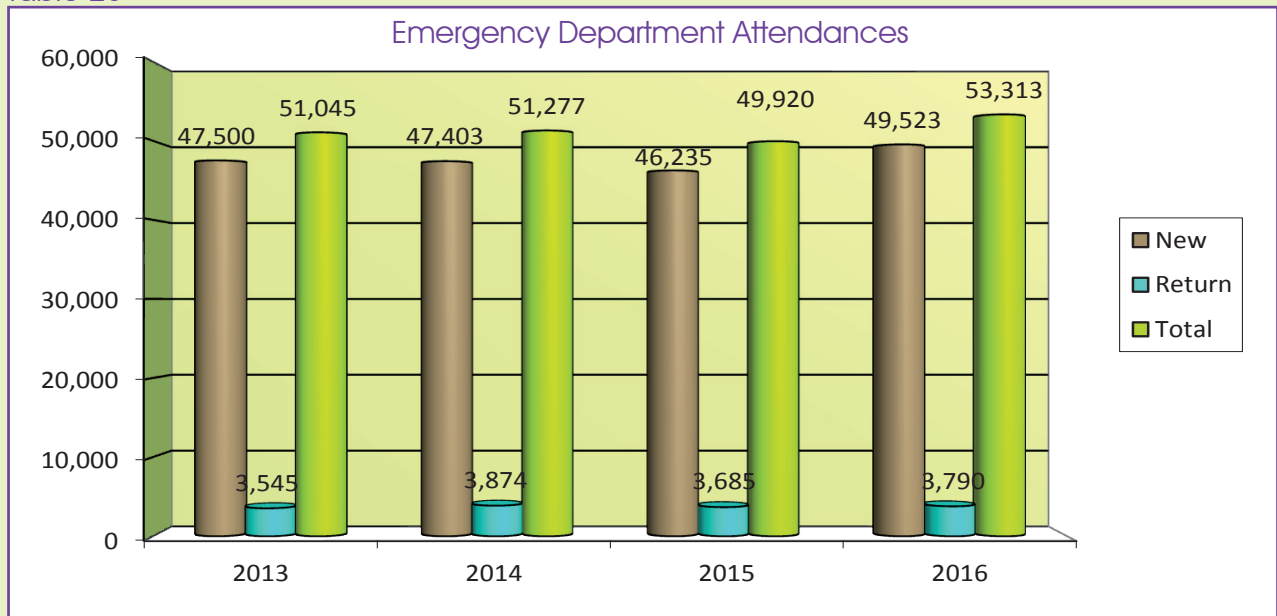


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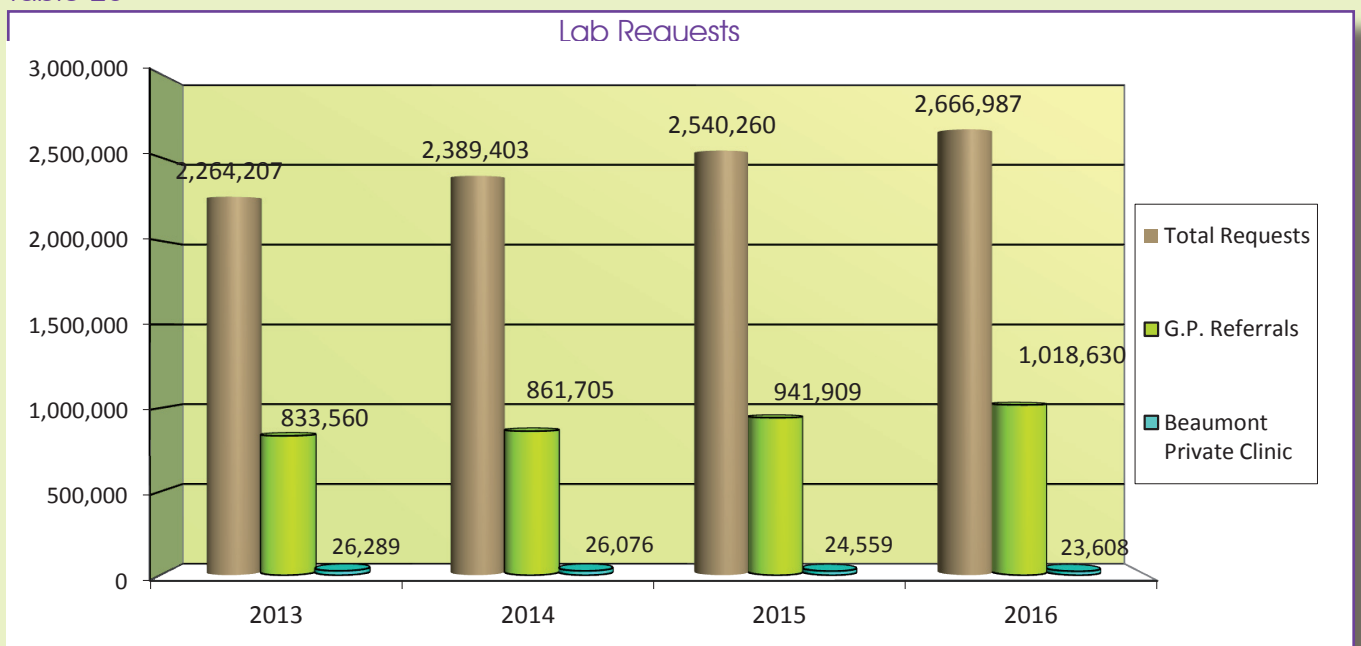


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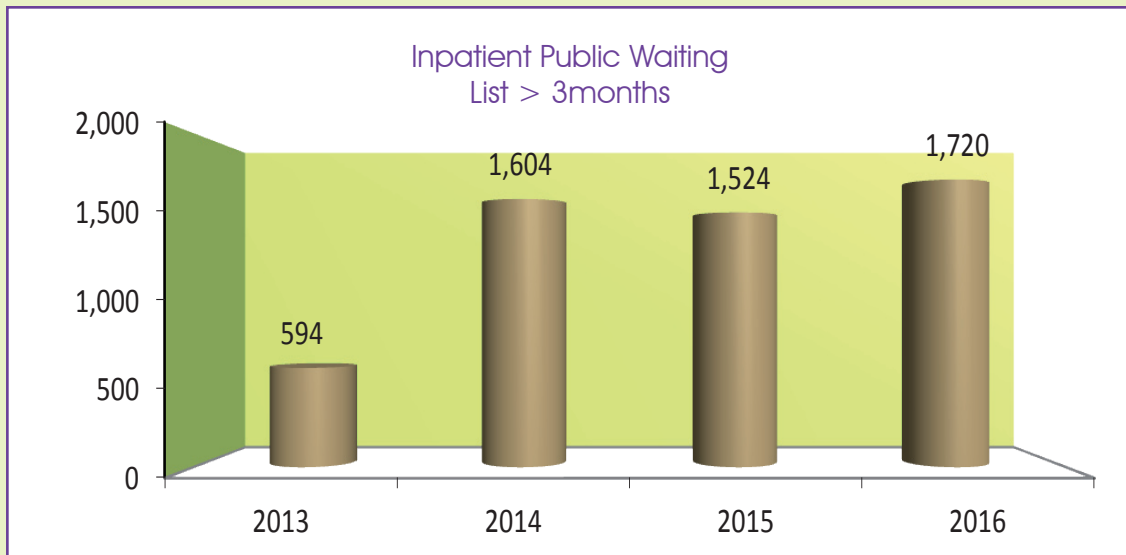


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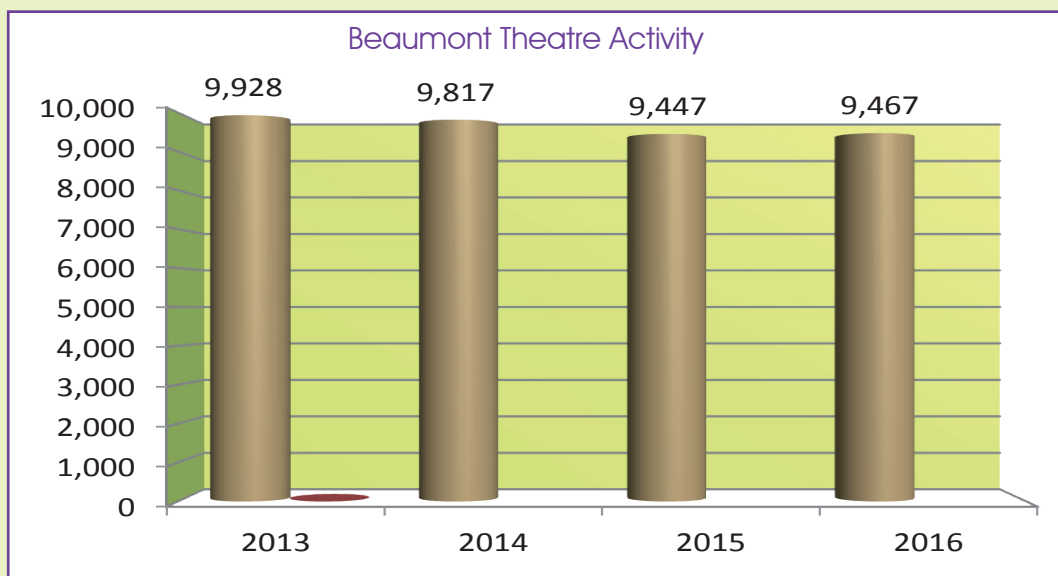
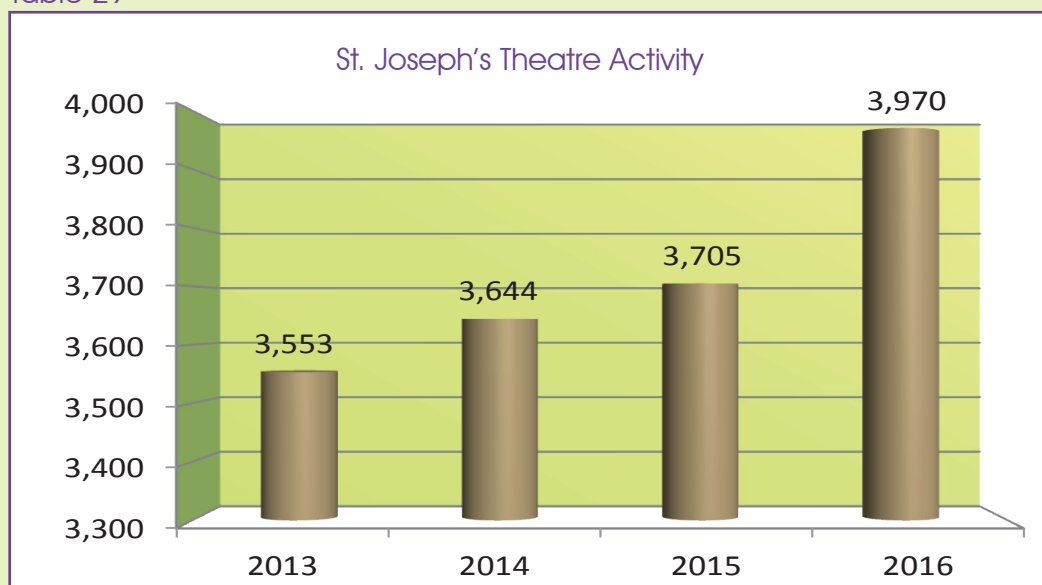
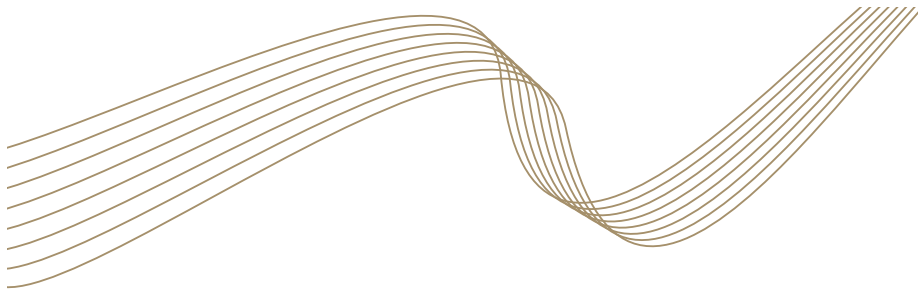


Table 29





Medical Board



Prof James Paul O'Neill

MEDICAL BOARD, Beaumont Hospital March 14th 2017

In 2016 the Medical Executive representing the Medical Board for Beaumont Hospital was reconvened after a hiatus of several years.

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

The function of the Medical Executive representing the Medical Board is to promote the delivery of contemporary medicine and surgical expertise with compassion and innovation, enriched by medical science, technology, research, education and professionalism.

The Medical Executive meet on a monthly basis working for the good of the hospital and not motivated solely by departmental gains. The chairman of the Medical Board has now been appointed as a non-voting position on the Hospital Board.

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

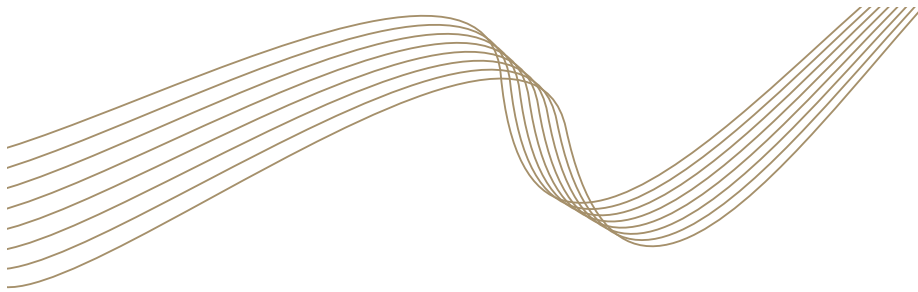
all services including PET scanning, OPD waiting lists and nursing recruitment and specialisation.

Future issues for discussion include the application for Beaumont Hospital as a Trauma Centre, access to beds in the Rockfield Nursing Home, construction plans for the Emergency Department and RCSI building, the fundraising for approximately 4.5 million required for a PET scanner on site, clarification and revision of the current 'Do Not Resuscitate' policy and the necessity for digitalisation of Medical Records.

The Medical Executive has a key function in promoting communication, dialogue and collegiality amongst consultants in Beaumont Hospital. The Beaumont Hospital Medical Board Dinner was held in January 2017 with the majority of the consultant body in attendance. The special guests on the evening included Mr Ian Carter CEO Beaumont Hospital and Professor Cathal Kelly CEO RCSI.

Mr Carter has also addressed the Medical Board on two occasions to offer the consultant body greater communication and debate on the many issues influencing hospital performance and strategic plans going forward.

**Prof James Paul O'Neill
& Dr Patrick Morris**
Chair & Secretary
The Medical Executive,
Beaumont Hospital



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



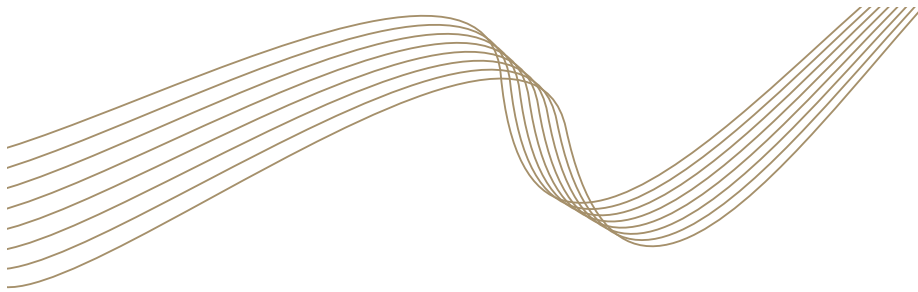
Denise Fahy
NeuroCent Directorate
Nurse Manager



Mary Kelly
Surgical Directorate
Nurse Manager



Mary Cooney
Critical Care/Anaesthetics
Nurse Manager



Director of Nursing:
Karen Greene

Director of Nursing Report

The Nursing Service at Beaumont Hospital continued in 2016 to demonstrate commitment to the delivery of quality and safe patient care. Nursing was at the forefront of many quality initiatives and process improvements which supported and enhanced patient care across the organisation. The Nursing Department continues to place safe staffing levels as a strategic priority and to this end Beaumont was selected as the level 4 pilot site for the national pilot to test the interim framework report for safe nurse staffing and skill mix published by the Department of Health in February 2016.



Key successes throughout 2016 have been the level of engagement with frontline nursing management in determining the strategic nursing priorities for the year resulting in the delivery of the nursing service plan. Building on the requirement to respond to advancing practice and specialist care delivery, the Department of Nursing successfully introduced new advanced practice roles in the areas of Pain Medicine and Dermatology with other advanced practice roles at development stage. Other areas of advanced practice that have proven to have significant impact in interdisciplinary care delivery and therefore received investment to expand were rapid access triage in the Emergency Department and Acute Cardiology.

Three of our senior nursing staff were awarded fellowships of the Faculty of Nursing & Midwifery, RCSI and two of our senior education staff were awarded honorary teaching associates with the faculty. Another significant achievement within the Department of Nursing was the awarding of PhD to Mr Toney Thomas (Assistant Director of Nursing Infection Control) for his study on the use of natural honey in MRSA Management. These achievements and acknowledgements are testament to the experience, skill and focus within the wider nursing team and will be internal motivators to existing and new members to the team.



Nursing Recruitment 2016

The 2016 nursing recruitment strategy in Beaumont Hospital incorporated an extensive range of recruitment avenues. In conjunction with this strategy, we also placed major emphasis on retaining our own graduates as well as attracting graduates externally. We had again a strong Beaumont presence for the second year running at the Health Jobs Expo in the RDS ensuring that Beaumont is seen as an attractive and receptive employer of choice for potential recruits.

With the inception of the hospital groups, we are taking advantage of their strength from a recruitment perspective by partnering within the RCSI Hospital group to advertise for key positions. We also continue to capitalise on being an academic teaching hospital in Dublin by partnering with other DATH's to strengthen our recruitment brand when undertaking international recruitment campaigns. In 2016 the DATH's recruitment group undertook a total of 12 international trips predominantly to areas such as the Philippines and India. In a continued search for critical care and other specialist skills Dubai was also explored yielding excellent candidates from these areas.

Beaumont specific international recruitment targeted for the first time the European recruitment market including Madrid, Rome and Athens yielding an impressive total of 67 candidates. The impact of the above 2016 strategy and focus can be seen in Table 30 below.

Table 30

Year	HC Leavers	WTE	HC Starters	WTE
2014	98	83.51	97	82.68
2015	126	106.72	125	110.10
2016	109	94.55	166	142.2

Skill mix is without a doubt a challenge currently particularly now that international recruitment has been the main recruitment avenue. Supporting

these recruits to adjust to the culture and to achieve competency suitable to a level 4 hospital environment is essential and therefore these candidates required considerable input from both our education and practice support resources as well as frontline preceptorship from our registered nurse workforce. Education opportunities and pathways continues to be one of the main attractions for new recruits and to this end the philosophy of our Centre of Nurse Education is to be a department that is responsive to service requirements, to clinical skills development and to ensure access to professional development opportunities for all of our nursing workforce.

Centre of Nurse Education and Practice Development

The Nursing Department recognise the importance of investing in the continued personal and professional development of our nursing and healthcare workforce and continue to work in partnership with our academic partners DCU and RCSI. Key to the provision of a specialist and highly adaptable workforce is the provision of a wide variety of educational opportunities both interdisciplinary and nursing, across a broad spectrum of modems ensuring a compliance with mandatory training requirements as well as developing and delivering bespoke educational events to meet our current and future service and specialist requirements. Our continuing education activity continues to support our nursing workforce and this year saw increased activity particularly in the areas of staff nurse induction, adaptation and supporting role expansion in response to the national recruitment challenges that were faced.

We continue to provide and expand an impressive catalogue of postgraduate programmes leading to the award of Stand-Alone Module, Postgraduate Certificate or Postgraduate Diploma at Level 9 on the National Framework of Qualifications. Through these programmes of education, we aim to develop our nurses as knowledgeable, critical and reflective practitioners that are prepared to meet current and future challenges in the delivery of safer, better, quality patient care within a dynamic healthcare system. In response to the recruitment challenges of critical care nurses nationally, Beaumont undertook to develop a foundation course for critical care nurses in conjunction with the national critical care programme to ensure a standardised pathway exists for critical care nurses. This has resulted in an increased number of direct entry graduates in Beaumont across both critical care environments.



Achievement in development of the pathway and the collaboration with the national programme Acknowledging the criticality of the undergraduate BSc General Nursing Students (DCU) to the future nursing workforce, approximately 1054 placements were facilitated for student nurses in Beaumont Hospital throughout 2016. In addition to this, 1842 healthcare professionals attended one of the fifty education programmes in the Centre of Nurse Education throughout 2016. An emphasis was placed this year on the importance of nursing research and its

contribution to enhancing quality. To this end 2016 saw the Department of Nursing host an inaugural conference in Beaumont dedicated to showcasing nurse led research initiatives and practices. The aim for 2017 is to continue to adapt programme delivery to ensure it is meeting clinical, professional and demographic related requirements.

Table 31

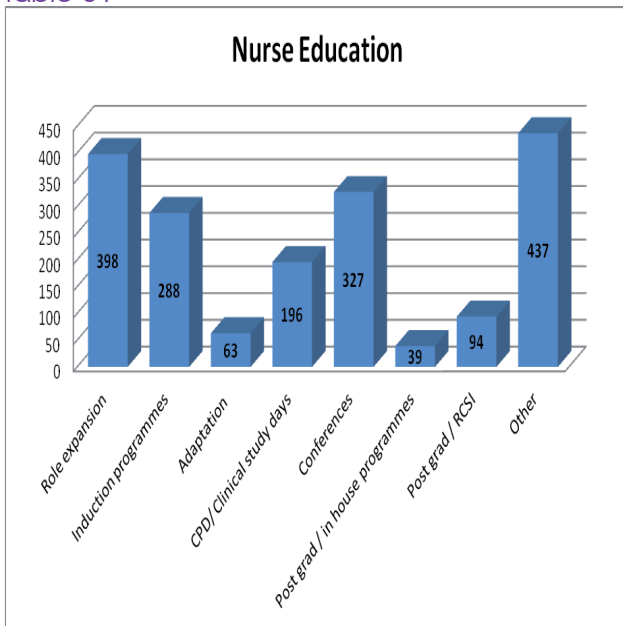


Table 32

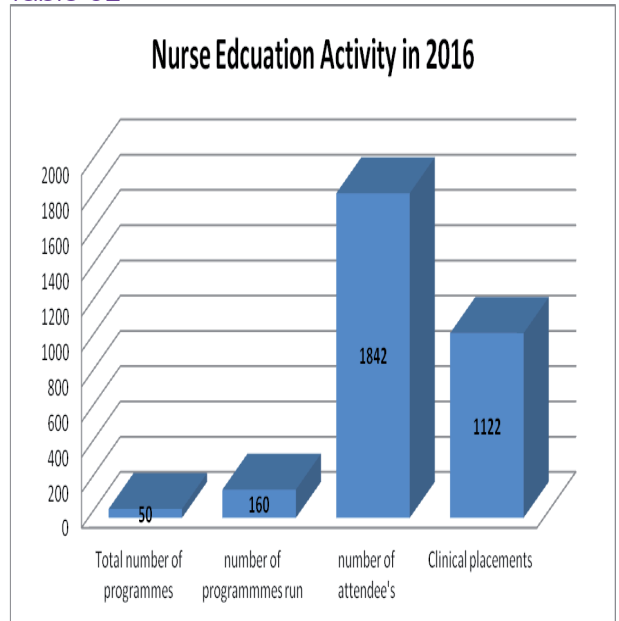


Table 33

Centre of Nurse Education

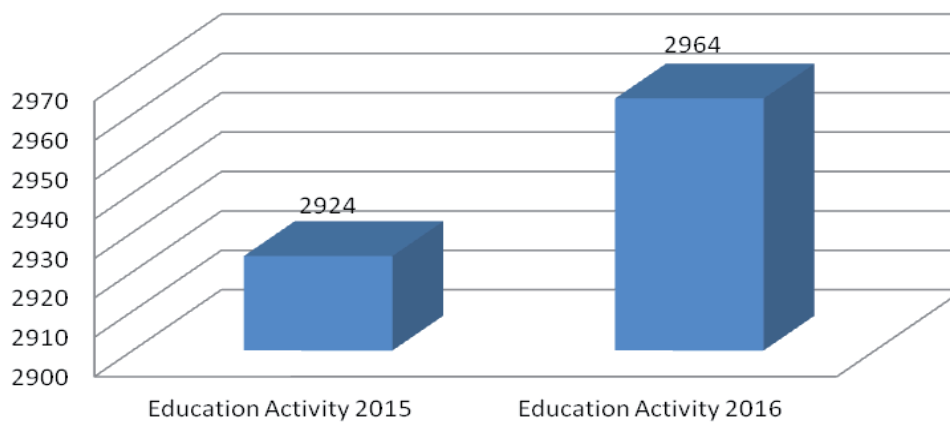
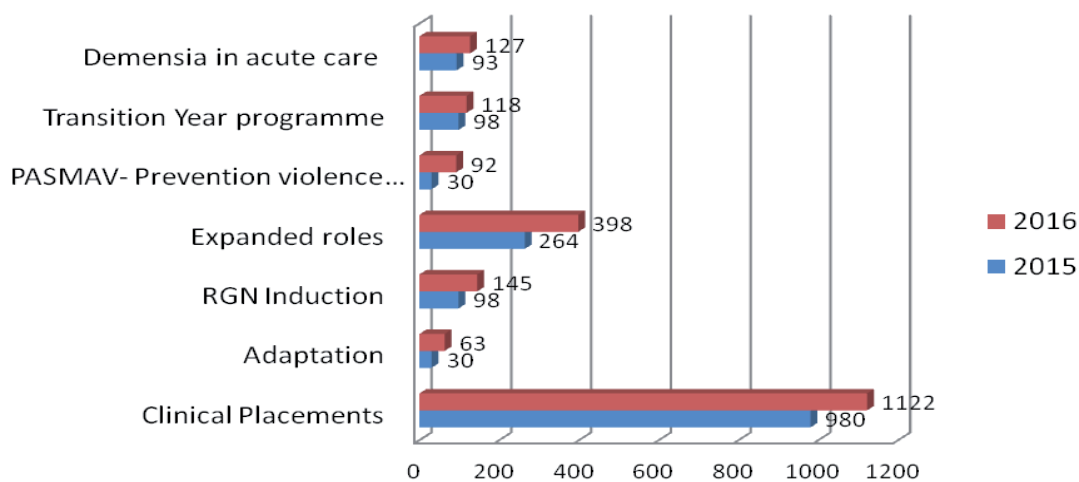


Table 34

Areas of Increased education activity in 2016



Catalogue of educational programmes and events in 2016

Programme/ Event	Length of programme	Number of programmes	Attendance
Induction programmes			
Induction programme for registered nurses	5 days	11 (+5)	145
Induction programme for HCA's	2 days	1	8
Student Nurse Interns	5 days	1	66
First Year Student Nurse Induction	1 day	1	69
Supporting Profession/NMBI Registration			
Adaptation	6-12 weeks	11	68
Clinical Placement s for Undergraduate			
BSc (Hons) General Nursing	2-12 weeks	18 clinical modules	980
Supporting Nurses to expand their role / practice			
Administration of IV fluids and Drugs (incl anaphylaxis)	1 Day	11	199
Peripheral intravenous cannulation	½ day	9	47
Peripheral venepuncture	½ day	9	47
New programme IV Cannulation & Venepuncture	½ day	17	105
Continuing Professional Development			
Preceptorship	1 day	8	46
Respiratory Management Day	1 day	2	39
Cardiac Management Day	1 day	2	33
Neuroscience, Endocrine and Renal Management Day	1 day	2	44

Programme/ Event	Length of programme	Number of programmes	Attendance
Care of the Older Patient Day	1 day	1	22
Gastro-intestinal Management Day	1 day	1	16
Surgical Management Day	1 day	2	36
Sepsis Management Day	1 day	2	39
Dementia	1 day	1	65
Dementia in Acute Care Programme	4 hours	9	127
Compass / EWS	4 hours	11	104
PASMAV- Prevention violence and aggression training	1.5 days	10	92
Conferences (organised and support by CNE/PD)			
2 nd Annual Frailty conference	1 day	1	70
Inaugural Hepatology and GI	1 day	1	47
4 th Annual Nursing Practice Initiative Symposium	½ day	1	70
Enhancing Nursing through Research and Innovation conference	1 day	1	100
Post graduate / in house programmes			
Advanced Clinical Skills in Acute Care Programme	6 month	2	15
Haematology Special Practice Programme	6 months	1	9
Critical care foundation Programme	6 months	2	15
Post Graduate Nursing programmes (Level 9) in partnership with RCSI			
Postgraduate Diploma Operating Department	1 year	1	6
Postgraduate Diploma Emergency Nursing	1 year	1	9
Postgraduate Diploma Gerontology	1 year	1	15
Postgraduate Diploma Neuroscience	1 year	1	7
Postgraduate Diploma Renal	1 Year	1	8
Postgraduate Diploma Cardiology	1 Year	1	9
Postgraduate Diploma Critical care	1 Year	1	7
Post Graduate Certificate CCU	6 months	1	1
Post Graduate Certificate Neurosciences	6 months	1	2
Post Graduate Certificate Renal	6 months	1	2
Urology module	1 module	1	3
Colorectal Disease Module	1 module/5 days	2	9
Fundamental concepts of coronary care nursing Module	1 module	1	2
Renal replacement therapy Module	1 module	1	5
Care of the nephrology patient Module	1 module	1	1
Foundation knowledge and skill in perioperative practice	1 module	1	3
Rehabilitation Of The Frail Older Person	1 module	New for 2017	New for 2017
Other PG Diplomas			
Post Graduate Diploma Radiology	1 year	1	2
Post Graduate Diploma Wound Care	1 year	1	1
Post Graduate Diploma Respiratory Nursing	1 year	1	3
Post Graduate Diploma Acute Medicine Nursing	1 year	1	2
Post Graduate Diploma Advanced Leadership	1 year	1	1
Specialist Practice / Foundation Courses / MSc			
Haem-Oncology	6 months	1	9
Critical Care Foundation Programme	6 months	2	15
Currently undertaking MSc			19
Transition Year Programme (with L&D)	5 days	1	118
IMEWs / Sepsis	1 hour	11	113
E learning Compass		e-learning	7
Intern Student Nurse reflection	5 days	1	66
2 nd year student Nurse Clinical reflection	1 day	1	68
4 th year student resilience and mindfulness	1 day	3	65

Service Developments 2016

There were a number of service developments throughout the year where nursing played a pivotal role in enhancing care delivery. Some such developments were the introduction of the Transit Care unit in February 2016 which facilitated a safe and timely discharge process for 2298 patients across all directorates. Other initiatives have been co-leading the delivery of a suite of work to enhance the overall nutritional experience of our patients and to ensure Beaumont Hospital is meeting the national standards of care. An interdisciplinary approach has been key to the wide range of measures that have been achieved to date and will without doubt ensure that nutritional care of our patients remains an essential component of care and recovery. Beaumont Hospital also collaborated with the HSE Quality Improvement division to achieve compliance with nutritional screening guidelines and have since used the methodology to roll out the practice aiming for hospital wide compliance in quarter 1 2017.

The End of Life Steering Group alongside the Surgical Directorate were successful in obtaining a significant grant from the Design & Dignity Project Advisory Group in the Irish Hospice Foundation in late 2016 to create a family room in Banks Ward that will play a pivotal role in enhancing the comfort of all patient but in particular for patients at end of life and their relatives. This continues on from the previous grant received in 2015 as well as local fundraising resulting in a significant refurbishment of the relative's room in the General Intensive Care Unit.



Relatives of our most critical patients now have access to a room that will allow them access to refreshments and rest facilities that are so crucial to their needs during what are often devastating life events.

The Nursing Department continues to explore opportunities for pathway development to streamline patient care and ensure access to specialist care that mirrors the stage of the patient journey. An example of this in 2016 has been the continuation of a stroke care pathway whereby designated rehabilitation beds and services have been assigned to ensure that patients post acute care can access the specialist rehab stroke team. Nursing have also been key enablers in strengthening the delayed discharge process ensuring that patients post acute care are placed on an appropriate pathway for their clinical needs and ensuring efficient use of both acute and primary care beds. To address the scheduled care waiting list, a Procedure Room (pictured below) was opened in St Joseph's Hospital which treated 535 cases from its opening in September 2016 to year end.



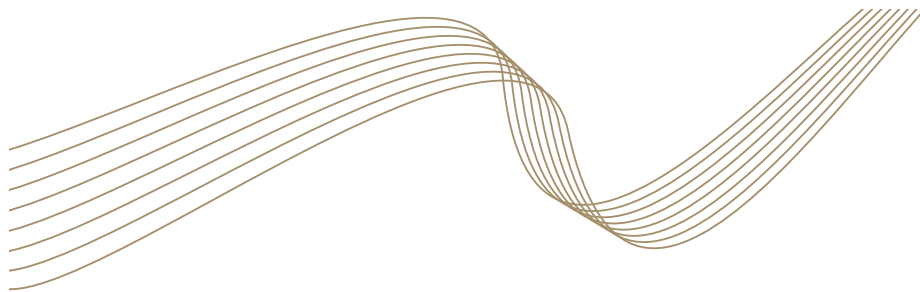
The Department of Nursing initiated and co-designed in 2015 a programme whereby senior clinicians and management would undertake quality and safety walk-rounds in both clinical and clinical support areas to enhance the quality framework already in existence and provide the visibility that is so necessary in healthcare. In conjunction with the Learning & Development Department, the Department of Nursing collaborated with the National Quality Improvement division of the HSE devising a revised national toolkit to assist and support other healthcare settings to adopt the methodology developed in Beaumont. In 2016 the Beaumont Hospital Quality & Safety walk-round co-designed approach and tool-kit was presented and launched with the National Quality Improvement division at Dr Steeven's hospital.



Members of the Beaumont QSWR Leadership team, project team and NQID:



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, for their flexibility and professionalism in grasping the change agenda which is so essential for successful healthcare delivery.



Director of Finance:
Mary Farrelly

Finance Report

Introduction

The financial position remained challenging throughout 2016 as service demands and activity increased while additional funding was capped nationally. The budget was initially set at €252.78 million, a decrease of €10.55 million from the 2015 final allocation.

The final budget allocation for 2016 was €278.049 million resulting in a minor deficit position of €402.

The significant financial pressures, particularly in working capital, remained from an opening deficit of €13 million. Our commitment to patient care and quality required continued investment in clinical staff, pharmaceutical supplies, medical and surgical supplies and patient support costs. The initial forecasted expenditure was successfully reduced by over €2 million in the year through active service efficiency and cost management.

Financial Outcome

The year culminated in increases in Pay 5%, NonPay 6% and an Income reduction -2%, combined with the sustained budget funding the 2011 brought forward deficit closed 2016 at €13m.

Gross expenditure in the year increased by €16.667m, this increase was largely attributable to:

- Pay cost increases €10.202m
- NonPay increases €6.465m

Income decreased by -€1.599m compared to 2015, -€4.2m relating to patient income and -€2.018 relating to statutory Pension Levy charges offsetting an increase in other areas most notably recouped drug and other recoverable costs.

Funding

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

The revenue allocation for 2016 was €278.356m, which was up €15.036m from 2015. The 2016 capital allocation, at €11.474m was an increase of €2m from 2015.

Capital Funding

Capital investment significantly improved in 2016 predominantly in the areas of equipment replacement and infrastructural reconfiguration. The majority of these projects were completed in 2016 with some funds to be drawn down against them in 2017. The funding summary of the projects as at 31st December 2016 is contained in Table 35.

Table 35

Project Name	Project Allocation €M	Draw down to date €M	Draw down remaining €M
Minor Capital 2017	€ 0.324	€ 0.324	€ Nil
National Equipment Replacement Programme	€ 3.456	€ 1.577	€ 1.879
Renal Dialysis Unit	€ 11	€ 8.593	€ 2.407
Autoclave Replacement	€ 0.600	€ 0.458	€ 0.142
IT Networks	€ 0.065	€ 0.065	€ NIL
St Damiens Ward and H&I Lab	€ 5.800	€ 4.576	€ 1.224
Cochlear Implant Expansion	€ 1.000	€ 0.279	€ 0.721

Service Developments

The largest service development for 2016 was the continuation 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. During 2016 the hospital hired additional Consultant and Nursing staff to support service delivery.

The hospital engaged with RCSI Hospitals Group to appropriately and cost effectively manage patient services across multiple sites. This initiative will continue into 2017.

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 2016 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 85% by year end.
- Operation of effective cost, revenue and cash management controls remains a key focus for all members of the Finance Team. The hospital achieved over €2 million in costs containment savings in 2016, lead by the Finance team.

- The key objective to move to Zero Based Devolved Budgeting in 2017 commenced in 2016. This programme will require significant changes both in Finance and the broader hospital to ensure we operate a fiscally secure and modern financial model.
- We welcomed new HIPE manager in 2016 to continue the development of Coding and Activity Based Funding: The Finance function continues to develop the understanding and accuracy of this for the hospital.
- Patient registration, the development of training for front line staff by Finance help standardise the processes used and support hospital income.

Beaumont Hospital closes 2016 in a strong position; we continue to focus on improved efficiency across the hospital to ensure a strong financial performance to support investment in our patient care.

REVENUE INCOME AND EXPENDITURE ACCOUNT
Year Ended 31st December 2015

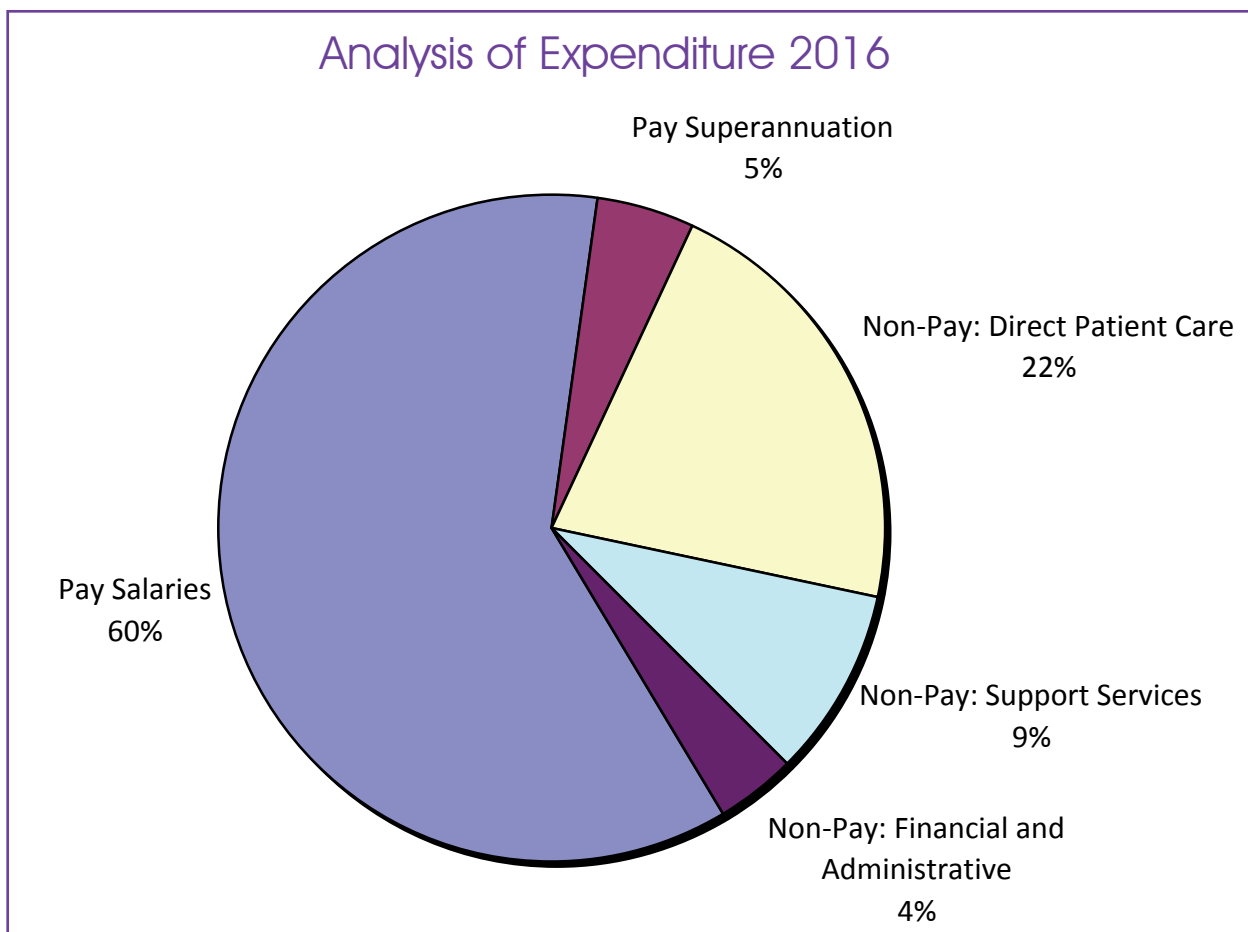
Table 36

	2016 €'000	2015 €'000	'16 - '15 %
STAFF COSTS			
Salaries	222,490	213,529	4%
Superannuation	16,767	15,084	11%
NON-PAY EXPENDITURE			
Direct Patient Care	78,783	71,832	10%
Support Services	33,043	31,648	4%
Financial & Administrative Costs	14,347	16,748	-14%
Expenditure for the Year	365,430	348,841	5%
Income for the Year	-71,659	-71,694	0%
Taxation	-	-	
Net Expenditure for the Year	293,771	277,147	6%
Allocation for the Year	-287,782	-275,073	5%
DEFICIT FOR THE YEAR (Before Fairdeal)	5,989	2,074	189%
Cumulative Revenue Deficit (Surplus) from Previous Year	13,422	17,184	-22%
Fair Deal Funding	-5,675	-5,836	-3%
CUMULATIVE REVENUE DEFICIT/ (SURPLUS) AT END OF YEAR	13,736	13,422	2%

Table 37

ANALYSIS OF EXPENDITURE 2016 - 2015		
	2016 € '000	2015 € '000
Pay Salaries	222,490	213,529
Pay Superannuation	16,767	15,084
Non-Pay: Direct Patient Care	78,783	71,832
Non-Pay: Support Services	33,043	31,648
Non-Pay: Financial and Administrative	14,347	16,748
Total Expenditure € '000	365,430	348,841
Pay Salaries	61%	58%
Pay Superannuation	5%	4%
Non-Pay: Direct Patient Care	22%	20%
Non-Pay: Support Services	9%	9%
Non-Pay: Financial and Administrative	4%	5%
Total Expenditure %	100%	95%

Table 38



BALANCE SHEET AS AT
31st DECEMBER 2016

Table 39	2016 €'000	2015 €'000
FIXED ASSETS		
Tangible Assets	147,028	135,080
Financial Assets	0	0
	147,028	135,080
CURRENT ASSETS		
Debtors	47,757	45,445
Stocks	8,454	7,980
Investments	0	0
Cash in Hand and Bank Balances	1,025	514
	57,236	53,939
CREDITORS - AMOUNTS FALLING DUE WITHIN ONE YEAR		
Creditors	43,133	46,416
Bank loans and overdraft	24,977	17,997
Obligations under Finance Leases	-	-
Taxation	3	3
NET CURRENT ASSETS / (LIABILITIES)	-10,877	-10,477
TOTAL ASSETS LESS CURRENT LIABILITIES	129,853	124,603
CREDITORS - AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR		
Financing Obligations	-	-
Deferred Creditors	-	-
	-	-
TOTAL ASSETS LESS CREDITORS	135,968	124,603
CAPITAL AND RESERVES		
Non-Capital Income & Expenditure Account (Deficit) / Surplus	-13,736	-13,422
Capital Income & Expenditure Account (Deficit) / Surplus	2,859	2,945
Capitalisation Account	140,730	135,080
	129,853	124,603



HR Director:
Patricia Owens

Human Resources Department

Introduction

The Human Resources 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. The Human Resources 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 Human Resources Department provides the full range of HR services including recruitment, administration of staff pay and other terms and conditions, employee relations services and pension services.

Our Workforce

Revised Employment Control Procedure

2016 continued to bring new challenges to the Executive Management Group as we sought 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. In June 2016 the Hospital established an Employment Control Committee with revised terms of reference to:

- To develop and support the Hospital's staffing resources with focus on patient care and staff wellbeing.
- To bring to the attention of the Hospital Executive Forum potential risks arising from human resource challenges as they arise and to make recommendations on their management.

- To maximise value for money in the use of human resources across the services at Beaumont Hospital within the Hospital budget and approved staffing levels.
- To ensure compliance with HSE's Pay Bill Management Control Directives and Employment Control Framework.
- To undertake any additional Employment Control duties that may arise and be deemed appropriate by the Chief Executive Officer.
- All staffing requirements (with the exception of Management posts at grade VIII level and above) are reviewed weekly by the Employment Control Committee (ECC) comprising Director of Finance, Director of HR, Deputy CEO and Director of Nursing. All posts approved for filling at the weekly ECC are submitted to the RCSI Group ECC for ratification in accordance with the provisions of the Service Level Agreement between the Hospital and the RCSI Hospital Group.

Staffing Levels

In 2016 the Hospitals revised Employment Control Procedure, was designed to give effect to the HSE Pay and Staff Numbers Strategy with its focus on operating within pay allocations and affordability.

As can be seen from the Table 40 below our actual wte has increased by 88.78 wte in 2016 due to a range of funded initiatives as outlined below:-

- Hospital Improvement Plan (29.77 wte)
- WRC Agreement to address nursing shortages (8 wte)
- Service Development/ National Initiative Posts (24.5 wte)
- Agency/Overtime Conversion (2 wte)
- Posts supporting essential I.T. infrastructure project (9 wte)

Table 40: Beaumont Hospital Staffing Levels as per HSE Census Returns

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Increase in 2016
Medical	486.24	487.03	485.56	482.06	482.56	473.79	500.45	508.07	514.57	515.57	513.27	509.42	23.18
Nursing	1130.97	1142.02	1136.64	1144.57	1140.14	1141.39	1139.2	1144.53	1157.54	1167.04	1179.38	1181.36	50.39
Clinical	480.93	478.49	478.58	486.03	487.39	486.2	494.92	491.73	488.57	490.35	491.51	491.33	10.4
Admin	510.06	517.4	522.33	524.08	524.73	524.82	519.47	517.86	524.55	520.93	527.11	525.6	15.54
Support	393.46	396.5	413.39	415.79	416.21	412.6	418.08	419.14	416.68	414.02	410.83	408.66	15.2
Other Patient Care	196.11	203.01	209.4	209.67	213.62	212.06	208.11	214.11	210.52	207.85	207.86	207.25	11.14
Support / HCA Interns	80.28	78.92	55.49	51.42	50.28	50.86	49.99	45.89	46.28	44.42	44.84	43.21	-37.07
Overall Totals	3278.05	3303.37	3301.39	3313.62	3314.93	3301.72	3330.22	3341.33	3358.71	3360.18	3374.8	3366.83	88.78

Staff Turnover

Overall staff retention levels were 93.5%, 92.69% and 92.73% for 2014, 2015 and 2016 respectively.

Table 41: Beaumont Hospital Staff Turnover rates 2014 - 2016 by staff category

Category	2014 Turnover	2015 Turnover	2016 Turnover	2016 vs 2014
Health and Social Care	9.63%	11.55%	15.78%	6.15%
Management and Admin	1.49%	3.92%	5.20%	3.71%
Medical	7.80%	3.33%	3.87%	-3.93%
Nursing	8.34%	11.24%	6.72%	-1.62%
Other Patient and Client Care	6.65%	3.72%	4.44%	-2.21%
General Support	3.32%	2.81%	3.38%	0.06%
Total	6.50%	7.31%	7.27%	0.77%

The staff category with the highest level of turnover is Health and Social Care Professional (HSCP) grades, with an increase from 11.55% to 15.78%. When the detail behind this is examined, it shows that this is not a trend for concern, as much of the turnover in the area is due to the ending of short term temporary contracts of staff brought in to cover maternity leaves. 52% of all HSCP leavers related to such short term contracts and 10% of leavers in this category were due to natural retirements.

There has also been a significant decrease in turnover rates in nursing from a high of 11.24% in 2015 to 6.72% in 2016. It would appear that efforts between HR and Nurse Management in relation to staff engagement and in relation to arrangements agreed under the auspices of the Workplace Relations Commission have had a significant positive impact.

Attention needs to be focused on the increase in turnover rates in Management and Admin grades from 3.92% in 2015 to 5.20% in 2016. Again, retirements and the ending of short term contracts covering maternity leave have been a significant factor in relation to this increase, with 33% of all leavers in the category being due to retirement and 26% due to the ending of locum contracts.

The trend relating to retirements will continue into the future because of the hospitals age profile and will need on-going review to identify future issues, in particular at senior management level with corresponding investment in recruitment and training to offset such loses in highly experienced and often specialised workforce.

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 have seen the impact of national pay decisions on staff turnover in certain staff categories in recent years. Despite these pressures the HR Team, in collaboration with line managers, worked 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.

Nurse Recruitment

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

In order to maintain safe and timely delivery of service to patients, the HR and Nurse Management Teams have collaborated on a number of initiatives to attract, recruit and retain nursing staff at Beaumont as follows:

- International Recruitment Campaigns in India, Philippines, Spain, Italy and Greece
- Advertising through social media and nationally recognised recruitment websites
- National media campaigns
- Campaigns primarily targeted at new graduates including open day events
- Participation in national and international recruitment fairs

Medical Recruitment

Consultants:

In 2016 four Consultants retired and an additional 4 Consultants availed of Historic Rest Days prior to retirement. In addition, the Hospital received approval and additional funding for the filling of 9 new posts; 2 Neuroradiologists, 1 Palliative Care Consultant, 1 Senior Lecturer/Consultant Anaesthetist, 1 General Medicine Consultant, 1 Geriatrician, 1 Dermatologist, 1 Interventional Radiologist and 1 Gastroenterologist. The Hospital was successful in filling all posts.

Particular challenges were experienced in filling Urologists posts associated with the Living Donor Programme during 2015. The Hospital engaged in both national and international advertising campaigns and succeeded in receiving national approval to convert a number of Consultant Urologist posts from Type B contracts to Type C contracts thereby enabling the Hospital to better attract a high calibre of Consultant candidates. As a consequence during 2016 the hospital was pleased to employ two new Consultant Urologists .

Appointment of Deans of Medical and Surgical Education:

In 2016, the Hospital Executive approved the filling of two new roles of Deans of Medical and Surgical Education. The role of the Deans, as part of a Continuing Medical Education Committee (CME), is to provide oversight for the development, direction and co-ordination of all continuing medical and surgical education activities within Beaumont Hospital. Their primary function is to develop educational activities aimed at achieving an integrated education programme for the general and speciality needs of physicians and surgeons within the Hospital. In conjunction with the CME Committee, they have responsibility for ensuring compliance with relevant College and Irish Medical Council (IMC) standards. The Hospital was pleased to appoint Dr. Alan Moore and Dr. Peter Brannigan as a shared appointment to the Dean of Medical Education and Mr. Peter Naughton as Dean of Surgical Education.

Intern Tutor:

In 2016 the Hospital bade a sad farewell to Professor Shane O'Neill who retired mid-year. Professor O'Neill was renowned for his expertise in Respiratory Medicine and worked over many years providing, services to Beaumont Hospital patients. Professor O'Neill was always generous with his time in terms of supporting the development and education of junior doctors. In particular, during the last 10 years of his working life he took on the additional role of Intern Tutor at Beaumont Hospital. In this role he combined his interest in the education of young doctors with his people skills, thereby ensuring the delivery of exceptional training at Beaumont for Intern grades while also taking on the role of broader coach and mentor. Professor O'Neill was greatly respected and admired by staff at all levels in the organisation.

In order to ensure that the programmes developed and sustained by Professor O'Neill over the years continue, the Hospital recruited to the Intern Tutor role during 2016 and appointed Dr. Declan DeFreitas as Intern Tutor for Beaumont Hospital.

Non- Consultant Hospital Doctors (NCHD):

In relation to filling of NCHD posts, the appointment of Interns is co-ordinated nationally following their final exam at the end of May each year. NCHD's are recruited bi-annually for the January and July changeover periods. In addition to recruiting the NCHDs Medical Administration manages the rotation of 232 doctors through approximately 56 surgical and medical training schemes.

Throughout 2016 the Hospital had a high degree of success in filling NCHD posts. There were a small number of exceptions where the Hospital was unable to find suitably qualified candidates for Registrar positions in Medicine for the Elderly (1 post), Neurology (1post) and Vascular Surgery (1 post). In all instances the Hospital supported the services through the deployment of additional SHO's in order to maintain levels of service delivery.

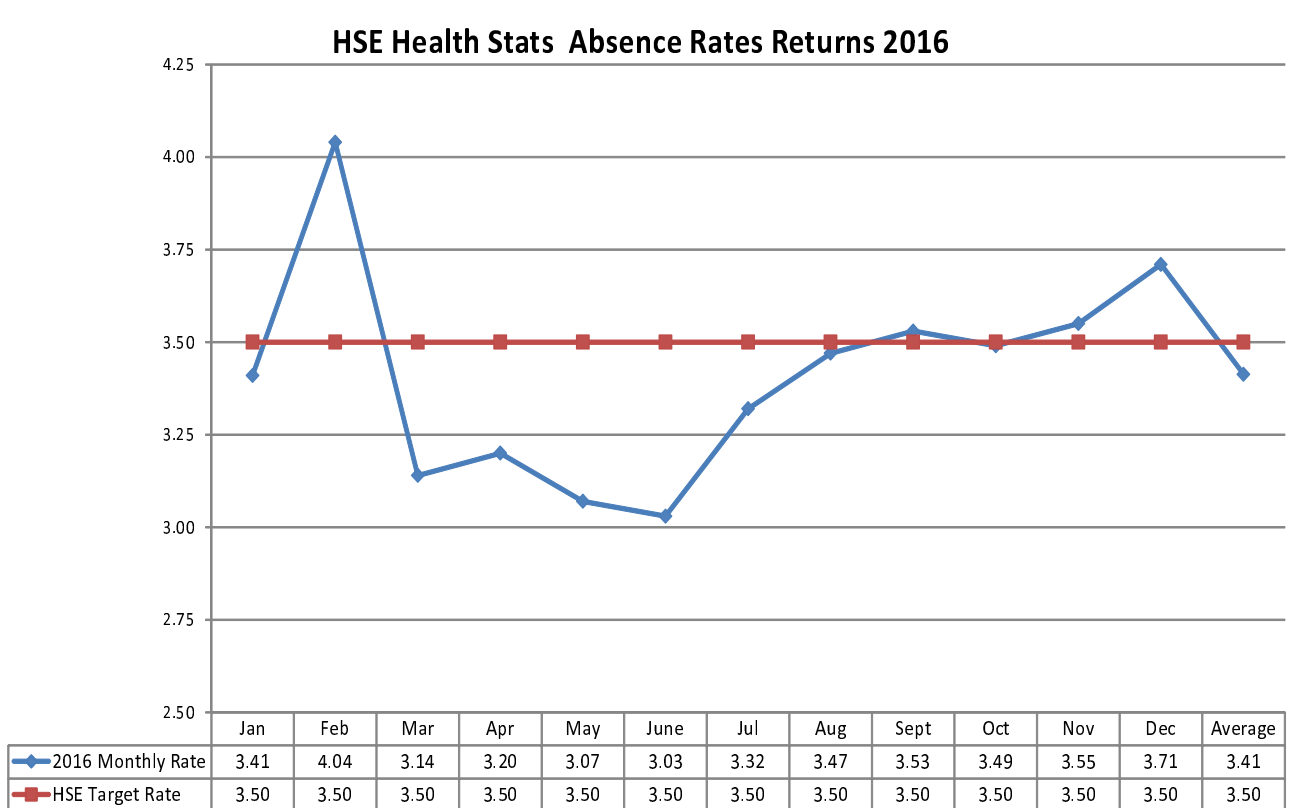
During 2016 the HR team worked with Clinical Directors, the Deans of Medical and Surgical Education and the Intern Tutor to enhance the Induction Programme for Junior Doctors and to develop a more comprehensive on-boarding programme. These changes incorporated amendments to the formal induction material, support at ward level out of hours and the provision of an information booklet.

Absence Management

HR continued to support Managers in 2016 and worked closely with Occupational Health, Health & Safety, Health Promotion, Staff Counselling, Learning & Development, Line Managers and Trade Unions in improving levels of attendance, staff health and staff morale. The focus on absence management remained to be one of prevention, promotion and rehabilitation.

Table 42 demonstrates monthly performance on absenteeism against the HSE target rate of 3.5% for 2016.

Table 42: Beaumont Hospital absence % rate per month for 2016



The average overall recorded absenteeism rate for the year was 3.41% which was compliant with the HSE target of a maximum of 3.5% absenteeism. This is the third consecutive year where the hospital has been fully compliant with this performance target. The two noticeable exceptions in 2016 where monthly average absenteeism rose to higher levels i.e. February and December. were directly related to outbreaks of Influenza and Norovirus.

Staff Engagement

NCHD Forum

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

The Forum discussed and made recommendations on the following agenda items during 2016:

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

Employment of People with Disabilities

The Hospital has been concerned over the last number of years in relation to compliance with the statutory target of 3% for the employment of people with disabilities. Performance against that target for 2013 to 2016 is set out below:

Percentage of Hospital employees with disability 2013-2015

Table 43

Year	% of Employment of People with Disability
2013	2.64%
2014	2.37%
2015	2.5%
2016	3.13%

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

- The non filling of certain posts due to the Moratorium on Public Service Recruitment
- The restrictions in recruitment practice also arising from the Moratorium

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

The Hospital is pleased to report an exceptionally high response rate to the census of 42.6% and to confirm that the Hospital has exceeded the statutory target for 2016 with 3.13% employment of people with disabilities.

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 legislation, national initiatives and circulars including:

- Implementation of Labour Court Recommendation CD/14/372
- Standardisation of Annual Leave in the Voluntary Hospitals
- Implementation of Paternity Leave & Benefits Act 2016
- Continuation of HRA Increments and related balancing measures
- Regularisation of Interns under the Lansdowne Road Agreement

Superannuation

Another busy year in Superannuation commenced with a reduction in the amount of the Public Sector Pension Reduction (PSPR) paid by pensioners and the Pension Related Deduction (PRD) for employees. Sanction was issued by the Minister for Public Expenditure and Reform in line with Clause 5 of the Lansdowne Road Agreement and the changes were implemented in Beaumont Hospital.

In 2016 a total of fifty-seven staff retired whilst twelve ex-staff members claimed preserved retirement benefits. This reflects a 25.5% increase on the number of retirements during 2016 when compared to 2015. As at 31st December, 2016 there were a total of 793 pensioners on the hospital's payroll.

In relation to the Single Public Service Pension Scheme which commenced on 1st January, 2013, the Dept. of Public Expenditure and Reform advised of their intention to initiate the Single Scheme Administration Project (SSAP). The purpose of the project is to consider the various options available for the future administration of the Scheme. Phase 1 of the project is a feasibility study on the various options and is already underway.

HR Business Information & Data Management

Throughout 2016 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

By end of Q2 2017 all NCHDs will be incorporated into the integrated electronic system. The new system provides for the instantaneous processing of hours worked to payroll and the provision of all data relating to EWTD compliance.

Over 90% of all NCHD rosters produced are now done using an automated software package that utilises complex rules to automatically allocate various shifts types in a fair manner to multiple teams, specialities and services across the hospital. In most cases these rosters take only minutes to complete, replacing the very tedious and time consuming manual process undertaken in the past by Senior Registrars. This represents a significant

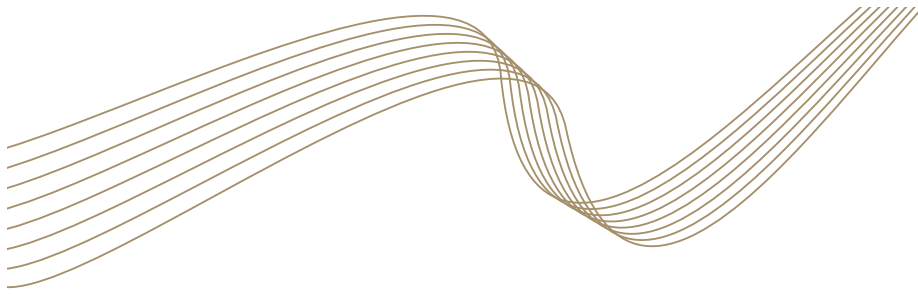
saving of time from a clinical perspective and greatly reduces the administrative burden on NCHDs and the existing Medical Administration team involved in roster production.

Those few rosters which are highly complex or have inter-hospital dependencies have also easily been incorporated into the system, allowing for all NCHDs to be a part of a unified seamless process. In October 2016 we successfully enabled a mobile app solution for those NCHDs who work off site at other hospitals or remote locations. This allows for an NCHD to record their time from virtually anywhere and access their roster online.

This will complete the final project phase that will enable all junior doctors to receive their roster electronically, record attendance on a clock card system and to be paid directly from the same system thus eliminating the need for manual Time and Attendance cards. The project 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.

- National Employment Record (Consultant & NCHD)

Following on from the successful implementation of the National Employment Record for NCHDs, the National Doctors Training and Planning Division (NDTPD) of the HSE has commenced a project which will enhance and streamline the management and availability of pre-employment documentation required of consultants. The system will allow for the completion of mandatory forms online, uploading of documents and certificates and submission of same to HR for verification e.g. passports, garda vetting, hand hygiene etc. This project, while at its early stages, will certainly enhance the consultant recruitment process.



Director of ICT:
Mark Graham

Information and Communications Technology

Our main focus for 2016 was to continue on the enablement path to replace our aging BHIS. BHIS is 27 years old and has significant functional, usability and performance issues which are causing operational disruption. Most of the work within the ICT Department over the past number of years has been focused on reducing the risk of failure to both the BHIS software and HP hardware (on which the hospitals systems run). New standalone systems have been developed for use during downtime and 'less old' hardware has been installed. While this has alleviated some of the risk, it does not address the underlying problem that the BHIS is unfit to support the day-to-day business of a modern day hospital.

A key enabler of our BHIS replacement strategy is the implementation of the National Laboratory Information Management System (LIMS supplied by Cerner) via the national LIMS framework. This will go live in Beaumont in October 2017 and will comprise a laboratory ordering capability to replace the lab ordering function already provisioned by our PIPE/BHIS system. A team from Beaumont have been working with the National team preparing for this for the past year.

"While a new laboratory system is the critical path it must be replaced in parallel with Order Comms followed by PAS (patient administration system)."As the new Lab system is not due to

be implemented in Beaumont until Q3 2017 at the earliest this pushes out the timeframe for a replacement of the PAS component to ultimately remove all modules off the BHIS environment. Until these three modules are replaced, clinicians will be faced with using 3 separate systems to manage patients – the new lab system for placing orders/resulting bloods, PIPE and RIS PACS.

From a governance perspective a new Clinical ICT Advisory Group was established in 2016 which consists of clinical leaders in the hospital who understand and represent the interests of their peer stakeholders. The main purpose of the Committee (which meets once a month) is to seek opinions from clinical colleagues who play a key role in advising the hospitals clinical programs and how ICT can best serve this process.

In 2016 we began the work needed to invest in a robust data protection and security strategy to meet modern cyber security challenges and the risks the hospital faces in light of such cyber attacks. We have purchased new high tech dual firewalls which includes 'Sandboxing'. This allows all traffic coming into Beaumont to be scanned in 'The Cloud' to remove threats before the traffic hits our network. Installation will begin in Feb 2017.

Other developments in 2016 centred on supporting the clinical care programmes and the HSE reporting requirements.

Clinical Handover (Phase 1): NOTED System

Design & implement a Clinical Handover system to use during doctor shift changeover. 2 phases: 1) Tasks System (NOTED), 2) Handover. Pilot: 1 specialty

PICC line insertion history

Record details of PICC line insertions on patients. Will be incorporated into NIS.

HIPE/BHIS Validation Reports

Produce a suite of reports which will compare BHIS Raw Data and HIPE figures

Upgrade Oracle Databases to Oracle 12c

Keep Oracle databases up to date with Oracle version & security patches

Infection Control Surveillance Dashboard

Suite of Infection Control Reports specific to healthcare associated infections in a DIVER Dashboard

Clinical Dashboard for Nurse Practice Development

Clinical Dashboard for performance management reports in conjunction with Nurse Practice Development

Psychiatry (EPR)

Electronic Patient Record for all patient contacts within Dept of Psychiatry

Living Donor Registry

Registry and database of living donors. Collect demographic & medical data of people who have donated kidneys at key critical points of pathway as required by EU legislation.

Airwatch Secure Content Locker (Med Directorate – Doctors)

Enable external secure access to files. This is used on corporate devices to manage them and keep a track of them. We were able to use this for the tablets we have for the Noted trial. If needed we could also send a remote lock to the device, this means as soon as it connects to the internet it is locked and rendered useless.

Theatre Emergency Board Screen with Manual Paging

Theatre Emergency Board Screen with manual paging instead of current automatic screen rolling.

OPD e-Referrals

Phase 1: Directorates will use Healthlinks for referrals, doctors will complete e-referral but secretary will print the referral list by specialty from the system. Completed & signed off.

VM Ware Upgrade

Installation of new servers & result in 6 new servers working, Vmware environment upgraded & blade firmware updated.

Reports from Emergency Theatre System

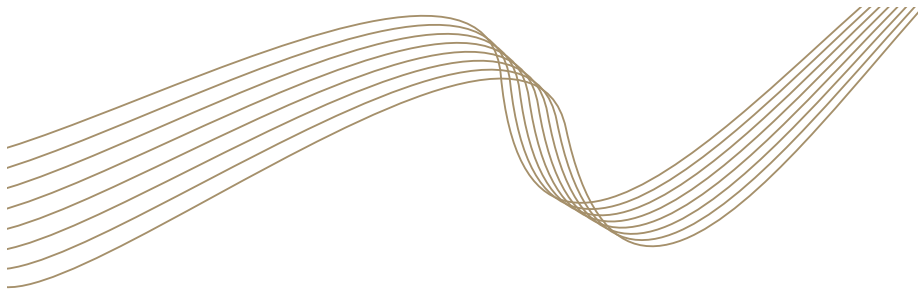
Set of reports to monitor Emergency Theatre Activity accessible via Diveport.

Expanding Risk Group information in PIPE

PIPE now provides greater clarity and more detailed information of Risk Group associated with Healthcare Associated Infections (HAI) for each patient during in patient stay or upon re-admission. A new table provides details of the drug resistant organism, the date of most recent positive identification in Beaumont and a list of all previous positive results.

Technical changes to HIPE Download - Private Patients Bed Occupancy

Changes made in November affect the HIPE record and BHIS download. They are designed to ensure that the HIPE record reflects government policy on room costs from public/private single and multiple occupancy beds. The changes involved the addition of eight fields which are only collected when the patient is private. In each case the fields record the number of days, using the midnight census, spent in a bed designated either public, private, semi-private or ITU based in either a single or a multiple occupancy setting.



Internal Auditor:
James Rogan

Internal Audit

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

Internal Audit also provides support to managers and staff throughout the organisation; during 2016 this included advice, guidance or training in process redesign, segregation of duties, compliance changes and report writing.

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

The Internal Auditor provides the Committee with quarterly reports on assignments carried out. These reports include summaries of key findings of each internal audit undertaken and highlight deficiencies or weaknesses, if any,

the recommended corrective measures to be taken where necessary along with management responses. Outstanding recommendations are reported to the Audit Committee at each meeting. The Audit Committee monitors and reviews the effectiveness of the Internal Audit programme.

Twelve audits were reported to the Audit Committee by the Hospital's Internal Audit Department in 2016. These included;

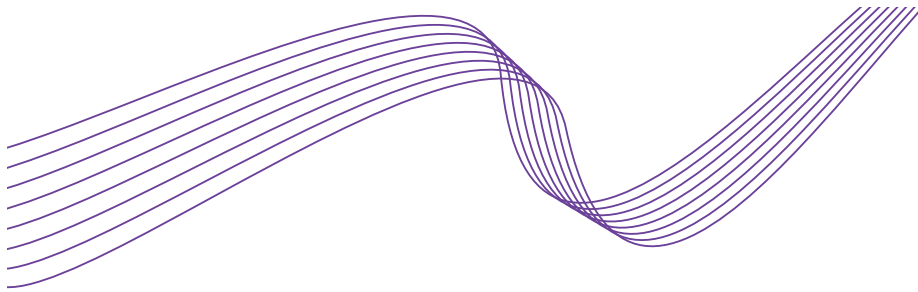
- Review of internal financial controls
- Payroll
- Superannuation
- Governance
- End of year stock take 2015
- Garda Clearance
- Annual leave
- Follow up audits

An external firm was engaged to carry out specific audits, the purpose being to supplement the work being carried out by the Hospital's own Internal Audit Department. The firm engaged was ASM. The work carried out by ASM related to the following key operational areas:

- European working time directive
- Assurance framework

A photograph of three surgeons in an operating room, wearing blue scrubs, masks, and caps, focused on a procedure. The scene is overlaid with a light blue and green tint. Decorative wavy lines in yellow and purple are present in the top and bottom corners.

Royal College of Surgeons in Ireland



Professor Cathal Kelly
RCSI Chief Executive

Royal College of Surgeons in Ireland

Introduction from the RCSI Chief Executive

Beaumont Hospital is the primary undergraduate medical training and research centre affiliated with RCSI and has been at the forefront of training future generations of medical professionals for more than 20 years.

RCSI's academic departments at Beaumont Hospital play a pivotal role in the provision of clinical services within the hospital. The RCSI academic departments based in Beaumont Hospital are: The Departments of Surgery; Medicine; Pathology; Psychiatry; Molecular Medicine; Clinical Microbiology; Academic Radiology; Otolaryngology / Head and Neck Surgery; Anaesthesia and Critical Care; Clinical Neurological Science; the RCSI Clinical Research Centre, and RCSI Beaumont Library. I would like to express my sincere thanks to the Heads of each of these Departments and their dedicated staff for their outstanding contribution during the past year.

2016 was a time of significant progress for the College on our journey to become a world-leading health sciences institution, as we continue to make significant strategic developments and achievements in education, training and research driven by innovation.

In alignment with the goals and objectives set out in our strategic plan, *Growth and Excellence*, the College has made substantial progress on a range of strategic initiatives that will enhance our education of undergraduate medicine, pharmacy and physiotherapy students, and postgraduate

research students across the spectrum of translational health research activities.

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

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

Education and Research Centre, Beaumont

We were delighted to receive planning permission for our extension to the Educational and Research Centre, The Smurfit Building on the grounds of Beaumont Hospital.

RCSI is investing €11 million in the building which will consist of a three floor extension to the current facility at approximately 30,000 square feet, the new facility will continue to support our Teaching and Research activities with the provision of 14,000 square feet of Student amenities and teaching space, alongside 9,000 square feet of new bespoke laboratories and research space. The new facility will also support our faculty and professional services departments. Construction is expected to take approximately 18 months with the building opening in May of 2018.

Enhancing the student learning experience
We continue to provide significant investment in

campus facilities to support our educational and research objectives. As a primarily self-funding body, the College is continually reinvesting in order to provide an enhanced learning experience for its students, to deliver effective support to its research initiatives and to assist in developing improved healthcare delivery. Some of the other key initiatives advanced during the last twelve months include:

- the new €80 million academic and education building on York Street, which remains on schedule for completion in Spring 2017;
- a new student hub being developed at 123 St Stephens Green;

In addition, our IT team has made significant progress on important projects which support our students, provide greater functionality to our teaching staff, and enable more efficient and aligned processes in our business support functions. Several key projects were completed successfully in partnership with RCSI colleagues, and many new growth-oriented projects were started. During the 12 month period, key projects were delivered, including: a new automated Surgical Affairs CST Assessment solution; a new Anatomy Management Solution; five new Technology Enhanced Learning (TEL) Pilots and an upgraded TEL2 pilot using new searchable mobile video technology; and the launch of the very successful RCSI MyHealth Mobile App with over 25,000 downloads recorded during the year.

Improving health service provision
This year saw the finalisation of plans to deliver a dynamic new initiative under the leadership of Eunan Friel that will integrate the work of three units, the Health Outcomes Research Centre (HORC), the Process Improvement Centre (PIC) and the Institute of Leadership (IoL), in order to contribute meaningful improvements in the delivery of health care by the health services.

HORC focuses on surgical and healthcare outcomes and how research can be used to inform policy and practice to make a difference to patients and the healthcare system. RCSI's PIC aims to deliver measurable and sustainable improvements to processes, within our healthcare systems, by applying the principles of Lean engineering, management and science; and IoL is dedicated exclusively to developing the leadership and management capacity of health professionals.

The intention is to combine the complementary outputs of each unit - detailed, accurate outcomes research, dynamic process improvement and strong leadership - to generate impactful solutions in the delivery of patient-centred healthcare.

Building Research Excellence

Launched in 2015, RCSI's Strategic Academic Recruitment (StAR) Programme is an ambitious initiative to accelerate the delivery of innovative, impactful research in the health sciences across a range of ground-breaking work including the creation of novel medical devices and the development of new therapeutics and new diagnostic tests.

Through the StAR Programme, RCSI has invited ambitious, visionary researchers to embark with us on the latest exciting phase in our research mission. Backed by significant investment, the objective is to transfer research discoveries more quickly to clinical practice for the benefit of patients.

The presence of StAR researchers on our campuses allows our students to witness world-class research in practice and to learn directly from some of the leading minds in medical science.

The expertise of the researchers already recruited in the StAR programme include epilepsy, Alzheimer's disease, drug delivery, nanomedicine, cancer with a second phase of recruitment in late 2016 set to attract further outstanding candidates in research areas where RCSI has proven strengths.

RCSI Hospitals Group

RCSI continues to be committed to the success of the Hospitals Group recognising how important our clinical partner locations are to the success of RCSI. The scope of RCSI activities related to the Hospitals Group cover areas such as Health Outcomes Research, Lean/Process Improvement, Population Health Research, Project Echo (knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers), expansion of the Education Research Centre at Beaumont Hospital and Connolly Campus Development. An important link for RCSI as academic partner to the hospital group is the role of Chief Academic Officer to which Trevor Duffy has been appointed.

University Rankings

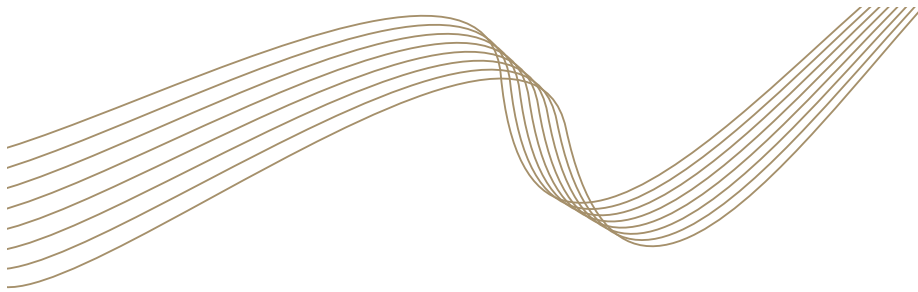
We were delighted to learn in September 2016 that RCSI is now ranked in the top 250 institutions worldwide and joint 1st place in the Republic of Ireland in the Times Higher Education World University Rankings (2016-2017). Our strong performance in the World University Rankings is an affirmation of RCSI's strategic investment in the expansion of our educational and research activities to provide impactful research, excellence in education and international leadership in medical education. It is also testament to the strong commitment to excellence by our faculty, staff and students. The increase in RCSI's performance in citations in particular, demonstrates the highly influential research being carried out by our scientists and clinicians, many of whom are based at Beaumont Hospital.

An essential contribution

In a year which has encouraged broader reflection on RCSI's role – both historic and contemporary – in Irish society, it is appropriate to salute the essential contribution of the patients, clinicians, and staff of our teaching hospitals to the College's growth and development and to acknowledge their generosity to the College, its students and trainees.

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





Anne McNeely:
Head of Organisational
Development

Organisational Development

“If you want to go fast, go alone. If you want to go far, go together...”
African Proverb

Introduction

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

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



Table 44: Organisational Development Department Scope of Service

In 2016, in order to standardise our OD approach in terms of ensuring optimal return on investment, we developed our model of service in line with best practice models of Internal Consultancy.

The method of working is frequently that of an internal OD Consultant, advising and supporting local improvement and development work.

A consultancy framework was developed, supported by a toolkit of resources. This framework provides clarity in terms of the scope of the OD service. This process will continue into 2017 with plans for an online presence to increase visibility of the departmental service, consultancy framework and toolkit of resources for staff.

Whole systems engagement

In 2016, the Organisational Development Department continued a series of consultation events with senior managers and inter-disciplinary staff across the hospital to reflect on a number of key themes that were emerging in the organisation. *‘The impact of measurement’* in February looked at different aspects of measurement and data collection and also looked at things that are not always seen, using cards from patients to staff as an alternative form of data. In April, the second Heads of Department event looked at the theme of *‘Supporting each other as leaders and colleagues through changing roles and contexts.’* For this event, department heads were asked to bring along a colleague from their department that had recently moved into a new role. From the discussion, common themes emerged in relation the importance of collegueship, team support and mentoring. For the final event in May we invited former colleagues who had moved to posts in other areas of health to join our senior managers for a discussion on values and culture in the context of the wider health system.

Facilitating information sharing and organisation-wide communication

A new monthly communications briefing structure was also established in July 2016. This provides for regular communication updates by the Chief Executive Officer to department heads on hospital priorities, changes and developments. This facilitates information cascade through Heads of Departments to all staff. Four meetings took place in 2016 and this process will be continued into 2017.

Enabling service improvement through multi-disciplinary collaboration

In 2016 the OD Department supported a number of multi-disciplinary projects aimed at improving services for patients and families including:

Facilitating improvements to the Complex Discharge Process

Organisational Development worked with a multi-disciplinary group of staff to identify, develop and implement improvements to the current complex discharge pathway.

Through a process designed and facilitated by the OD Leads, this work resulted in the development of a screening pathway to allow complex discharge needs to be assessed within 24 hours of admission, triggering a series of key actions to ensure that these needs are fully understood, communicated and safely met.

Supporting quality improvement and development of enhanced models of care for older patients on St. Joseph's campus

In 2016, the OD team worked with management, nursing, consultants, health and social care and administration staff in St. Josephs Day Hospital to define service priorities and plan for overall service development.

This work included

- Mapping of referral process and routing analysis
- Facilitation of multi-disciplinary workshops to define the core purpose and future direction of the unit.
- Establishment of work-streams to look at developing models of care, data analysis/intelligence and profiling of unit services.

This work reinforced the opportunity for the unit to further develop as a critical axis in the integration of acute care, day care and community care. It recognised its on-going role in supporting admission avoidance and wellness, and the

opportunity to establish specialism in a number of key clinical areas relating to the care and wellbeing of older patients.

Beaumont Hospital Coaching Programme

2016 saw the expansion of Beaumont's internal coaching panel with three new staff members achieving the Diploma in Executive Coaching. To further support and embed organisational learning and personal development, participants of the Organisational and Personal Skills Development and Leadership and Management Development programmes were offered coaching sessions with members of the panel. Feedback from participants has been positive and this initiative will continue into 2017.

Programme Management and Support

Beaumont Improving Care and Safety (BICS) Programme

In 2016 the BICS Manager worked collaboratively across Organisational Development and Operations, where the resource was utilised to ensure that a whole system perspective was available to support the hospital to increase productivity and efficiency while ensuring a focus on high impact changes. This ensured that change and improvement initiatives were aligned to enhance operational efficiencies and integrated with the overall strategy and people development agendas.

Through utilising quality improvement expertise, a planned approach to change management and designing creative multi-disciplinary engagement processes, shared learning and project management support; the programme involved working with the visual hospital, discharge planning, Medicine, Surgery, CC&A, TUN, Neuro and Radiology directorates, and ED. This role has supported the increased value add from a patient perspective, re-design of processes, standardisation of practices, reduction of waste, increased collaboration and integration. As a result, this has led to improved flow, reduced LOS, increased capacity and improved access for patients.

Plan for Every Patient

Organisational Development continued to support the implementation and sustaining of the *Plan for Every Patient (PfEP)* in 2016. Components of this support included

- Supporting daily multi-disciplinary board rounds processes
- Supporting the understanding, management and prevention of delays in care for patients
- Supporting Patient Flow in organisation-wide analysis of delayed discharge and understanding of reasons for delayed transfer to off-site facilities

- Involvement in the Frail Elderly work stream; Home by 11, Discharge Planning and Improved Performance Plan working groups
- Early design of an electronic system for the Visual Hospital and Plan for Every Patient

Presentations at Conferences

In October 2016, the OD team presented a poster describing the hospital strategy development process at the Forum for National Clinical & Integrated Care Programmes entitled:

A Hospital without Walls: – developing a strategy for integration through collaboration - McNeely, A; (DCEO & Head of Organisational Development); Anslow, A., Quinn, A., Mooney, D., Dornan, L., (Organisational Development, Beaumont Hospital); Hayes, L., Barry, M., Coughlan, S., Lonergan M (Corporate Community)



Amy Anslow and Ann Quinn present the Strategy Story at the National Forum for Integrated Care 2016

Work that was supported by OD and LDE was also presented at the 5th Annual Beaumont Hospital Patient Quality & Safety Meeting.

Our Wish for End of Life Care- A collaborative approach to Improving End of Life Care

Rufli, G.; Quinn, A; Deane, C; Costelloe, K; Lyons, K; Hennigan, M; Jenny, C; Rice, C.

Education, Learning & Development

Education, Learning & Development

During 2016 Learning & Development continued to work collaboratively with the Executive Team and Staff across Directorates & Departments to identify and design learning and development interventions to support business, team and individual needs. The L&D department provided a broad range of programmes including mandatory training, project support and general staff development interventions.

Learning & Development continued to partner with industry, accrediting bodies and third level institutions such as Quality, Qualifications Ireland (QQI), RCSI and RCPI to bring high quality learning experiences to our staff. A number of programmes and interventions were also open to community colleagues and partners to support cross-boundary patient and service needs.

The Head of Learning & development & staff continued to provide expertise, guidance and support to a number of local and national projects such as overseeing the upgrade of audio visual facilities in the Centre of Education, implementation of Quality & Safety Walkrounds and Rollout of the National Sepsis Clinical Guidelines.

Working across boundaries to improve healthcare

Consistent with the Healthy Ireland (HI) Strategy, in January 2016, L&D partnered with First Fortnight organisers to host a very successful conversation salon aimed at promoting mental health awareness among staff and patients in the hospital and in the local community. The event which was co-ordinated by L&D in conjunction with a multidisciplinary staff group was attended by an inter-generational audience of 70 attendees made up of healthcare professionals across the hospital-community interface, Ty students, patients and members of the public.

Our very popular Ty programme hit over the one hundred number of student attendees in 2016 with 113 students from local, regional and national second level schools experiencing a sense of career opportunities in healthcare. The programme which is a collaborative with DCU and RCSI is aimed at attracting the future healthcare workforce whilst at the same time contributing to building healthier communities. One of the most popular sessions this year was a very engaging talk on "Superbugs" and the issue of antibiotic

resistance by Dr Fidelma Fitzpatrick, Consultant Microbiologist and Senior Lecturer in RCSI. The top 3 career choices were Medicine, Nursing and Physiotherapy.

38 Frontline Inter-disciplinary staff from across the hospital together with nursing colleagues from the local community completed the Organisational Skills & Development Programme which is a project-based, QQI level 6 accredited programme.

L&D worked closely with Line Managers and participants to refine improvement projects. Project themes included the following: patient safety & improving patient outcomes through innovative practice and patient-centred care, working across boundaries, re-designing workflow systems and value for money.

Management & Leadership Development

In 2016 we tested a blended, accredited management-leadership development programme which includes 6 eLearning modules and is delivered in collaboration with the HMI. The aim of the programme is to support newly appointed managers and supervisors to be more effective in an ever changing workplace environment. 22 managers from across clinical and non-clinical groups of staff successfully completed the revised programme and reported very positive experiences of ELearning.

E Learning

In Q4 2016 L&D together with colleagues in Nurse Education were successful in securing sponsorship and support for an E-Learning and Learning Management System which will compliment traditional classroom education & training approaches.

Study Leave & Funding for Further Education/ Staff Development

A number of staff education, training and development programmes were processed for study leave and funding/partial funding reimbursement in 2016 as follows:

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

Awards

In 2016 our Resilience Plus Training programme was shortlisted as finalist in the HMI Leaders award in recognition of a highly innovative programme aimed at improving the service for staff and patients. LDE and senior nursing colleagues worked in collaboration with the HSE National Quality Improvement Division (NQID) to write up and publish a case study and toolkit to support the rollout of Quality Safety Walk rounds (QSWRs) based on the lived experience of introducing Safety Walkrounds in Beaumont Hospital. The QSWR toolkit and case study was launched as part of the HSE's revised national QSWRs toolkit at a Launch & Learn event in Dr Steven's Hospital in June 2016.

In November 2016, the rollout of Quality & Safety Walkrounds initiative was accepted for a poster presentation at the 1st National Patient Safety Conference.

Table 45: Summary of Training activity 2016

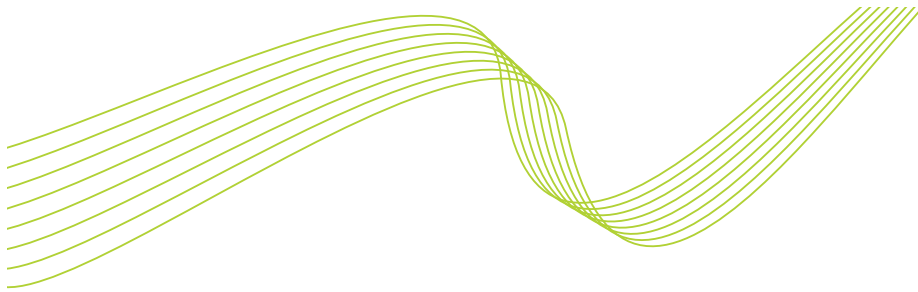
Programme/Intervention	No of programmes	No of Participants
Induction Programmes	12	634
General Staff Development	23	474
Management /Leadership	7	178
Internal Coaching programme	1:1	74
ELearning programmes	4	3012



Clinical Services

Hospital Directorates

- Critical Care and Anaesthesia Directorate
 - Imaging and Interventional Radiology Directorate
 - Laboratory Medicine Directorate
 - Medical Directorate
 - Neurocent Directorate
 - Surgical Directorate
 - Transplant, Urology & Nephrology Directorate
- 



Dr. Mags Bourke

Directorate Team

Clinical Director:

Josh Keaveny- retired Nov 2016
Mags Bourke(November 2016)

Directorate Nurse Manager:

Mary Cooney

Business Manager:

Therese Callinan (to June 2016)
Fiona Edwards (July 2016)

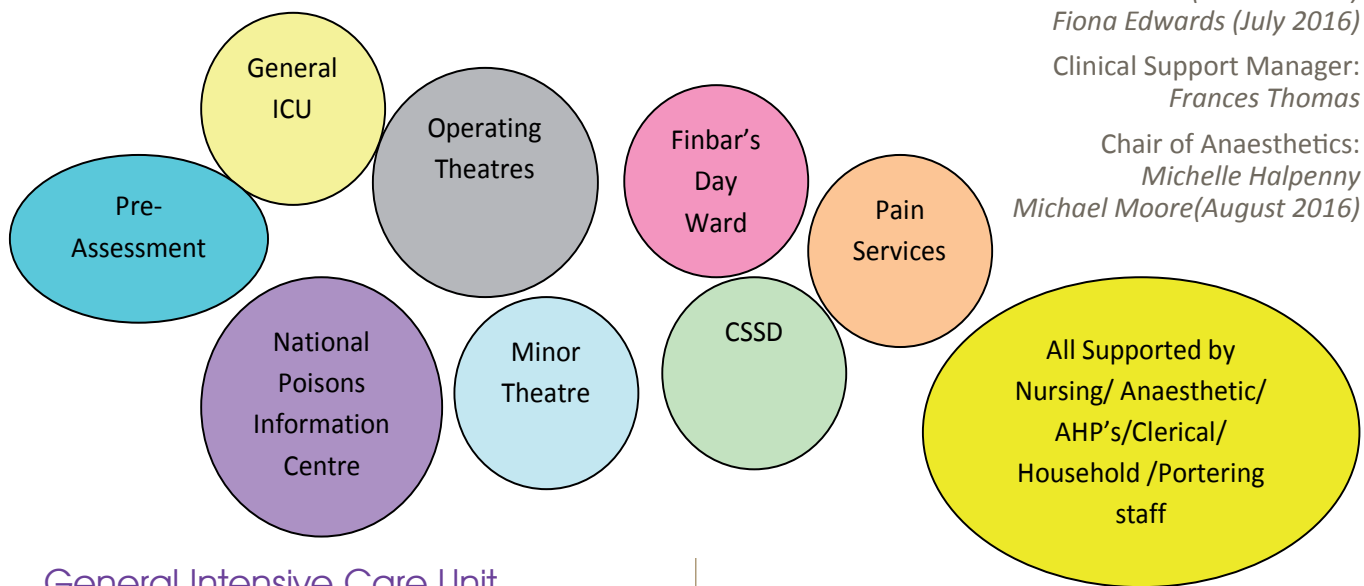
Clinical Support Manager:

Frances Thomas

Chair of Anaesthetics:

Michelle Halpenny
Michael Moore(August 2016)

Critical Care & Anaesthetics



General Intensive Care Unit

2016 saw a record number of patients admitted to the unit, peaking at 602. This is a significant increase on recent years, with 534 in 2015 and 517 in 2014.

During 2016 bed capacity increased to 9 beds, with the focus of the 9th bed being for level 2 patients and always for the patient most in need of critical care.

Bed occupancy was over 100% regularly (and unpredictably) achieved by opening extra unstaffed beds.

Olive Smith was appointed as a Clinical Nurse Manager 2

Throughout 2016 we had 11 new staff join the ICU team. While this brings challenges, it also brings young and enthusiastic staff with new ideas.

Dog Therapy visited the unit on a number of occasions, and this was welcomed by a variety of patients.

Our Clinical Practice Support Nurse in conjunction with the multidisciplinary team introduced "Tracheostomy Safety Boxes". Initially this was trialled with patients leaving the unit with a tracheostomy. However it has now been rolled out hospital wide. It means that all patients with a tracheostomy all have standard safety equipment at their bedside.

One of the course students with a keen interest in care of the patient and their family following a stay in Intensive Care has been looking at the idea of patient diaries to help patients during their recovery. It is planned that this work will continue and develop further during 2017.

In 2016 education remained a priority with the introduction of the foundation course. This course is a joint course between General and Richmond Intensive Care Units, six nurses have completed this course. Three nurses completed

the Post Graduate Diploma in Intensive Care Nursing. A number of staff also completed stand alone management courses.

Table 46: Operating Theatre

Type of Activity	2016	2015
Elective	5,912	5,981
Emergency	3,555	3,466
Total	9,467	9,447

9.8 Theatres as per budget remained open in the first 6 months of 2016, however Nursing vacancies and skill mix resulted in a second rolling closure from the end of October until year end. Ongoing recruitment remained a priority and discussions commenced re the potential to introduce a HCA in 2017 to assist Nursing Staff.

Nurse Staffing:

New Staff

13 new staff – 2 in recovery, 2 in anaesthetics, 9 in scrub joined our service in 2016.

The following staff were promoted in 2016;

- Maria Ancajas CNM2
- Andrea Fitzpatrick CNM2
- Eileen Buckley / Anne Marie Ivers CNM2
- Cynthia Santos CNM2 (Acting)
- Colette Lyng CNM2
- Anooshka Bucci (Acting)

Retirements:

We said a fond farewell to two of our Colleagues, Marie Claffey (T10) Phil Lohan (PACU) who have both given excellent and dedicated service to our patients over many years, we wish both a long healthy and happy retirement.

- Theatre Nursing Education: PG Diploma in Operating Theatre Nursing

7 students graduated in November 2016

4 staff nurses from Beaumont started 2016 /2017 programme. One staff midwife seconded from Rotunda Hospital for twelve months. One staff nurse doing our PG Diploma but based in Connolly Hospital for placements and doing 6 weeks here.

- Foundation Programme for Anaesthesia / Recovery Room Care (Trinity College)
Completed by 2 staff nurses – 1 from recovery, 1 from anaesthetics

- Adaptation :
Facilitation of adaptation programme for new overseas nurses in recovery

New Initiatives in 2016

The following are some of the new initiatives developed in 2016;

- A Beaumont Hospital Recovery Discharge Scoring System was developed and implemented.
- Handover Prompt Tool for Nurses in recovery.
- Pre-operative pregnancy testing
- Intra-operative Radiation Therapy (IORT) was introduced by Mr. Colm Power in T2 for women with breast cancer. This required up-skilling / training of nursing staff and development of nursing SOPs
- A business case was developed and approved to transfer the ordering of stores from Nursing to supplies personnel. Following a recruitment procedure Damien Swords and Emma Kelly took up their posts in September 2016. Training and handover from Nursing of aprox 50% of the specialties has taken place, storage areas have been re-organised and a system put in place to make finding stock easier. The aim is to significantly reduce and eventually eliminate double ordering and out of date stock, training on the remaining elements for handover continues and will be complete in early 2017.

Operating Theatre Efficiency Improvement Initiative

In June 2016, the operating theatre department engaged in an efficiency improvement project. Therese Callinan (formerly Business Manager for the Directorate) was appointment as the on-the-ground improvement lead and is also undertaking a work based masters in research on operating theatre efficiency and productivity. The project will examine the operating room current systems with a view to improving flow processes, team working, cross-service working and theatre efficiency under the guidance of best practice education & research methodologies in this area. The research study has academic support from DCU and is funded by the HSE.

The research proposal is closely aligned with the process improvement work which has

already commenced in the theatre department within The Productive Operating Theatre Project. Over the past four years we have focussed on introducing a number of improvements, some of which were successfully implemented and sustained. However, we continue to experience inefficiencies in relation to theatre utilisation, late start times, overruns, high rates of cancellations on the day of surgery and poor adherence to theatre list order. This study will focus on understanding how the theatre currently works, identify opportunities for improvement, and gain knowledge on best practice models, practical application of quality initiatives and measuring outcomes to determine the success and sustainability of the change.

To date the following areas have been focused on:

- Theatre Performance Data: this involves collating, analysis and reporting of efficiency performance data.
- Operating Theatre Start Time Improvement Initiative: Data analysis and observation of the patient process on the morning of surgery identified some of the bottlenecks which cause delays. Focused improvements commenced with two teams. Both initiatives required the involvement of surgeons and their team members, Theatre nursing, Anaesthetists, Day Ward, DoSA and Pre assessment staff, Surgical Directorate Nurse and Business manager, laboratory and Upper GI nurse co-ordinator.
- Actions to ensure the patient was ready on time were identified and changes made. By the end of the year, there was improvement in on-start times and a reduction in minutes delayed. The impact of the changes has also spread to other lists. This initiative will now be extended to other theatres.

- Other specialties being worked with include; Neurosurgery and Vascular, the patient flow on the morning of surgery for these services has been observed, the next step is to prioritise specific areas to focus on for improvement.

Central Sterile Supplies Department

The replacement of 4 sterilisers took place in 2016; due to excellent project planning there was no impact on service during this time although contingency plans were in place. The water treatment plant feeding the sterilisers was also replaced. Staff are commended for their flexibility during the project works.

90% of the Department's products are utilised by the Operating Theatres 34,249 sets, 27,017 single instruments and 12,730 other packs were decontaminated in the Department in 2016.

The CSSD department continues to act as a support for other decontamination units within the Department especially in the area of National Standards advice and Guidance.

In 2017 the Quality Improvement plan for the service includes;

- Application for funding to replace washer disinfectors.
- Further integration of the IT systems and processing equipment.
- Expansion of the instrument tracking system to other departments.

Manager: Patricia Casey

2016 marked the 50th anniversary of the formation of the National Poisons Information Centre (NPIC) in Ireland. Staff in the Poisons Centre dealt with 10,356 enquiries during the year, an increase of 7% on 2015. We also held a number of events with colleagues from both Ireland and abroad as part of our 50th anniversary celebrations.

In June, the NPIC hosted a CPD day attended by staff from the UK National Poisons Information Service. This was followed by a toxicology symposium at the annual meeting of the Intensive Care Society of Ireland held in the Aviva Stadium in Dublin. We were honoured to have a number of international speakers at the toxicology symposium including Prof Bruno Megerbane, President of the European Association of Poisons Centres and Clinical Toxicologists, Prof Donna Seger, Vanderbilt University Medical Centre, Prof Phil Routledge, Cardiff School of Medicine, as well as guest speakers from the 2016 SMACC Conference being held in Dublin for the first time. We are very grateful to the ICSI for allowing us the opportunity to join their meeting and for collaborating with us in hosting a very successful event.

In December we held a National Poisons Awareness Day launched by Minister of State for Disabilities Finian McGrath TD. A lunchtime event in Beaumont Hospital was attended by over 80 colleagues and guests. Lectures by Prof. Alf Nicholson from Temple St Hospital, and Prof. David Williams from Beaumont Hospital were followed by presentations from community representatives who outlined their experiences of poisons awareness.

38% of calls to the NPIC in 2016 were from members of the public and 59% of human poisoning cases involved children under the age of 10 years. To coincide with our National Poisons Awareness Day, Poisons Awareness guidelines and activity packs were distributed to more than 70 crèches and playschools around the country. These educational resources help to highlight steps that can be taken to keep children safe from accidental poisoning. We also launched new Poisons Centre key fobs and Poison Prevention leaflets in co-operation with the HSE Child Safety Awareness Programme and Healthy Ireland. Outreach events and public awareness campaigns during the year included TV, radio and print media interviews. Staff distributed Poisons Prevention leaflets at the Institute of Community Health Nurses Annual Conference in Dublin, and educational resources continue to be available to Healthcare professionals and the public from www.healthpromotion.ie.



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: Specialist Physiotherapist

Chronic Pain Service Activity 2016:

Table 47

Pain Procedures St Joseph's	688
Pain Procedures Beaumont Theatre	82
Pain Procedures Xray Dept BH	26
Spinal Cord Stimulator Cases	19
Intrathecal Pump Cases	14
Capsaicin 8% Treatments	93
Procedures done in OPD	251
	1173

Table 48: Acute Pain Service Activity 2016:

PCA/ Epidural Activity	1,090
Reviews of the above patients	4,000

Pain Services Waiting List for Treatment at 31st Dec 2016:

Table 49

Service	> 12months	> 18months
Day Cases	53	0
Inpatient	1	0

Table 50: OPD waiting times at 31st Dec 2016:

Service	> 12months	> 18months
OPD	289	54

Nursing:

The Clinical Nurse Specialist Joanne O'Brien was appointed as a registered Advanced Nurse practitioner in pain management in January 2016 and was awarded a fellowship of the Faculty of Nursing RCSI in December 2016.

Consultant Staffing:

A submission for a third pain consultant was approved and interviews took place in December 2016. It is noted that Dr Josh Keaveny will retire from the pain service in early 2017, it is expected there will be 3 consultants in place by September 2017.

Day Surgery/ Pre- assessment

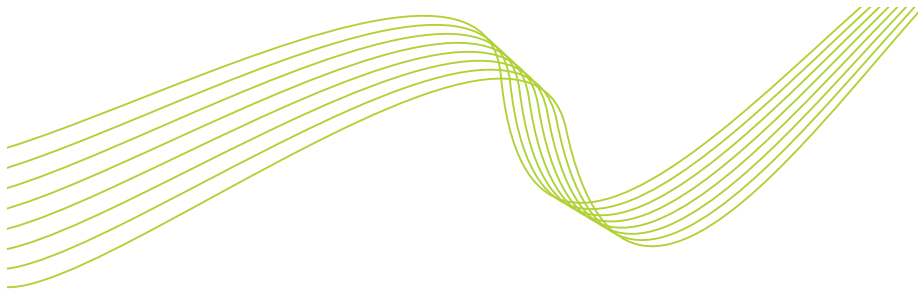
A number of initiatives were continued/ commenced in 2016 to reduce waiting times for day surgery and included the following:

- Utilisation of the capacity within the RCSI Hospital Group was further enabled in 2016 with General Surgical Patients continuing to transfer to Cavan Hospital and Urology and Plastics to Connolly Hospital.
- Transfer of Orthopaedic cases to Cappagh Hospital.
- Procedure Room in St Joseph's Hospital opened in Sept 2016 and this greatly assisted in reducing waiting times in Dermatology and Plastics services at Beaumont Hospital.

Finbar's Day Ward continued to be utilised for ED escalation purposes, in September 2016 a Business case was drafted to staff the facility on a 24/7 basis to ensure continuity of care, this was accepted in December 2016 and the process of recruitment has commenced. The ward welcomed Elaine Hanaphy as CNM2 in December 2016 and acknowledges the work undertaken by Lisa O'Toole.

Minor Day Theatre continued to provide essential day procedures for patients - 2,991 cases were undertaken by the unit in 2016.

Staff Nurse Kathleen Gill undertook a level 9 masters level module in Surgical Skills for Healthcare Practitioners in 2016 and has developed a draft protocol for wound closures in dermatology under the practice based facilitation of Dr Roche, Consultant Dermatologist.



Imaging and Interventional Radiology Directorate

Dr. Seamus Looby

Directorate Team

Clinical Director:
Seamus Looby

Directorate Nurse Manager:
Sunita Thomas

Business Manager:
Audrey Fitzgerald

The Department of Radiology at Beaumont Hospital had a productive year in 2016, in conjunction with many other services in Beaumont Hospital.

The Department was very fortunate to welcome three new consultant radiologist colleagues. Dr Sarah Power has started as a diagnostic and interventional neuroradiologist, having previously trained and worked in the UK and Canada. Her interests include vessel wall imaging and mechanical thrombectomy for acute large vessel ischaemic stroke. Dr Hamed Asadi worked with us as a diagnostic and interventional neuroradiologist from July-December 2016. He had trained and worked here in Beaumont and in Australia previously. He has since returned to a full time neuroradiology position in Australia, having made a very positive contribution in his time here and we wish him the very best for the future. Dr Andrew McGrath commenced in position in September 2016 as a consultant interventional radiologist, having previously trained in Ireland and worked in Guys and St Thomas Hospital in the UK. His interests include interventional vascular and urology procedures.

In June 2016, Dr Frank Keeling retired after many years of service in Radiology, initially at Jervis St and Richmond Hospitals and then Beaumont Hospital. Dr Keeling is a superb radiologist and provided great care to many patients over the years. He is a leading opinion in all aspects of urological related radiology. He is much missed by consultant colleagues and all other staff that he worked with and we wish him the very best in retirement.

Also in 2016, Mr Sean McArt was appointed Radiography Services Manager II and Ms Sunitha

Thomas was appointed Clinical Nurse Specialist II, both on a permanent basis.

A new DR (digital radiography) room was installed in the Department in 2016 which will enhance and improve this service. Since 2011 the HSE Capital Replacement Program have installed ; 2 new general x-ray DR rooms, 2 DR mobiles, 1 new fluoroscopy room, 1 new C arm, 1 new CT scanner, 1 new 3T MRI scanner, 2 new SPECT-CT nuclear medicine scanners and 1 new interventional radiology suite, all at Beaumont Department of Radiology. Since 2013, in conjunction with our colleagues in St Lukes Radiation Oncology, a 3rd MRI scanner has been in full clinical use.

The Department continues to perform a high volume of work, with an average of 15000 radiological studies per month. 2016 is the first year where the Department had a full 8am-8pm scanning day in plain film, 1 CT scanner and 1 MRI scanner. This was one of the factors and local initiatives in the growth in numbers of imaging studies provided, averaging at a 5-8% increase over the year. A high point has been a 7 month reduction in the outpatient waiting list for MRI brain, head, neck and spine.

The Department continues to do high numbers of interventional radiology and neuroradiology procedures. Unique to Beaumont is the mechanical thrombectomy service for acute large vessel ischaemic stroke, with 151 patients treated up to October 2016 (compared with 123 in all of 2015). The Department continues to support MDM activity across the hospital with 26 radiology led MDMs across the specialties from GI to urology to neurology to neurosurgery and many others. On average, >1000 individual patient cases are discussed every month at radiology led MDMs.

The Department has long had an academic record, led by Professor Michael Lee. In 2016, there were over 50 publications from the Department ranging from case reports to reviews to original research. This is complemented by invited talks and presentations to the consultant radiology and other staff at local and international meetings. The Department looks forward to 2017. The number 1 priority is to maintain the current level of service. But, like every other specialty

in the hospital, infrastructural improvements are required and essential. The Department has planned for and will do everything possible to double ultrasound capacity, update and replace old CT scanners, procure PET CT and procure an additional interventional radiology suite. The long term ambition is to significantly boost CT and MRI capacity in the hospital and we will work towards this.

Table 51

Laboratory & Radiology Activity	YTD '16	YTD '15	YTD Variance	% Change YTD	December '16	December '15	Variance	% Change
Radiology Requests	176,253	168,567	7,686	5%	13,675	13,178	497	4%
Radiology Requests - GP only	22,461	21,723	738	3%	1,517	1,539	-22	-1%

- 5% cumulative increase lab requests YTD (n= 126,727).
- 5% cumulative increase radiology requests YTD (n= 7,686).



Back row (right to left) Prof Martina Morrin, Dr Paul Brennan, Dr John Thornton, Dr Mark Logan
 Front row (right to left) Dr Deirdre Duke, Dr Seamus Looby, Dr Frank Keeling, Dr Frank McGrath, Prof Michael Lee
(consultant radiologists at Beaumont Hospital on day of Dr Frank Keelings retirement)



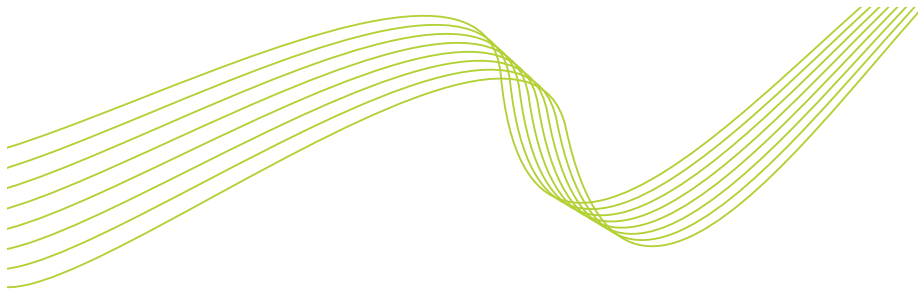
Ms Geraldine McLoughlin, household, and Dr Frank Keeling, consultant radiologist, on the day of Dr Keelings retirement



Prof Shane O'Neill, consultant respiratory physician, and Dr Frank Keeling, consultant radiologist, on the day of Dr Keelings retirement



Crane delivery of new 3 Tesla MRI magnet to Beaumont Hospital



Laboratory Medicine Directorate

Professor Elaine Kay
Directorate Team

Clinical Director:
Professor Elaine Kay

Business Manager:
Paddy Clerkin

Laboratory Manager:
Peter O'Leary

Introduction & Overview

The Clinical Directorate of Laboratory Medicine provides an extensive clinical and diagnostic laboratory service to a range of hospitals (HSE, voluntary and private), other healthcare providing facilities both nationally and regionally and to General Practitioners (GPs) in Beaumont Hospital's Primary care catchment area. 800 different GPs avail of Beaumont Hospital services on an annual basis, with a mean of 350 different GPs ordering per month. 240 GPs averaged one or more orders per (working) day. In total we processed over 1 million GP orders on 520,000 samples on 150,000 episodes from 100,000 different patients. The range of testing provided includes both routine and national specialised esoteric tests. In 2016 more than 5.4 million tests were performed, with a total repertoire of over 800 different test types being offered. Demand on Laboratory Services continues to rise, which is represented in various charts and tables below. Details of staffing levels and mandatory training records are also included.

Table 52
Departments

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

New Consultant Appointments 2016/Q1 2017

Dr. Helen Barrett
Dr. Binu Dinesh
Dr. Alan Beausang
Dr. Karina O'Connell
Dr. Cliona Ryan

Table 53
Increased Demand 2016 vs. 2015

AREA	YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A/E	2015	7170	7147	8499	7746	7933	7767	7630	8124	8142	7542	6990	8013
A/E	2016	7182	8626	8988	8527	8325	8210	8726	9373	9394	9158	9035	8905
A/E	Diff	0.2%	20.7%	5.8%	10.1%	4.9%	5.7%	14.4%	15.4%	15.4%	21.4%	29.3%	11.1%
Inpatient	2015	71895	69837	73956	70606	72987	71866	68104	72535	73301	75860	72067	73550
Inpatient	2016	72234	75428	77356	74181	75738	74571	70145	69871	70386	73705	75797	74435
Inpatient	Diff	0.5%	8.0%	4.6%	5.1%	3.8%	3.8%	3.0%	-3.7%	-4.0%	-2.8%	5.2%	1.2%
Outpatient	2015	131156	128432	137629	136094	125847	135181	138235	121381	138359	140551	136583	109261
Outpatient	2016	128953	145362	140729	151428	148679	138384	131181	143099	142687	142471	149890	113357
Outpatient	Diff	-1.7%	13.2%	2.3%	11.3%	18.1%	2.4%	-5.1%	17.9%	3.1%	1.4%	9.7%	3.7%
Overall	2015	210221	205416	220084	214446	206767	214814	213969	202040	219802	223953	215640	190824
Overall	2016	208369	229416	227073	234136	232742	221165	210052	222343	222467	225334	234722	196697
Overall	Diff	-0.9%	11.7%	3.2%	9.2%	12.6%	3.0%	-1.8%	10.0%	1.2%	0.6%	8.8%	3.1%

*Note our January 2016 figures are lower than expected due to 3 unscheduled BHIS outages.

Table 54
Monthly Orders 2012-2016

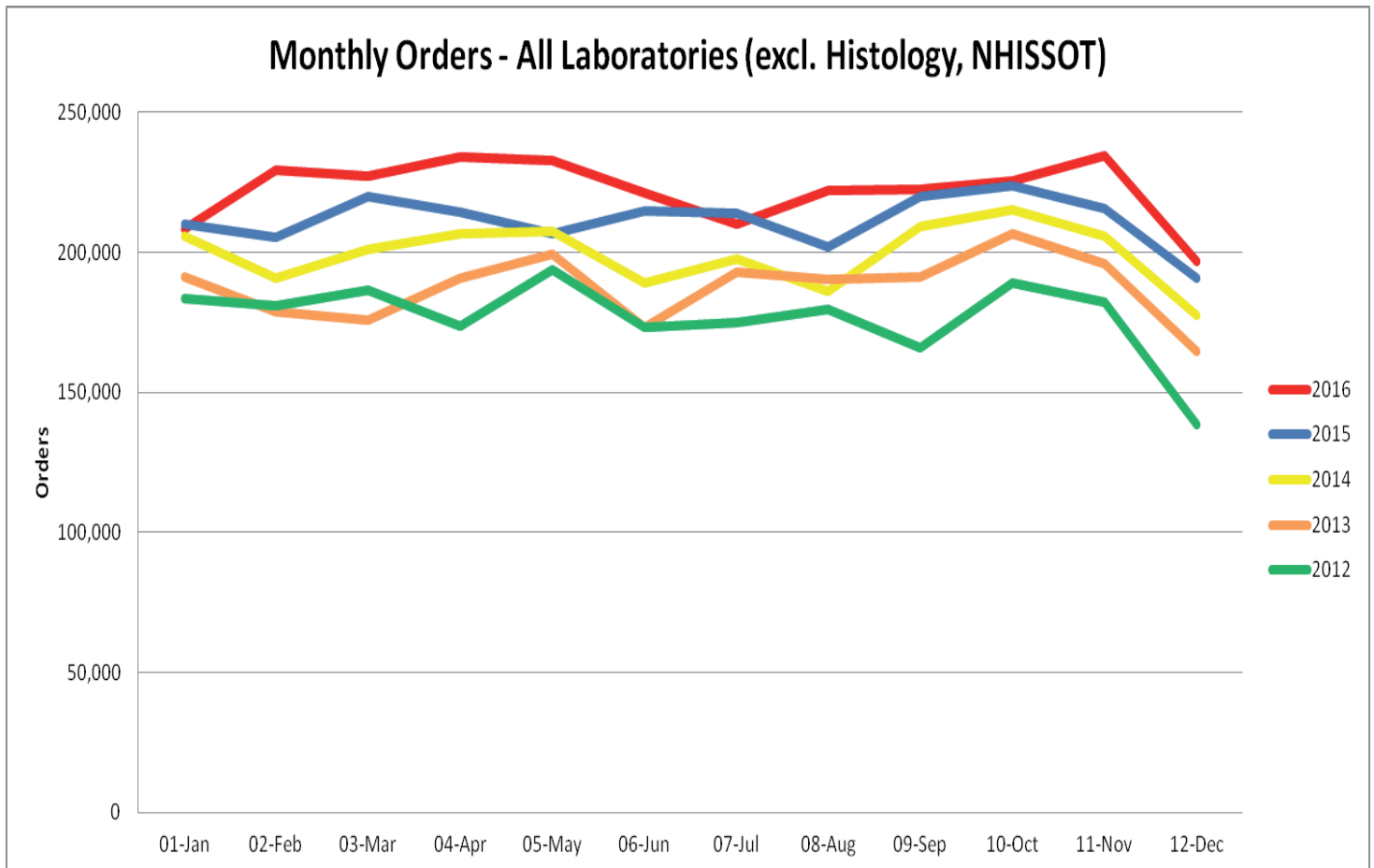


Table 55
Top 10 test stats 2015 vs 2016

ORDER DESCRIPTION	LAST YEARS ORDERS	LAST YEARS TAT (minutes)	THIS YEARS ORDERS	THIS YEARS TAT (minutes)	COUNT DIFF	TAT DIFF
FULL BLOOD COUNT	337027	13	348361	14	3%	1
U/E	329881	79	343308	75	4%	-4
C REACTIVE PROTEIN	182652	79	197644	73	8%	-6
LIVER FUNCTION	165510	79	136095	73	-18%	-6
TFT	108309	445	117090	1123	8%	678
LFT + GGT	61818	76	101831	76	65%	0
HDL LDL CHOL + TRIG	86687	82	93942	78	8%	-4
IRON + TRANS	75578	82	84501	78	12%	-4
GLUCOSE (FASETING)	69047	58	73806	56	7%	-2
COAGULATION SCREEN	62637	45	61213	47	-2%	2

Table 56
Lab Staff Training - % Compliance

Area	Hand Hygiene %	Fire Safety %	Manual Handling%	Staff Count
Blood Transfusion	93	40	93	15
CJD	100	50	50	2
Chemical Pathology	66	61	68	38
Cytology Beaumont	25	0	50	4
Gen. Haematology	32	64	84	25
Gen. Pathology	57	14	62	21
Histology	29	24	47	55
Immunology	63	42	84	19
Microbiology	24	11	84	38
Molecular Lab	0	100	100	1
Mortuary	0	100	100	1
NHISSOT	55	95	90	20
Phlebotomy	88	73	62	26

Directorate Projects & Accreditation

Laboratory Modernisation

The Laboratory Modernisation project is a multi-phased project to assist in moving The Directorate of Laboratory Medicine in line with international best practice and recommendations, including those of the Royal College of Pathologists. Phase one of the project involves alignment of the core blood science laboratory elements of Biochemistry, Haematology and Immunology to an automated tracked system. The project maintains the key function of specialist Laboratory work in the aforementioned areas. Laboratory Modernisation phase 1 will offer significant benefits in terms of Turnaround Times for both scheduled and unscheduled care. Quality and improved processes will be assured, coupled with future proofing in terms of Primary care and The RCSI Hospital Group. There has been significant engagement from all Laboratories involved in phase one and the DMT would like to take this opportunity to acknowledge their efforts, coupled with the invaluable support of the Finance, Procurement and IT teams in Beaumont Hospital. Evaluation of tenders is nearing completion (January 2017), with construction works including refurbishment and extension expected to commence in Q3, 2017. Completion of phase one is set for 2019. Completion of phase one also enables the much needed expansion of Molecular Pathology Laboratory and Services, which is imperative in terms of Beaumont Hospital and RCSI Hospital

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

National Medical Laboratory Information System

The National MedLIS project is currently underway to replace all of the Laboratory systems in the country with one unified system - Cerner Millennium. The project aims to make Laboratory results available nationally, across all hospitals and GP practices. The new system will incorporate a Laboratory order communications module (Order Comms), which will allow GPs to order electronically, and also replace our current Laboratory ordering module in PIPE. Both MedLIS & Order Comms projects are significant change initiatives for all hospital staff. Beaumont Hospital is one of eight hospitals in the first phase of the project. Key benefits of MedLIS include; essential first step in replacing BHIS in Beaumont, more efficient ordering and processing of bloods and results shared nationally across sites and electronic GP

ordering and resulting. Result endorsement is also a feature meaning clinicians will be able to acknowledge when they have viewed a result and allowing them to focus on new and unseen results while ensuring no result is overlooked.

MedLIS and Order Comms live date for Beaumont is October 2017. We will then have four separate clinical systems for Laboratory, Radiology, ED and PIPE (discharge letters, doctor consults, etc. will remain in PIPE). This will continue until a single unified system, an EHR, is supported nationally. The DMT would like to acknowledge the efforts of the significant number of Laboratory staff involved in this complex project. It is greatly appreciated that Beaumont Laboratory staff have risen to this challenging and labour intensive project to ensure Beaumont is in a state of readiness to proceed with October's "live" date.

Irish National Accreditation Board (INAB)
 INAB visit took place on November 21st 2016. This was a very successful visit with minimal minor non conformances to be completed prior to award. From a Beaumont and RCSI Hospital Group perspective, this award is essential in terms of compliance, quality and Beaumont Laboratory's position as a national lead in terms of Laboratory Medicine. The next annual visit will take place in May 2017 to allow completion of five year accreditation cycle with INAB by May 2018. The Clinical Directorate of Laboratory Medicine is committed to the provision of laboratory services compliant with best international standards.

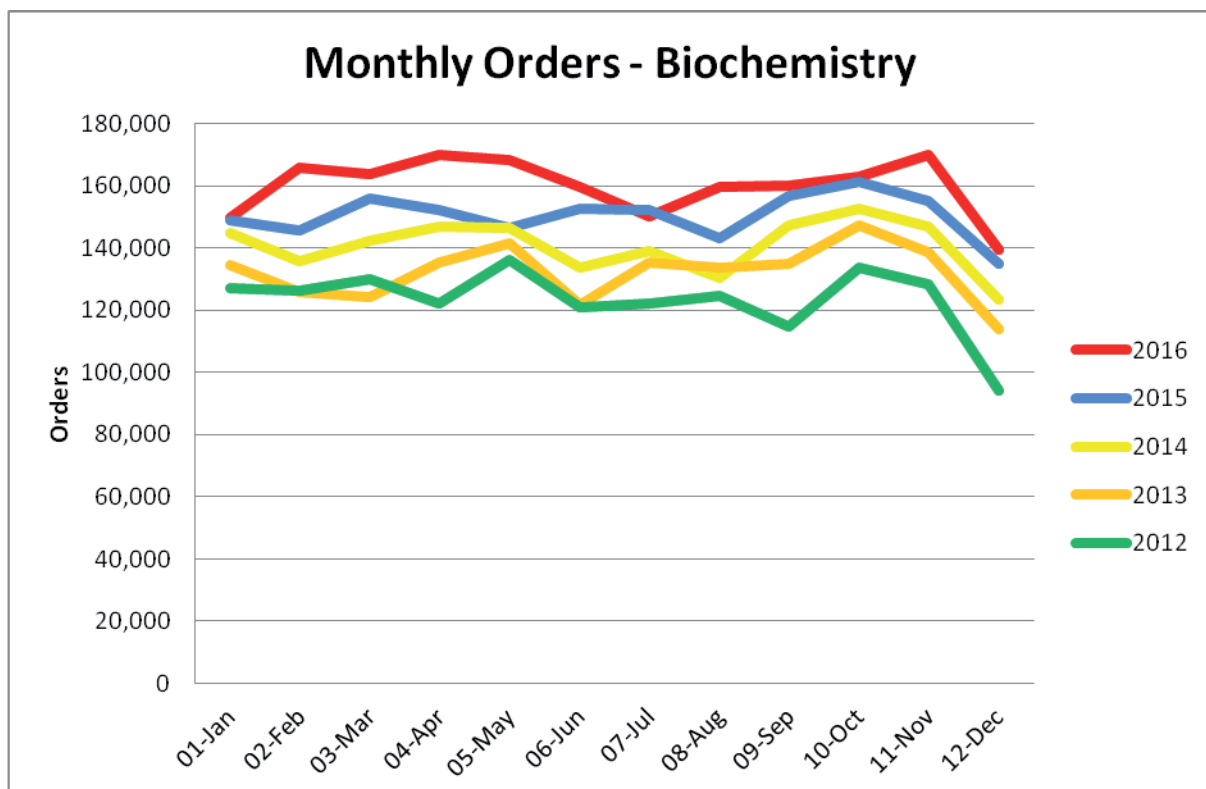
Accreditation means that all tests performed are subjected to internal quality control procedures and all assay performance is subject to external peer review through external quality assurance schemes. All procedures are standardized and documented. They are reviewed regularly. There is a system of auditing in place that ensures adherence to policy and procedure. Non- conformances are corrected and preventive measures are put in place. Follow-up of such actions ensures the efficacy of the measures taken. All assets are logged, and performance is tracked. User satisfaction is measured, and the recommendations are taken through to service planning.

Chemical Pathology Annual Report for 2016

Department Overview

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

Table 57
Activity 2012-2016



Significant Events

A wealth of experience was lost from the department with the retirement of the following senior staff members:

- Ms. Patricia Barrett
- Mr. Roly FitzGerald
- Ms. Fiona Mullins
- Mr. Patrick O'Brien
- Mr. Eric Mahon

Ms. Alison Griffin was appointed Chief Medical Scientist.

Staff Achievements

- Prof. Tormey received a DMed from the National University of Ireland.
- Prof. Tormey is now a Professor at TCD, as well as the University of Ulster, Coleraine.
- Prof. Tormey is now the Editor-in-Chief of the Irish Journal of Medical Science.
- Dr. Lucille Kavanagh-Wright received the Geraldine Roberts Medal for best poster presentation at the ACBI (Association of Clinical Biochemists in Ireland) annual conference- "*Severe Lactic Acidosis - An Uncommon Cause*"
- Ms. Emma Pentony also had a poster presentation at the ACBI annual conference- "*The comparison of eGFR prediction Equations and mGFR using ⁵¹CrEDTA in Prospective Irish Living Kidney Donors*"
- Mr. Conor Russell completed his MSc. in Clinical Chemistry at TCD.

Significant Developments within Chemical Pathology

- INAB Accreditation maintained.
- The arrival of the second Mass Spectrometer has facilitated the repatriation of the urinary catecholamines and metanephrines to Beaumont Hospital.
- The roll out of the new POCT Glucometers hospital wide.

Continuing Education

- Dr. Lucille Kavanagh-Wright commenced her studies towards FRCPATH in Clinical Biochemistry.
- Dr. Brian Moran commenced his studies towards FRCPATH in Clinical Biochemistry.
- Mr. Paul Gorham commenced his MSc. in Biomedical Science.

- Ms. Niamh McNamara commenced her MSc. in Molecular Medicine.
- Journal Club has commenced in the department.

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 2016 the Department processed over 22,000 surgical cases yielding over 143,000 stained slides. We have seen an increase in the number of GI endoscopic and dermatology cases. We have also seen an increase in the number of non-gynae cytology cases from the endoscopic ultra sound service. This is represented by table 58 & 59 below. We attend and present at 97 different Multi Disciplinary Meetings with our clinical colleagues per month.

Histopathology - Significant Developments

During 2016 we successfully maintained INAB (Irish National Accreditation Board) accreditation to ISO standard 15189. We achieved this accreditation following inspection in November 2016. We extended the scope of our testing to include histo-dissection carried out by medical scientists. 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. We are in the process of validating the use of Next Generation Sequencing panels as applied to solid tumours. This will assist in

making tumour specific diagnosis and prognosis. During 2016, the Histology Laboratory continued to support the BowelScreen programme for the early detection of Colorectal Cancer. BowelScreen offers free bowel screening to men and women aged 60-69 through a home test kit known as the faecal immunochemical test (FIT). Patients with positive screens undergo endoscopy. We process and report on the resulting endoscopy samples. We also supported the Beaumont/Connolly/Cavan endoscopy Initiative 2016 aimed at reducing Beaumont Hospital's endoscopy waiting list. This has resulted in a significant demand on Beaumont Histopathology team.

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

Renal Histopathology

We provide a diagnostic renal biopsy service to Beaumont Hospital and act as a referral centre for other hospitals. A renal biopsy routinely requires light microscopy (routine and an array of histochemical stains), direct immunofluorescence and electron microscopy. During 2016 we set up a service level agreement to cover specimens from hospitals in Northern Ireland due to staff shortages in Renal Histopathologists. As well as examining native biopsies, a very important aspect of our service includes the national renal transplant service. The latter includes on-call assessment of frozen sections from marginal donors with a view to optimising a limited source of organs serving an ever-increasing waiting list. All biopsies are reported by telephone within twenty-four hours of receipt, with discussions of clinico-pathological correlation. There is a two-weekly renal biopsy conference. The renal biopsy pathology archive has accumulated a unique collection of renal biopsy pathology, which is available to doctors training in histopathology. In addition it has served as a source of clinical research with many papers published using this archive as a source for cases.

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

Neuropathology

Neuropathology functions as an integral part of clinical neurosciences and of histopathology at Beaumont. The Department has diagnostic, research and teaching commitments to a wide catchment area. The bulk of the diagnostic material, consisting of brain and spinal tumours, is received from Neurosurgery, Beaumont Hospital. The neuro-oncology diagnostic service is comprehensive and includes frozen sections, histology, immune-histochemistry, electron microscopy and molecular diagnostics. Neuropathology, along with neuro-radiology, is the key driver of the multidisciplinary brain tumour review conference. Research into signalling pathways in high grade gliomas is undertaken in the neuropathology laboratory and studies into the chemosensitivity of gliomas is carried out in collaboration with the National Institute for Cellular Biotechnology at Dublin City University. Future developments under the National Cancer Care Programme (NCCP) initiative into brain tumours will include expansion of molecular diagnostics utilising highly sensitive, high throughput genetic analysis and the creation of a national brain tumour data base in conjunction with the Neuropathology Department at Cork University Hospital. An extensive range of neuropathologic analyses is provided for children and adults with muscle disease from all over Ireland. A mitochondrial DNA diagnostic service is provided to patients with muscle disease and also for patients suspected of having Leber's optic neuropathy. The highly complex nature of the investigations in human muscle disease requires national and international collaborations and to this end, close links have been established with the Metabolic Unit in the Children's University Hospital, Temple Street, and with the diagnostic unit in Newcastle University, England.

CJD diagnoses continued throughout 2016. 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.

Table 58
Histopathology 2015 vs. 2016

	2015	2016	%Increase
No. Requests	20368	22080	8.4
No. Samples	32206	34557	7.2
No. of Blocks	68011	72908	7.2
No. of Slides	136884	143478	4.8

Table 59
Summary of National Quality Assurance Targets for Royal College of Pathology in Ireland (RCPI) 2016

	Specimen Type	Target TATs	Beaumont TAT-%									
			Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct
P01	Small Biopsy	80% within 5 days	78.99	78.23	64.49	71.64	73.63	75.36	77.12	72.32	75.06	64.89
P02	GI Endoscopic Biopsy	80% within 5 days	70.00	79.23	90.27	79.45	82.54	94	92.83	88.95	80.59	73.89
P03	Non-biopsy Cancer Resection	80% within 7 days	72.73	64.53	69.33	79.01	70.21	67.37	65.31	72.73	50.0	56.62
P04	Non-biopsy Other	80% within 7 days	79.70	66.47	71.98	76.64	70.78	69.79	89.47	88.33	82.47	80.69
P06	Non-Gynae FNA	80% within 5 days	100	93.65	100	100	100	96.3	96.08	88.46	98.41	83.87
P07	Non-Gynae Exfoliative	80% within 5 days	94.55	89.58	100	93.75	92.98	94.23	96.36	88.24	97.44	94.94

SHADED AREAS- TARGET TAT's NOT ACHIEVED

Molecular Pathology

The molecular lab, led by staff from the Neuropathology Department, has continued to support DNA and RNA based diagnostics and research across the majority of pathology departments in the directorate. As of 2016, approximately 20 medical and research scientists from across the directorate and molecular histopathology RCSI, regularly access the molecular laboratory.

Significant developments in 2016 include:

- Procurement of additional equipment including an automated DNA extraction instrument through an updated HFE tender.
- Significant input into the development and testing of HELIX, the molecular module of the MedLIS platform.
- The recruitment of a dedicated molecular locum medical laboratory assistant.
- Signing of a service level agreement with Cork University Hospital to perform all molecular neuro-oncology testing. As a result, the Beaumont molecular lab performs all neuro-oncology molecular testing for the country.
- Development of a custom next-generation sequencing oncology panel for the sequencing of 45 clinically actionable genes in the area of solid and haematological malignancies. The DMT would like to acknowledge the commitment of the Finance department in achieving this.
- Collaborative project with Microsoft and the HSE's "Cloud First" programme to develop a cloud based analysis and storage pipeline for next-generation sequencing data.

- Support for the Beaumont/RCSI Epilepsy lighthouse project PISCES was provided by the molecular lab in the form of microarray based DNA copy number profiling epilepsy patients for the identification of disease causing copy number variants.
- The Neuropathology dept initiated a collaborative molecular research initiative with Genomics Medicine Ireland on the DNA and RNA sequencing of brain tumours.

Molecular Pathology 2017

The main focus for 2017 is to gain ISO15189 accreditation for next-generation sequencing panels for solid and haematological malignancies and to continue to support departments with the development of molecular methods. The staff in the molecular lab will continue to input into the development and testing of HELIX, with an implementation date in late 2017. The significant expansion of the molecular laboratories, which is facilitated through phase B of the lab modernisation programme, will be an exciting phase of development in the coming two years.

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 involved in providing an educational resource to the centre of education here in the hospital. As can be viewed in Chart 60 & 61 below, there continues to be an increase in orders and patient count, in both outpatients and inpatients.

Table 60
Inpatient Phlebotomy 2015 vs. 2016

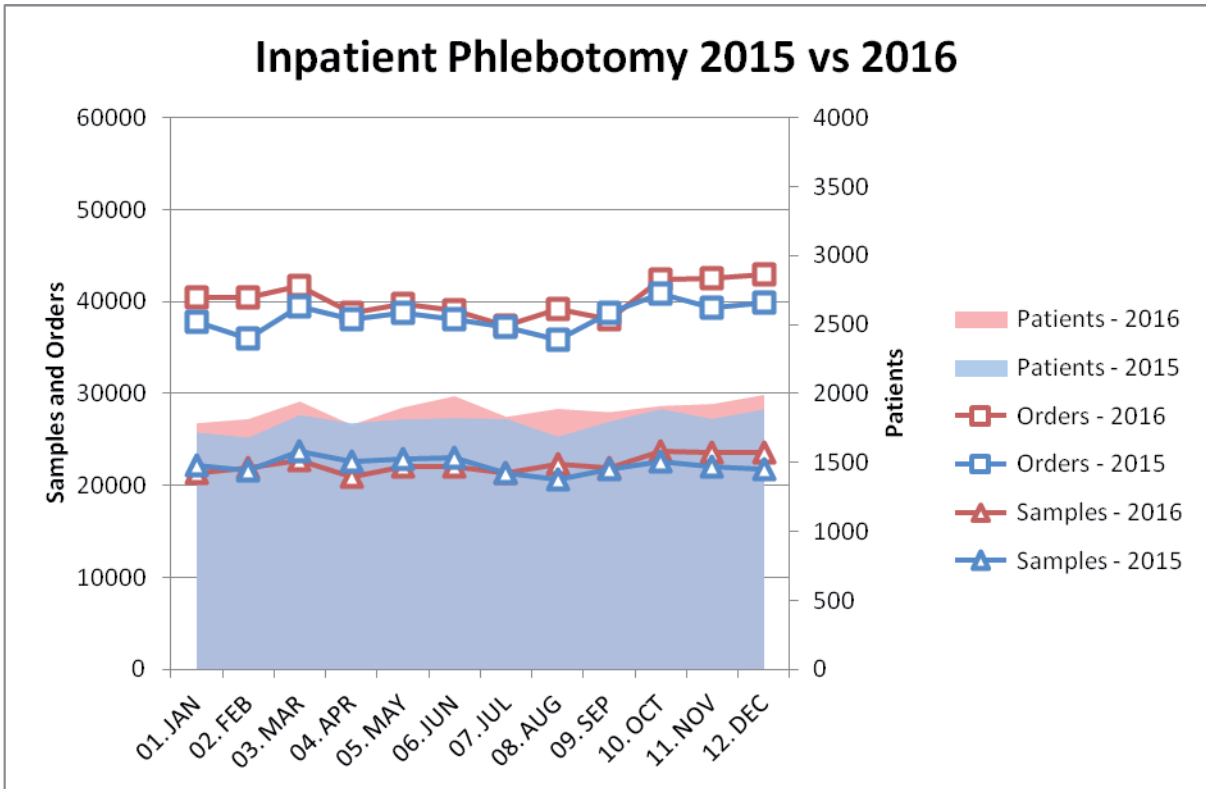
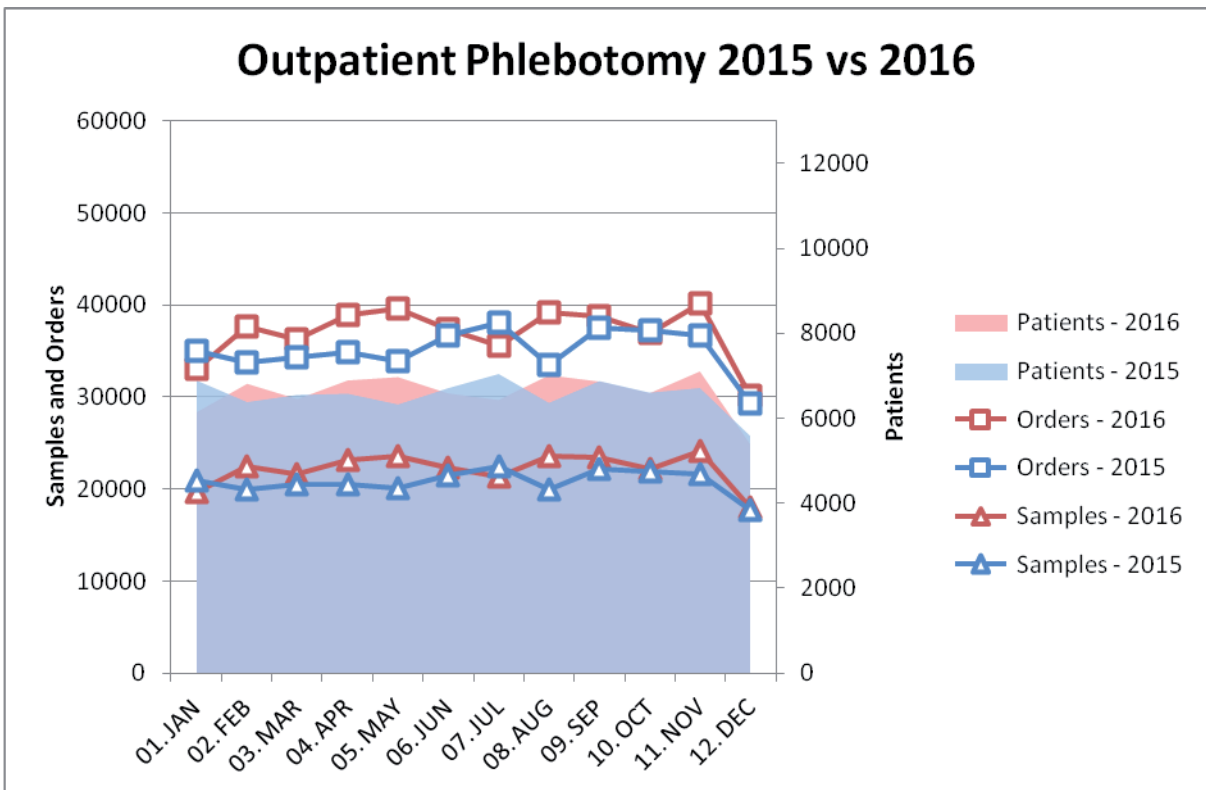


Table 61
Outpatient Phlebotomy 2015 vs. 2016



Microbiology Department

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

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

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

The investigation of outbreaks remains very challenging and places huge pressure on the Microbiology Department, Beaumont Hospital. Screening is particularly demanding during flu season and has led to a significant and particularly labour intensive increase in the workload both in terms of the laboratory involvement and the demand on surveillance scientists. Screening has also led to the introduction and increase of on site molecular testing due to the high and necessary demand for improved turnaround times for appropriate placement of patients and prevention of onward transmission of infections.

The continued provision of on-site nucleic acid detection for the diagnosis of influenza A and B has greatly facilitated rapid detection, with dramatically improved turnaround times, has played a significant role in the management of patients during the influenza season, and has facilitated appropriate patient placement and optimum patient flow. The availability of on-site testing seven days a week reduced mean turnaround times to approximately 7 hours. Results are available on the Beaumont Laboratory

Information System (BHIS) within 2 hours for Emergency Department patients when utilising the appropriate platform. This has resulted in a significant positive impact on both ED and Intensive Therapy Units. The DMT would like to take this opportunity to acknowledge the responsiveness of the Microbiology team in meeting hospital needs in a most timely manner on a regular basis throughout "Flu season". Table 8&9 below demonstrate the continued increased demand on Beaumont Hospitals Microbiology Department.

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 November 2016.

Table 62
2015 vs. 2016 Demand Variance

Major changes in testing in 2016 Description of Test	2016	% VARIANCE
MRSA detection	17229	-13
CRE detection	2198	+27
VRE detection	2140	+13
Clostridium difficile toxin	3849	+3
Swabs and Fluids	14100	+3
Blood cultures	13697	+6
Respiratory microscopy & culture	4827	+25
Legionella and pneumococcal antigen detection	1858	-2

(CRE, Carbapenem Resistant *Enterobacteriaceae*; VRE, Vancomycin-Resistant Enterococci; MRSA, Methicillin resistant *Staphylococcus aureus*.)

Table 63
2016 Specimens with GP %

Total number of specimens	128,257
GP Requests % of Total	34%

Continuing Education:

- All staff participate in Continued Professional Development- Biweekly Journal Club
- Academy of Clinical Science and laboratory medicine meetings (ACLLM).
- Irish Molecular Diagnostics Network meetings (IMDMN).
- Pan Celtic meeting (2 days) on Antimicrobial resistance: Global threats and Challenges in Diagnosis, Treatment and Prevention.

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, Raheny and Blanchardstown. The Department services include:

- 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. This has enabled the Department to continue to maintain wastage of red cells at 0.10% with the benchmark nationally as 0.5%. In addition Beaumont Hospital maintained the Crossmatched: Transfused ratio (C:T) of 1.4 (8103:5571) A C: T of greater than 2.0 usually indicates excessive crossmatch requests (AABB, 2003).

Table 64

Blood Transfusion - Workload year ending 2016

Activity	Numbers
Type & Screen Requests	19080
Red Cells Received	Total: 5686
Red Cells Transfused	5571
Platelets Received from IBTS	Total: 1682
Platelets Transfused	1632
SD Plasma Transfused	1165

Table 65

Workload Figures 2012 to 2016

	2012	2013	2014	2015	2016	% +/- 2015- 2016
New Admissions	11839	10972	10537	10911	11319	+3.6%
ABO/Rh	25161	22532	22305	23530	23482	-0.2%
ABSC	17484	15766	15674	16854	16410	-2.63%
ABID	559	426	502	548	485	-11.4%
EC	9793	8867	8460	8571	7175	-16%
AHGXM	1557	1101	974	1280	928	-27.5%
SDP Transfused	2004	1915	1110	1574	1165	-26%

Blood Transfusion - Significant Events

Departmental Achievements

- Two IH1000 blood group analysers replaced the 2 ID-Gelstations in the Blood Transfusion Laboratory on the 13th January 2016. The technology of the new analysers facilitates a faster turn around time for service users.
- The Blood Transfusion software system was upgraded from HCLL version 4.7.0 to HCLL 2014R2 (2014.2.0.9) to allow for interfacing of results from the IH1000 analysers. This was completed as per VPE-BTD-0003.
- Blood Track Phase 3, electronic positive patient identification system for Type and Screen and Transfusion of blood components was implemented out across the hospital. The Operating Theatre remains the final department for roll out of the devices in 2017. As of year ending 2016, 89% of TS were taken using the Blood Track PDAs with 83% of blood components transfused using the device.

- The Blood Transfusion Department in Beaumont Hospital is a member of the Blood Transfusion Support Team for the National MedLIS Project.
- The Blood Transfusion Department maintained their accreditation to ISO15189:2012 following the surveillance visit in November 2016
- Gary Lynch was awarded an MSc in Molecular Medicine in December 2016.

Training & Education

Table 66
Classes Provided by the Haemovigilance Office

Class Title	Audience	No of Classes	Attendees
Blood Transfusion Education Programme	Nurses & Doctors	20	272
Red Cell Prescribing	Nurses & Doctors	3	19
Transfusion Safety Update	Nurses & Doctors	18	142
Emergency Warfarin Reversal	Nurses & Doctors	2	11
Blood Transfusion Aspects of Phlebotomy	Nurses	17	123
Taking Type & Screen Specimens	Nurses & Doctors	3	14
Patient Blood Management	Nurses & Doctors	33	371
Platelets	Nurses & Doctors	23	253
Management of a Massive Transfusion	Nurses & Doctors	98	14
General Update	Nurses & Doctors	4	18
Review of 4 SAEs	Nurses & Doctors	5	27
Update for Phlebotomists	Phlebotomists	1	2
Serious Adverse Reactions	Haematology Team	1	6
Total		228	1272

Table 67
Classes Provided by External Organisations

Class Title	Audience	No of Classes	Attendees
Emergency Warfarin Reversal	Nurses & Doctors	9 (3 dates)	84
How to use Hotline Blood Warmers	Nurses & Doctors	Multiple (5 dates)	92

Clinical Immunology Department

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

Clinical Service

The clinical immunology service continues to provide care to patients with significant allergy, anaphylaxis, immunodeficiency, and autoimmune diseases. Between 2012 and 2015, there was a **46%** increase in referrals received by the department. There was no further significant increase in new patient referrals in 2016 (>600 new patient referrals), which likely reflected the development in service of another immunology centre located in south of Dublin. Ongoing care was provided for over 500 patients with immunodeficiency of which 91 require immunoglobulin replacement therapy. A high proportion of these patients were trained to give their immunoglobulin treatment at home. Towards the end of 2016, the clinical service obtained access to a new area which allowed us to consolidate our allergy daycase activities and simultaneously run a parallel clinic in the adjacent consultation rooms. This initiative led to the Immunology Team successfully achieving local PTL targets for Day case Immunology patients of <18 months. We are currently striving towards a 12 month target by Q1 2017 with the assistance of associated resources.

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.

Table 68

Clinical Immunology - Workload

Request Item	Patient requests
Test sets	114,804
Individual tests	144,801
Specimens	51,331

Overall the number of specimens received increased by **1.4%**. Test Sets had a slight increase of **1.3%** & the Total Tests performed decreased by

6.7%. The above data excludes Skin & Renal Biopsy workload. Table 15 a summaries that workload for the last 6 years.

Table 69
Skin and Renal Biopsy 2011-2016

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

Clinical Immunology - Significant Events

2016 was dominated by significant changes to the scientific staff profile in Immunology. There were 3 resignations & 2 maternity leaves amongst a WTE of 7 (8 following approval of MedLIS locum). The detail of same is listed below:

- Marita Murray, Senior Medical Scientist resigned in March 2016 & was replaced by Miriam Shinnors in June 2016. We wish Marita well in her new post in Waterford Regional Hospital thank her for her contribution to the department over the years. We welcome Miriam to the department.
- Acting Senior Medical Scientist Aileen Niland went on maternity leave in March 2016.
- Stephen Reynolds resigned in May 2016 & Olivia Aherne (locum) in August 2016.
- Miriam Shinnors went on maternity leave in September 2016.
- Jaijo Jacob joined the department from phlebotomy as a Locum Medical Scientist in April 2016.
- Nadia Alnaman returned from retirement in a half time capacity in April 2016.
- The permanent Basic Grade Medical Scientist post was taken up by Eva Desmond in July 2016.
- Evan Brennan & Avril Madden joined the department as Locum Medical Scientists in August & September 2016 respectively.

Overall this left 3 scientific staff that had been in the department over 1 year but all had started since 2011. The training of the 6 new staff involved considerable additional work alongside an already significant specimen workload & accreditation/quality tasks. MedLIS & Laboratory Modernisation projects also required significant demands on staff time.

Assessment by the Irish National Accreditation Board was conducted in November 2015. The extension to scope included anti-PLA2R antibodies & scleroderma blot. Three minor findings were made in Immunology.

Karena Wall graduated with her MSc in Biomedical Science in 2016.

Dr Mary Keogan, Consultant Immunologist was appointed Clinical Lead for the National Clinical Programme for Pathology with the HSE in 2016.

The CNM2 post in Immunology was upgraded to Candidate Advanced Nurse Practitioner in Immunology in 2016.

Clinical Immunology – Publications and Lectures

1. Four staff presented at the Annual IAAI Meeting held in June 2016:
 - *Icatibant in home therapy* - the Beaumont experience
Dr. Hanna Awad
 - *The role of complementary testing in cryoglobulinemia*
Dr. Ridzwan Alias
 - *MedLIS a new lab information system*
Ronan D'Auria
 - *Hypogammaglobulinaemia RU with us?*
Anne Clooney
2. The Dublin Allergy & Immunology Interest Group meets every few months and the department takes turns to host the meeting with the Immunology Department in OLHSC Crumlin and St. James' Hospital. Details are listed below-
 - Dr. Tanya Coulter presented: Case of atypical Behcet's Syndrome March 2016.
 - Dr. Ridzwan Alias presented: Persistent facial swelling in patient on peanut desensitisation programme May 2016

- Dr. Jacklynn Sui presented : Case series of local anaesthetic allergy October 2016
 - Dr. Clare Harnett presented: C1 inhibitor deficiency in pregnancy November 2016
 - Dr. Khairin Khalib presented : Celery allergy – a hidden allergen November 2016
3. Dr Mary Keogan was invited to give a talk at the Irish Orthopaedic Anaesthetists Association meeting on 25.11.2016 on perioperative anaphylaxis

National Histocompatibility and Immunogenetics Service for Solid Organ Transplantation (NHSSOT)

Overview

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

Table 70
NHSSOT – 2016 Workload

Test Requests	Number of tests	
	2015	2016
HLA Antibody Screening-Single Antigen Bead (SAB) assays	6951	8703
HLA typing-Molecular	6548	7022
HLA typing-Serology	747	432
Crossmatching-Flow cytometry	268	264
Crossmatching-Serology	118	144

Living Donor Work-up	Number of patients	
	2015	2016
Review/reassess	14	17
1st work-up	119	241
2A work-up: full clinical evaluation and immunological assessment	49	56
2B work-up: full clinical evaluation and immunological assessment	25	43
3 rd and final work-up: proceed to donation and transplantation	35	54
Total referrals for work-up for the transplant evaluation clinic	228	394

Solid Organ Transplants	Number of patients	
	2015	2016
Deceased Donors	81	77
Deceased kidney only transplants	120	122
Simultaneous kidney and pancreas transplants	0	0
Pancreas only transplants	0	0
Living Donor transplants	33	50
Total Renal/Pancreatic transplants	153	172
Paired Kidney Exchange (PKE)	8	7
Heart transplants	16	15
Lung transplants	36	35
Heart/Lung transplants	1	0
Liver Transplant Support	61	58

Renal/Pancreatic transplant waiting list *Figures from 31 st December	Number of patients	
	2015	2016
New patients activated	177	219
*Total patients suspended due to clinical/personal reasons	84	70
*Total patients active on list	484	482
*Total patients on waiting list - Suspended and NHSSOT workup	568	552

Other solid organ waiting lists Figures from 31 st December	Number of patients	
	2015	2016
Total patients on heart waiting list	17	28
Total patients on lung waiting list	30	41
Total patients on heart/lung waiting list	1	0
Total patients on heart/kidney waiting list	1	1

	Number of patients	
	2015	2016
Total number of patients being maintained and monitored on the solid organ waiting lists for the different transplant programmes	616	657

NHISSOT - Significant Developments

EFI Accreditation

- Received accreditation status in July.

New equipment purchased

- Received and validated the Luminex Labscan200 in September for HLA antibody screening

Continuing education

- One senior medical scientist is currently studying for part 1 FRCPath (Fellowship of the Royal College of Pathologists, London).
- One medical scientist completed the MSc in Biomedical Science with Distinction.
- One senior medical scientist completed Beaumont's Organisational and Personal Skills Development programme.

Staffing

- Two medical scientists resigned in March and May. Currently, these two positions remain vacant. Interviews are rescheduled for Q1 2017.
- One senior medical scientist currently on maternity leave.

Presentations

- January: Grand Rounds, University Hospital Kerry- Geraldine Donnelly
- April: Biomedica, Dublin- Dr Keogan
- May: Beaumont Hospital open day- Geraldine Donnelly
- September: National Transplant Society

Conference, UCD- Dr Keogan

- November: Transplant Urology Nephrology Conference, Dublin- Catherine Taylor
- December: Transplant Education Session, St Vincents Hospital -Geraldine Donnelly

Lectures

- February: MSc Biomedical Sciences, DIT. Lecture by James Kelleher
- MSc Molecular Medicine, Trinity. Lecture by James Kelleher
- April: MSc Biomedical Sciences, DIT. Lecture by David Keegan
- May: Post Graduate Nursing Diploma, Beaumont Hospital. Lecture by Patricia Mullany
- December: Post Graduate Nursing Diploma, Tallaght Hospital. Lecture by James Kelleher

Conferences attended

- September: BSHI, Cambridge.
- September: National Transplant Society Conference, Dublin
- November: 4th International Conference on Transplantation, University of Warwick.
- November: Transplant Urology Nephrology Conference, Dublin.
- December: NEQAS, Birmingham.

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 Developments with an impact on patient care:

- INAB Accredited Status maintained to revised ISO standards: ISO15189:2012

- Introduction of new Flow Cytometer platform
- Introduction automated DNA Isolation platform
- Introduction of Carestart Malaria Rapid Diagnostic Kit

Continuing Education:

- All staff participate in Continuous Professional Development.
- Morphology case seminars provided by the Haematology Consultants are on-going in Haematology.
- The introduction of the Haematology SPR CPD Programme
- Ms. PeggyAnn McGonagle is pursuing an MSc in Biomedical Science

The Department has been involved in the following publications and presentations during 2016 as detailed in table 17.

Table 71

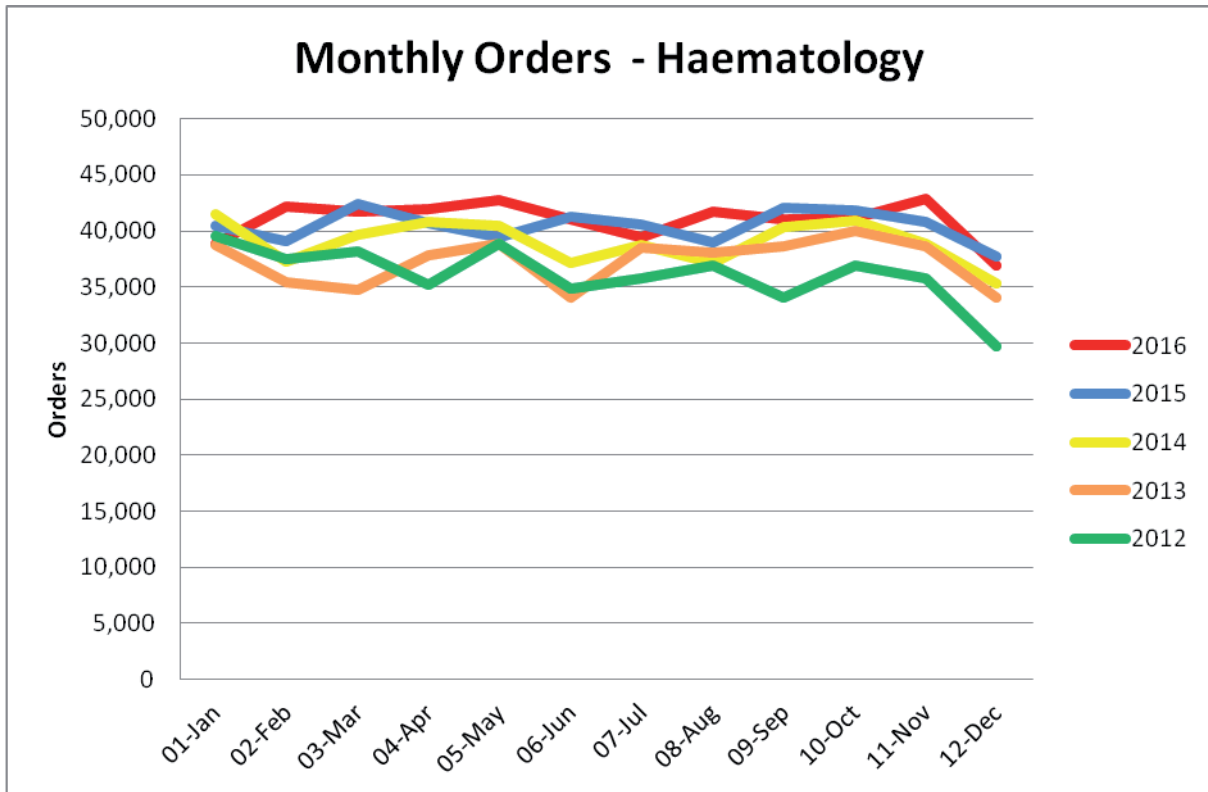
Presentations

Name	Date	Detail
Niamh Durcan Fiona Crotty	5 th July	Presented at the Intern Induction Day
Fiona Crotty	4 th Sept	Lecture in Haematopoiesis to the HDU & Oncology Nurses in the School of Nursing, Beaumont Hospital
Sinead Moran Sarah Grace	19 th -21 st Sept	Facilitated the GEM2 lab set-up and demonstrations for malaria, at RCSI Bahrain
Ray White	6 th Dec	Presented his project on the Introduction of the GP Newsletter to the Organisational & Personal Skills Development Programme

Posters

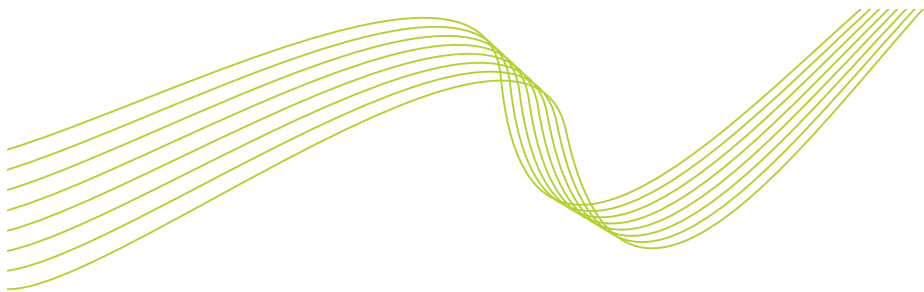
- Introduction to Haematology Transition Year Programme
- Haematology Sample Requirements & Sample Rejection Rates for 2014, presented at the 5th Annual Quality & Safety meeting May 19th
- Beaumont Hospital GP Newsletter.

Table 72
Haematology Activity 2012-2016



Most Significant Changes to Workload

Overall the Haematology Department workload has increased by 13% in the last 5 years. More recently in 2016 there has been a 62% increase in Acute Leukaemia panels performed by the Flow Cytometry Department compared to 2015. In addition to PCR JAK2V617F requests increasing by 40% this year. These dramatic increases are in more time consuming speciality tests which require additional training and supervision. This shows the current and future nature of the work which is required to diagnose monitor and manage patients with Haematological disorders.



Medical Directorate



Professor Peter Conlon
Directorate Team

Clinical Director:
Professor Peter Conlon

Directorate Nurse Manager:
John Walsh & Bernie Lynch

Business Manager:
Patricia King

2016 has been an extremely busy year for the Medical Directorate. Early in the year the Medical Directorate Team held a strategy planning meeting in which we outlined our goals for 2016. These goals centered around improving access to care in terms of reducing outpatient waiting list times, reducing medical LOS, aiming to increase the effectiveness of the Medical Assessment Unit, reducing trolley count numbers and overall improving ED conditions and identifying strategies to try to optimize the patient pathway.

In 2016 there was a considerable focus on the acute floor, we increased the number of NCHD's in ED which lead to a considerable improvement in the ED PET's in particular at night, and this in tandem with improved recruitment of NCHD's in ED has led to a more stable clinical workforce in ED. There has also been an increase in the Nursing compliment in ED which again supports the overall service and the flow of patients to and from the Department. A new role of ambulatory care coordinator was lead out by Ms Fiona Hillary, in early January 2016 to support admission avoidance and safe follow up of care. Numerous ambulatory care pathways have been designed and implemented to support discharge from ED and rapid access to OPD/Diagnostics throughout the year. A corporate Transit Care Unit (TCU) was established in Beaumont in February of 2016, with 64% (1,412 patients of the patients that utilise the TCU coming from the Medical Directorate). In the second part of 2016 there has been considerable focus on early discharges supported by the TCU, this in turn has facilitated our ability to reduce overall admission PETS for the hospital. The introduction of the FITT team in ED has ensured that the frail elderly patient group has improved rapid access to assessment and more appropriate referrals to the

COTE service both from an inpatient and ambulatory perspective. We have also been fortunate to successfully recruit Ms. Fiona Hillary into the new Acute Floor Directorate Nurse Manager role and welcome her to the Directorate Management team. We also welcome Dr. Michael Quirke who is due to start with us in the new year in a .5 capacity covering 0.5 of Mr. Aidan Gleeson's post.

Development of the Emergency Department infrastructure has been prioritised in terms of as one of key the funding requirements for the organisation .

Throughout the year we continued to embed the "New Medical Model" with daily morning reports and allocation of as many appropriate specialist patients to the appropriate services. I am glad to say that every single team took this on with relish and we achieved much higher rates of core ward occupancy on each of the specialist wards. As the year went on we embarked on discussions to further develop this "Medical Model" now known as "Medical Model - 2" which encompasses the redesign of the Acute Medical Unit into what will now be called the "General Internal Medicine Service" on St. Patrick's Ward which will have a short stay focus. During the year we were fortunate to recruit 2 new consultants onto this service, Dr. Laura Durkin most recently appointed and earlier in the year Dr. Dorothy Ryan.

Frailty is a major theme throughout all our work in trying to identify improved care and different models of care to facilitate early discharge of frail older patients and, the development of the Frailty Intervention Therapy team on the acute floor is an example of this work. These strategies have proved enormously successful throughout

the year particularly in the second half of the year with the support of the new Chief Executive Officer. In November 2015 there was an average of 31 patients on trolleys each morning waiting to be admitted while in November 2016 this had been reduced to 13. The average PET time in 2015 was 21 hours while in November 2016 this was reduced to 12 hours. We plan to build on this work in 2017 with the development of an Integrated Community Team to assist with admission avoidance and early discharge for frail older people. Funding has been secured this year for a multidisciplinary team and Consultant Geriatrician to support this integrated care service.

The Stroke service within Beaumont has seen a complete realignment; it is now under the governance of Medicine. This is a considerable change from its previous cross Directorate service and has been enabled by the appointment of Dr. Barry Moynihan to the Acute Stroke Service. The dedicated Stroke Service is now under the direction of the Department of Geriatric and Stroke Medicine physicians in partnership with Neuroradiology. This has resulted in improved patient flow and hopefully in time this will be demonstrated by improved patient outcomes. Beaumont has also been recognised as a National centre for the provision of stroke thrombectomy services and an additional stroke physician and neuroradiology post have been approved to accommodate this workload.

In the latter half of 2016 we focused very intensively on *“patients with prolonged LOS”*. Weekly meetings were held with the social workers and nurse managers to try to identify pathways to reduce prolonged periods of time for patients in hospital. In June 2016 there were approximately 170 patients with a LOS of more than 30 days and by November 2016 this was reduced to 114. Clearly there is still much further work to be done in this regard.

There has been considerable attention throughout the year focused on trying to optimise access to OPD in particular for areas that have considerable routine waiting lists. In Dermatology we appointed a clinical nurse specialist in late 2015. We welcome the appointment of Dr. Siona Ni Raghallaigh who was appointed to cover Dr. Gillian Murphy’s post and who commenced practice in September 2016. We have also secured 1 WTE additional Consultant Dermatology post to be shared between Beaumont & Connolly; this post is currently filled in a .5 locum capacity and is actively working towards reducing

the overall waiting list for routine Dermatology patients. In 2017 we will continue to focus on Dermatology and consider Group options to support the demand on this service. We have put a particular focus on outpatient activity and in the latter half of 2016 we validated all outpatient waiting lists. We also developed additional clinic capacity in Cardiology in the form of Dr. Brendan Doyle’s clinic for intermediate risk cardiac care. We have made some progress in other specialties in terms of the OPD waiting list however there are considerable challenges that need to be addressed such as space and infrastructure and we will continue to focus on these areas in 2017.

The workload for Haematology and Oncology has continued to grow throughout the year. In the early part of the year we faced considerable nursing shortages particularly with maternity leave. However, through intensive recruitment we managed to fill most of these vacancies. In the summer the Haematology ward transferred from the High Dependency Unit to initially an eight bedded and subsequently fourteen bedded, all single room, isolation ward on Teresa’s Ward. This resulted in a considerably improved environment for patients requiring prolonged admissions with advanced haematological malignancy.

There has been considerable changes in scheduled care in 2016 namely in Endoscopy , in addition to the numerous internal initiatives that are underway within the service we have commenced a cross Group service delivery model which sees our patients accessing treatment in both Cavan & Connolly hospitals with our physicians providing treatment in Connolly. Throughout the year in the Medical Directorate significant efforts were made to optimize the pathway for Endoscopy patients. Earlier in the year we had enormous waiting lists with considerable numbers of patients waiting over 18 months for access to routine scopes. This improvement has come about as a result of substantial support from the RCSI Hospital Group and also enormous efforts locally from our administration and clinical team. In 2017 we plan to introduce a nurse lead triage process which should support the efficiencies of access to the service further. We welcomed Dr. Dani Cheriyan as a new Consultant Gastroenterologist in September. The Cathlab service has also expanded, with the opening of the second lab for two days a week in 2016, this has served to improve patient access and reduce the overall pre

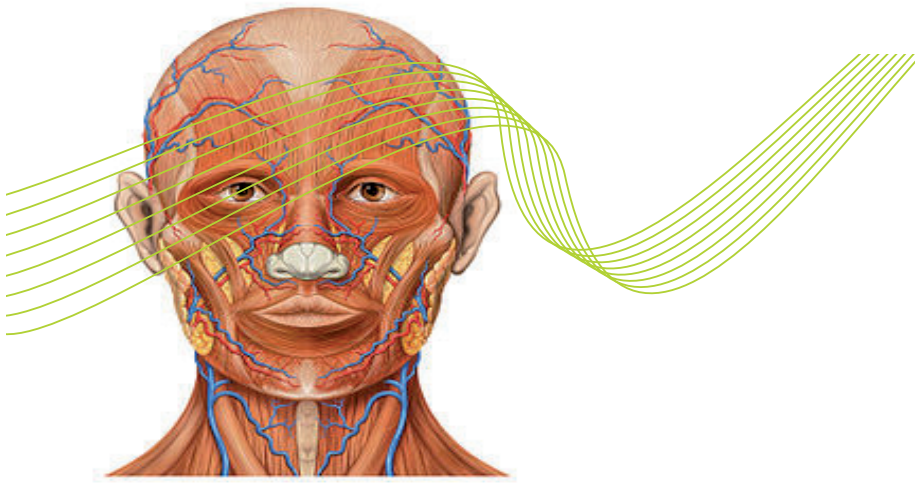
procedure length of stay for Cathlab access. We would like to thank Ms. Linda McEvoy, Business Lead for her considerable work in both areas and wish her well in her new role in Quality & Risk. We would like to welcome Dr. Sarah McLean, who joined the Palliative care team in Beaumont Hospital in 2016. We also look forward to the appointment of a new Infectious Disease Consultant in 2017. Both services have functioned for a number of years with lone clinician leadership so we welcome the support of colleagues in both areas.

In 2016 there have been considerable changes to the provision of the infusion service; we have implemented a scheme which enables stable patients to receive their treatment off site supported by the community intervention team. The team has also secured further funding for 2017 to expand service provision for our patients. This considerable intervention has become essential in order for Beaumont to manage the workload and demand on this service which is still under enormous pressure. In 2017 we also hope to expand our internal service to work long days in order to optimise the numbers of patients that we treat.

In relation to Psychiatry there has been an agreement on cross cover between the Ashlin Centre and the medical specialties within the hospital in relation to out-patient care and an in-patient consult service with medical on call cover to the Ashlin unit provided by the medical on call team.

Throughout 2016 there has been regular interaction with the Medical NCHDs and the monthly NCHD forums continue under the leadership of Dr Derek Nash. 2016 continued to be a challenging year for the nursing service in the Medical Directorate with difficulties filling nursing vacancies. Recruitment both nationally and internationally has proven successful towards the end of 2016. Despite the challenges however, there have been many developments in nursing and staff in the Medical Directorate continue to provide quality care to patients attending the service. Advanced Nurse Practice roles commenced in Dermatology and Immunology with two additional candidates in Emergency Cardiology. A second Clinical Nurse Specialist in respiratory nursing was appointed in September 2016. Several of our Nurse Specialists are on National Groups influencing future policy in specialist areas. The core ward principle has promoted interest in specialties in medical nursing. The Hospital has provided significant support for staff undertaking education in 2016-2017 academic year. Senior staff in specialties has also worked with the Centre of Nurse Education to formulate conference days and are working to develop post graduate courses in medical specialties. This development will support the creation of nursing career pathways in many medical specialties.

We would like to acknowledge the retirement of Professor Shane O'Neill and Dr. Gillian Murphy in 2016.



Mr. Mohsen Javadpour

Directorate Team

Clinical Director:

Mr. David O'Brien and replaced by Mr. Mohsen Javadpour

Directorate Nurse Manager:

Ms. Denise Fahy

Business Manager:

Ms. Ciara Ni Fhlathartaigh

NeuroCENT Directorate

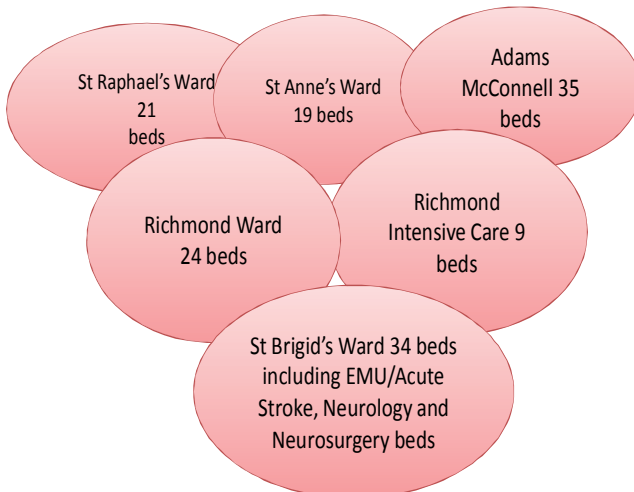
The Neurocent Directorate fosters world renowned excellence in patient care and research and sets the health care standard for efficient interdisciplinary teamwork. We embrace a culture of patient centred care, value and respect of the talented and committed and diverse people who make up our Directorate.

The Neurocent Directorate is comprised of the following specialties:-

- Neurosurgery
- Neurology
- Otolaryngology
- Neurophysiology
- Cochlear Implant
- Ophthalmology
- Paediatrics (ENT & Neurosurgery)
- Oral and Maxillo Facial Surgery

Neurocent Beds

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



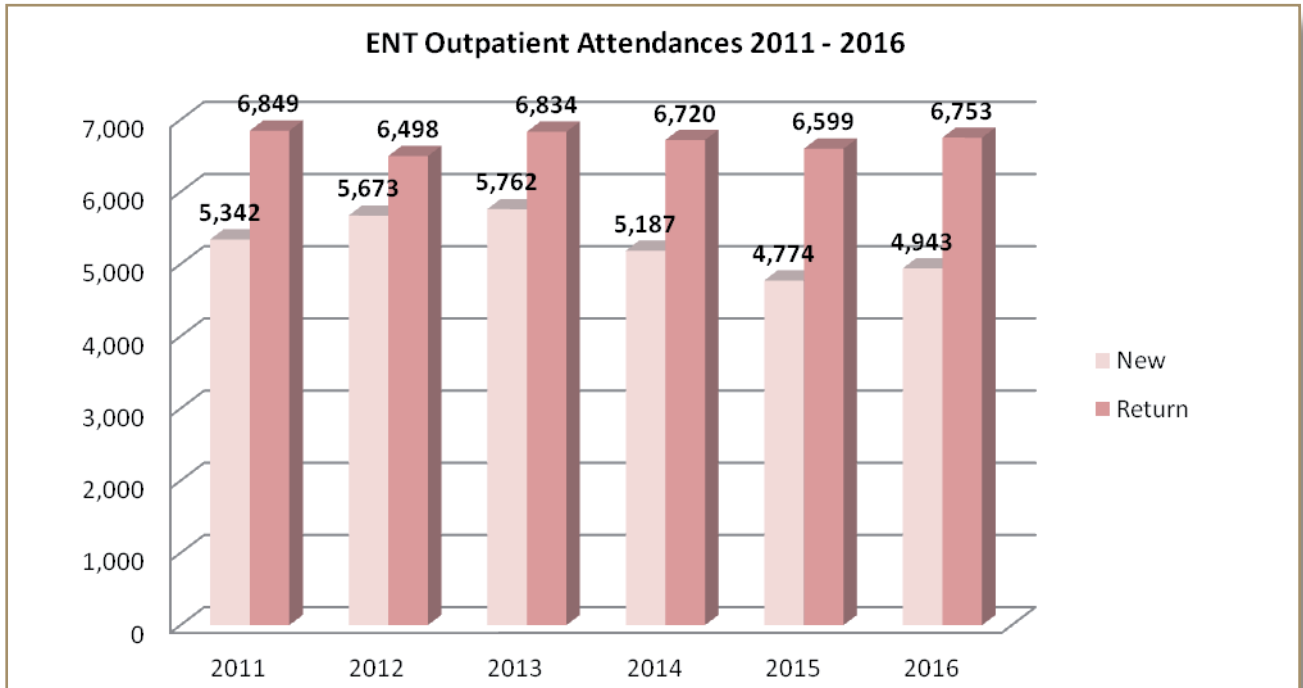
The DEPARTMENT OF OTOLARYNGOLOGY HEAD AND NECK SURGERY 2016

The RCSI Hospital Group Department of Otolaryngology Head and Neck Surgery 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. The Department of Otolaryngology Head and Neck Surgery in RCSI is a mix of subspecialty interests including neuro-otology and lateral skull base surgery, anterior skull base surgery, rhinology, paediatrics, facial plastics and head and neck cancer surgery and cochlear implantation. 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. We will be recruiting for a consultant with specialist interest in head and neck oncology in 2017.

Table 73

ENT			
	2014	2015	2016
In-patients	1254	1188	1167
Day Cases	4983	4634	4793

Table 74



Overview of the Cochlear Implant Programme

After 21 years, The National Cochlear Implant Programme continues to develop its services, up-skilling the team and progressing with the advances in cochlear implant technology to deliver a standard of care in keeping with other Cochlear Implant Centres in the UK and Europe.

Plans have started for renovations and expansion of the Department. While waiting for the additional space to accommodate the expansion of the team and the service delivery, the team continues to provide excellent care to both the adult and the paediatric programme.

Clinical Activity for 2016 in National Cochlear Implant Programme

Table 75

Cochlear Implants in Children 2016

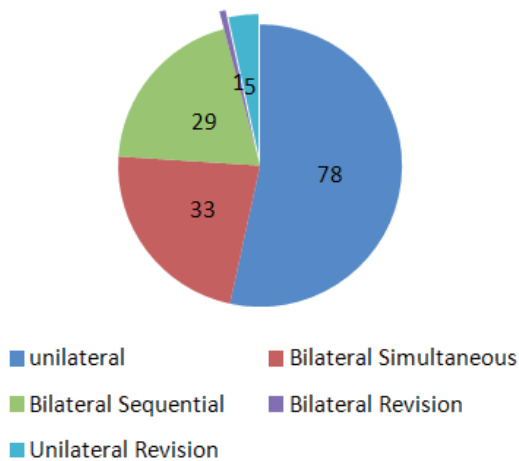
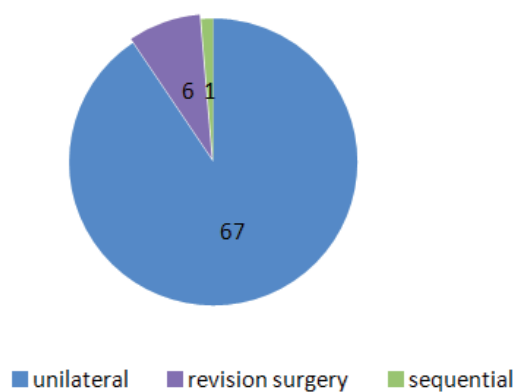


Table 76

Cochlear Implants in Adults 2016

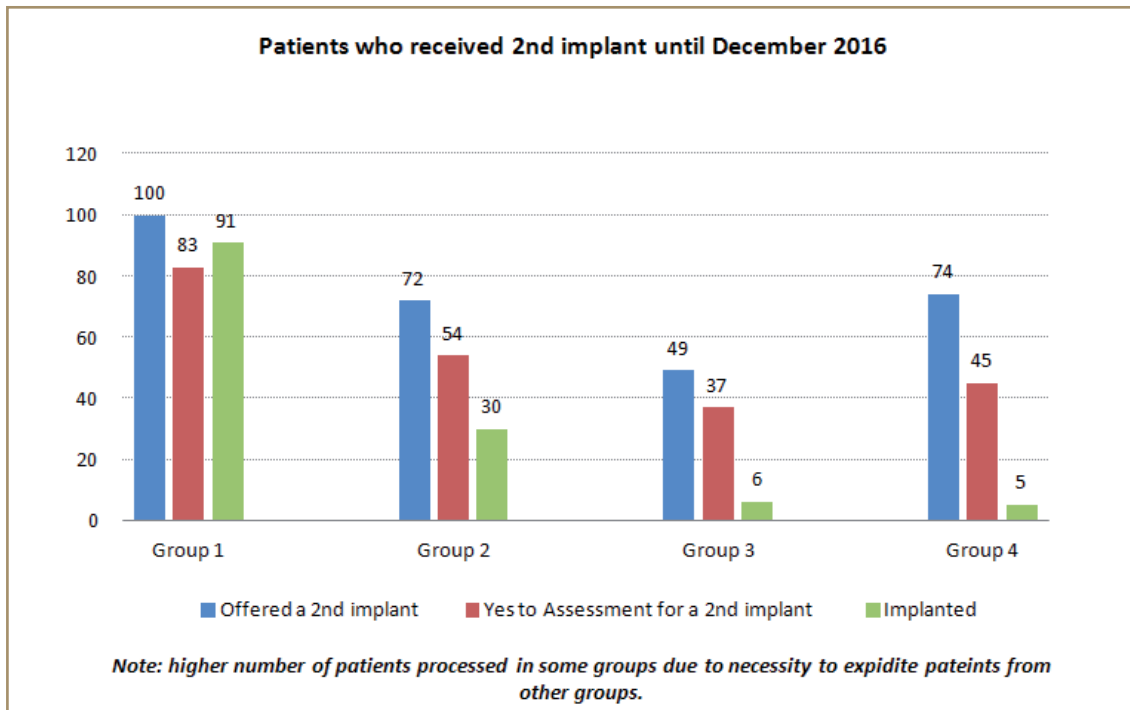


Bilateral Programme: update

Following the roll out of the bilateral programme in 2014, all children diagnosed with bilateral profound hearing loss are now offered bilateral implantation.

Children who had received one cochlear implant in the past now have the opportunity to have their second cochlear implant. Paediatric population previously implanted were divided into 4 groups according to their age and date of primary implant.

Table 77



Achievements and Developments Research, Development and Education

Translational research continues to be of major importance for the National Cochlear Implant Programme. The Viani Hearing Research Centre, established in July 2016, is a multi-institutional centre bringing together several clinical departments in Beaumont Hospital, the Royal College of Surgeons and Trinity College Dublin.

The VHRC strives to conduct high quality basic and translational research on hearing, hearing loss and auditory implants, and to improve quality of life and educational outcomes of people with hearing loss. Main areas of research include clinical research, neural engineering and translational neuroscience. International collaborations have been initiated with the Vanderbilt University on the use of advanced imaging in cochlear implantation.

Team members are highly involved in the several education projects, including lectureships and seminars in Trinity College Dublin and University of Cork. Several medical, bioengineering, speech and language and audiology students attended the Department throughout the year to have practical experience in the field of cochlear implantation.

Conferences and Professional meetings

Research and Professional Development continues to be of major importance for the Programme. 2016 was a very successful year with team members attending several training courses and presenting their work in national and international conferences in the field.

Do speech-in-noise scores in normal-hearing humans correlate with amplitude modulation depth detection abilities? Waechter SM, Lopez Valdes A, Simoes-Franklin C, Viani L, Richard B. Reilly RB. 8th **Speech in Noise Workshop. Groningen, Netherlands. January 2016.**

Longitudinal Assessment of Spectral Ripple Discrimination and Speech Perception Evolution in Cochlear Implant Users. Lopez Valdes A, Mc Laughlin M, Viani L, Walshe P, Smith J, Reilly RB. **ARO 39th MidWinter Meeting. San Diego, USA. February 2016.**

Evaluation of the mismatch waveform elicited by amplitude modulated auditory stimuli as an objective measure for temporal discrimination abilities to aid future Cochlear Implant fitting. Waechter SM, Lopez Valdes A, Simoes-Franklin C, Viani L, Reilly RB. **ARO 39th MidWinter Meeting. San Diego, USA. February 2016.**

Revision Cochlear Implantation: Indications, Outcome and Predictors. Wijaya C, Simões-Franklin C, Glynn F, Walshe P, Viani L. **24th Sylvester O'Halloran Perioperative Scientific Symposium. Limerick, Ireland. March 2016.**

Educational Outcomes in Paediatric CI users in Ireland. Walshe E, O' Halpin R, Simoes Franklin C, Glynn F, Walshe P, Viani L. British Cochlear Implant Group. London. April 2016.

Revision Cochlear Implant Surgery: Indications, Outcomes and Predictors. Simões-Franklin C, Glynn F, Walshe P, Viani L. British Cochlear Implant Group. London. April 2016.

Longitudinal Assessment of Spectral Ripple Discrimination and Speech Perception Evolution in Cochlear Implant Users: an electrophysiological and Psychoacoustic Exploration. Lopez Valdes A, Mc Laughlin M, Simoes-Franklin C, Smith J, Flood L, Walshe P, Viani L, Reilly RB. 14th International Conference in Cochlear Implants. Toronto, Canada. May 2016.

Occurrence of major surgical complications after cochlear implant surgery in Ireland. H. Petersen, P. Walshe, F. Glynn, R. McMahon, C. Simoes-Franklin, L. Viani. Irish Otolaryngology Society, Donegal, Ireland. October 2016

Cochlear Implantation in Patients with Superficial Siderosis of the CNS. R O'Shea; F Glynn; P Walshe; L Viani. Irish Otolaryngology Society, Donegal, Ireland. October 2016

Facial palsy after Cochlear Implant Programming - an unusual complication. H. Petersen, P. Walshe, F. Glynn, L. Viani. Royal Academy of Medicines Ireland, ORL HNS Registrar's Prize Meeting, Dublin, Ireland. December 2016

1st Irish-Ibero-American Complex Surgical Cases Workshop, Dublin Ireland. July 2016

The National Cochlear Implant Programme organised and hosted the 1st Ibero American Complex Surgical Case Workshop. Over two days, over 20 surgeons from South America, Portugal, United States and Ireland discussed professional challenges and pioneering research in this clinical field of neurotology. The round-table format of the meeting gave attendees the opportunity to discuss several difficult surgical cases and innovations in the field of medical imaging and robotics.

Creative Mind Series with US Ambassador Kevin O'Malley. July 2016

Wired for Sound – Treating Deafness with Cochlear Implants

On July 15th, US Ambassador Mr Kevin O'Malley hosted a Creative Minds event featuring Cochlear Implant surgeons from Beaumont Hospital and Children's University Hospital Temple Street in Ireland and Vanderbilt University in Nashville, in his residence in the Phoenix Park. The event explored the complexity and successes of cochlear implants in treating patients with profound deafness.

Fundraising activity

Beaumont Hospital Foundation - Honour your heroes

In 2016, Beaumont Hospital celebrated the fifth year of the *Honour Your Heroes* reception. As is the case every year, we were given the unique opportunity to hear the often very raw and emotion-filled tales of what caused some of our former patients to need the help of Beaumont Hospital and its staff. This year, two of our team members have been honoured Mr Peter Walshe, Consultant ENT surgeon and Ms. Jenny Robertson, Speech and Language therapist.

One of our ENT surgeons, Mr. Fergal Glynn, completed the Ironman in Roth, Germany to fundraise to the Beaumont Foundation. An incredible achievement! And in doing so he raised very welcome funds for the CI Department. And

for those of you not in the know, and Ironman involves:

- 2.4 mile swim
- 112 mile cycle
- Full marathon (26.2 miles)

As per previous year, patients have been very generous throughout the year with their financial contributions and in organising very creative fundraising events.

Patient Support Activity

Every year the National Cochlear Implant Programme holds several patient support activities. Information days are held for adult candidates and parents of children prior to implantation. This gives patients and family members an opportunity to meet other cochlear implant users and to discuss any issues in a very informal manner. Feedback from these sessions is extremely positive and something the team will continue providing in the forthcoming years.

As per previous years, the annual Christmas party for your younger cochlear implant users took place in December. The event is always good fun with over 200 children and families attending the party and another excellent opportunity for the children, families and team to meet in an informal and relaxed setting.



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 new Consultant Neurologist with an interest in metabolic conditions will take up post in January 2017.

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.

Motor Neurone Disease Multidisciplinary Service

- We endeavour to develop and improve our multidisciplinary approach by providing a timely and appropriate hospital and community based service to patients with MND, their carers and their healthcare professionals.
- MND is a progressive motor system degeneration that presents in midlife and has a life expectancy of 3-5 years. In Ireland someone dies from MND every three days. Until recently, cognition was considered to be unaffected. However, we now know that up to 40% of patients with MND have cognitive and behavioural deficits and almost 15% of patients present with fronto-temporal dementia.
- The diagnosis of cognitive and behavioural deficits in MND has important implications for individual patients and their families. These deficits may affect the patients capacity to make financial and health care related decisions such as acceptance of gastrostomy insertion or need for non-invasive ventilation. Cognitive and behavioural deficits are also associated with reduced adherence to medical treatment and compliance with

multidisciplinary care interventions. The ability to engage in end-of-life decisions can also be affected. Behavioural changes can also affect interpersonal relationships and are also a major factor contributing to caregiver burden. Finally, cognitive and behavioural changes in MND have been associated with reduced survival.

- In light of our understanding and the implications of cognitive and behavioural changes in MND in 2016 we held a number of town hall meetings and focus groups with patients, their families and their healthcare providers. These meetings provided us with invaluable insights into the day to day problems and challenges associated with cognitive and behavioural changes in MND.

Challenges for healthcare professionals:

- Cognitive and behavioural changes in patients can be extremely challenging and is increasingly impacting on HCP. There are anecdotal reports of heightened distress among HCPs who care for these patients. Patients can be disinhibited, divisive, abusive and racist. It is extremely difficult for HCP's to engage with patients and develop appropriate care plans when there is reduced awareness and lack of insight. HCP's are conflicted in wishing to provide good effective care to these vulnerable terminally ill patients while protecting themselves and their own integrity.
- Having identified the challenges for HCPs we held a designated study day addressing the challenges of cognitive and behavioural changes in MND. We also developed an information booklet regarding "*Best Practice Guidelines for Healthcare Professionals*" and launched this booklet at the study day. There was an overwhelming response by HCPs wishing to attend the study day resulting in a need to hold further days in the near future.

Challenges for carers:

- The diagnosis of cognitive and behavioural deficits in MND has important implications for individual patients and their families. Cognitive and behavioural changes can affect interpersonal relationships and contribute to caregiver burden. Caregiver burden is complex and multidimensional. Therefore, caregivers should be provided with appropriate information regarding the type of cognitive and behavioural changes that can occur. With this in mind we are currently developing an

information booklet for carers.

- We are also in the process of updating our MND clinic information booklet to incorporate the new insights and information we acquired during our public meetings and focus groups
- The Motor Neurone Disease multidisciplinary service in Beaumont Hospital is continually evolving to deliver timely and appropriate support and interventions to vulnerable terminally ill patients, their carers and their health care professionals.

Table 78

Neurology			
	2014	2015	2016
In-patient	770	663	708
Total Day Cases	698	812	867
NDU attendances	362	435	495

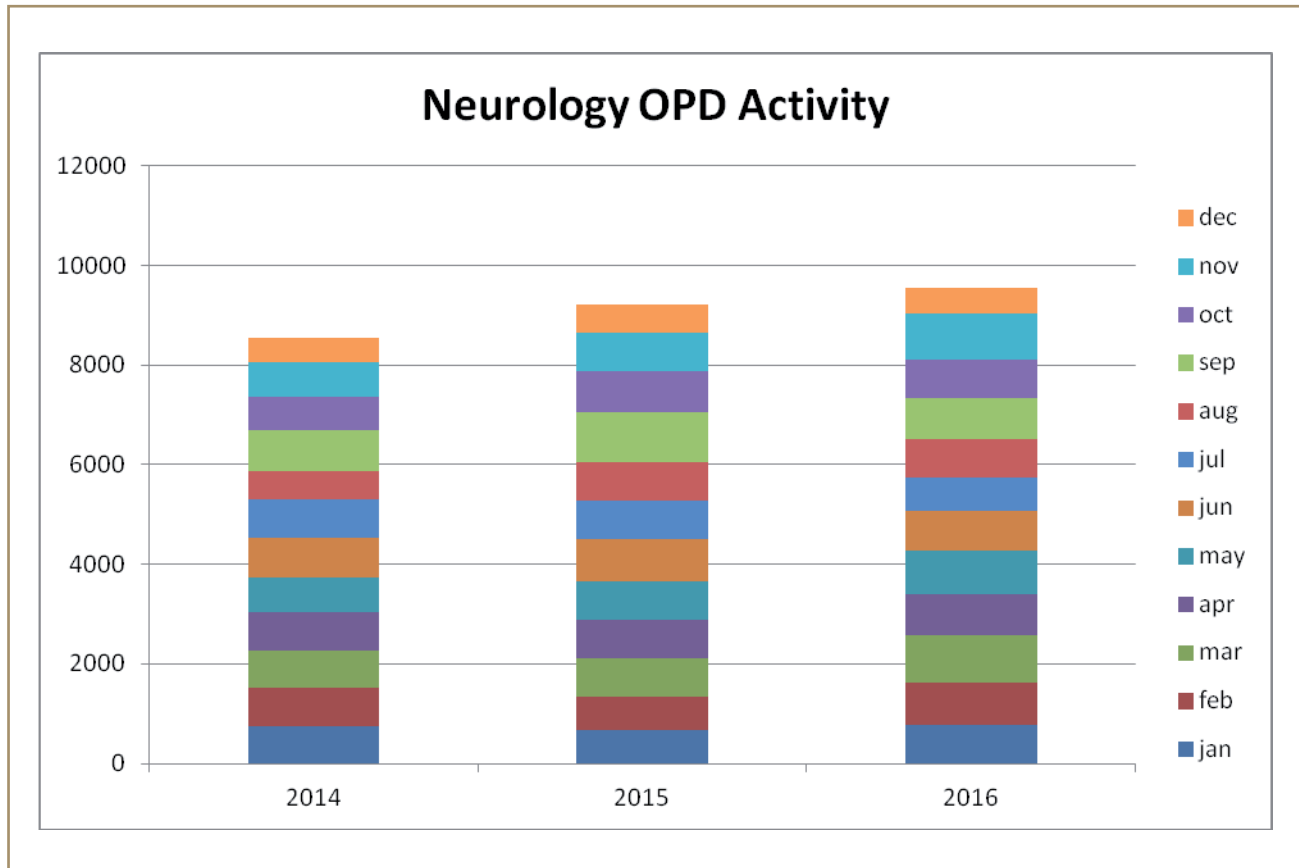
Table 79

Neurology			
	2014	2015	2016
In-patient	770	663	708
Total Day Cases	698	812	867
NDU attendances	362	435	495

National Neurosurgical Department

The Neurosurgical Department continued in 2016 to provide a successful national service for all patients across the country. Upwards of 3000 procedures were provided with the welcome additions of new operating microscopes and image guidance systems. We continue to provide and contribute to national multi-disciplinary programmes in epilepsy surgery, vascular and skull base neurosurgery, neuro-oncology, stereotactic radiosurgery and combined endocrinology/ENT/pituitary surgery. Successful training/educational days were established on a bi-monthly basis with colleagues in Intensive Care and Anaesthesiology with topics covering neuro-ICU and vascular pathology. We were honoured to open the Senior Neurosurgical Society of America Annual meeting in Powerscourt Hotel in June. Our consultants have lectured and presented at meetings worldwide in 2016 with presentations at the European Association of Neurosurgery (EANS) in 2016 and we are delighted to announce Prof Bolger's successful bid to host the annual meeting of the EANS in Dublin in 2017. The success of the Epilepsy Surgery Programme was highlighted at a meeting

Table 80



of the national epilepsy programme attended by Minister Harris in November 2016. Mr Mohsen Javadpour has been appointed the Clinical Director for the Neuro-cent Directorate and we wish him all the best in his new role. Mr David Allcutt retired after 25 years of service to adult and paediatric neurosurgery. Plans to expand the Department and increase theatre and bed capacity are in hand with a view to increasing the service particularly with regard to spinal surgery cases. Our patients and relatives continue to express their appreciation of all our hard work through Beaumont Hospital Foundation.



Mr David Allcutt,
Consultant Neurosurgeon

The Neurosurgery Research and Audit Department

The Department is responsible for the data collection and reporting of audits carried out within the Directorate. The Department is run by Paula Corr and Deirdre Nolan. Current audits include those for HIQA, In-patient spinal Activity, Nursing Audit and Standards Committee and the UK and Ireland National Sub Arachnoid Haemorrhage database.

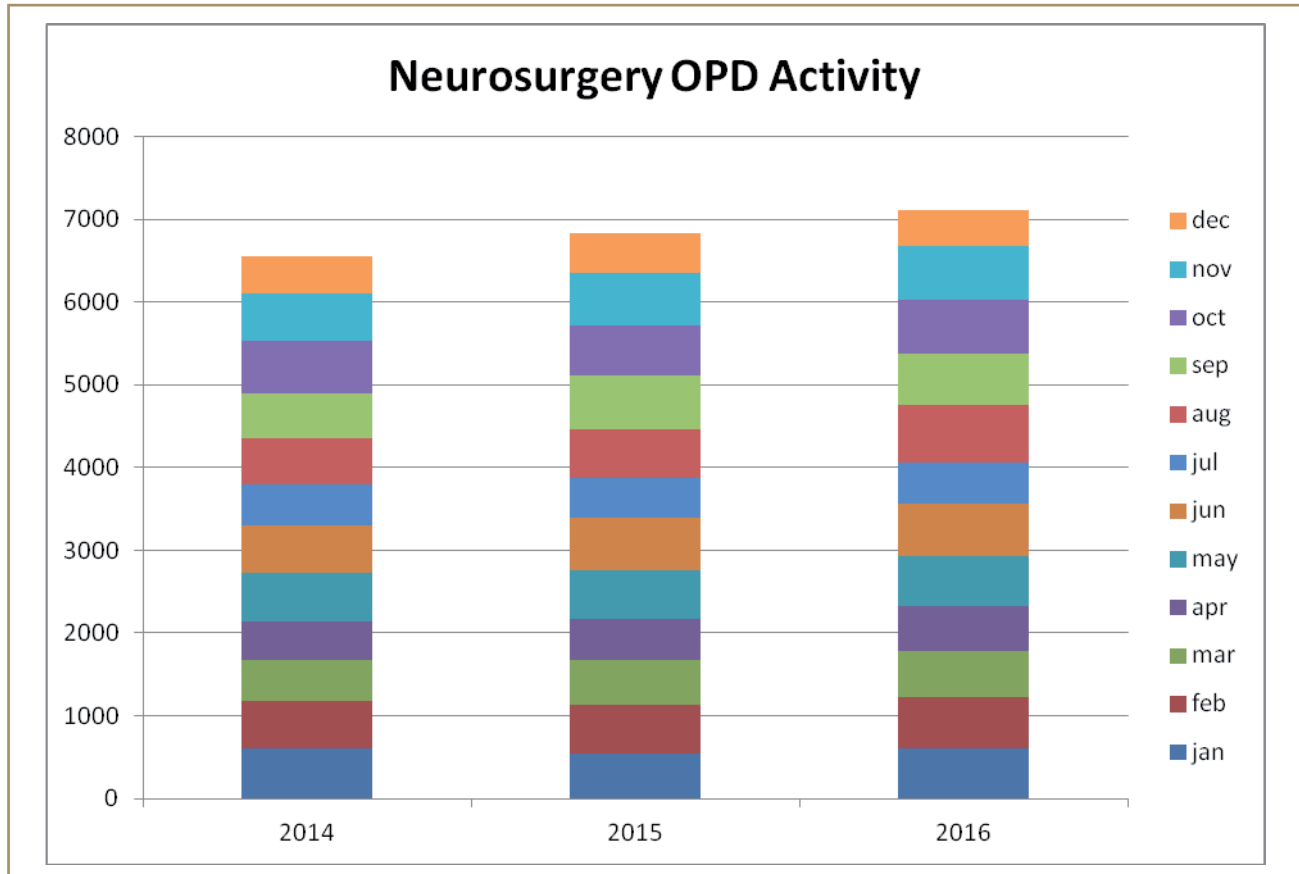
The Department presented a poster at the annual Beaumont Quality Day titled: *"Subarachnoid Haemorrhage (SAH) How we are improving our audit and outcome information"*.

SAH information is being entered onto the UK and Ireland SAH register. Reports are generated, from the 17 participating centres. Thus our outcomes can be measured against our Peers.

Table 81

Neurosurgery			
	2014	2015	2016
In-patients	2626	2485	2538
Day Cases	175	186	188

Table 82



Ophthalmology Department Annual Report 2016

6925 patients attended in 2016 to the outpatient service

495 cases attended for Day Surgery.

Inpatient consultations remain a big part of our service provision with 1241 consultations being referred to us, mainly from neuro surgery, neurology, endocrinology, ENT and A&E.

Department staff:

- 2 Consultant Ophthalmic Surgeons
- 1 Community Ophthalmic Physicians (reduced from 2 previous year)
- 1 SpR, 1 Registrar, and 2 SHO (rotating scheme with the Mater Hospital)
- 2 Orthoptists
- 1.4 Clinical Nurse Specialist (Staff nurse Margaret Moynihan Duffy retired)
- 3 Secretaries (2 full time and a job sharing post)

Services provided within the Department include:

1. General ophthalmology out-patient clinics
2. Specialist ophthalmic clinics
 - Neuro-ophthalmology service
 - Oculoplastic and orbital service

- Shared care Glaucoma Clinic
 - Ocular Toxicity Clinic
3. Orthoptic clinics
 4. Visual field testing
 5. Inpatients consultation service
 6. Botulinum Toxin clinics
 7. Oculoplastic operating list
 8. Day Surgery Theatre List
 9. Laser clinic (Argon and Yag Laser)
 10. OCT
 11. Fundal Photography

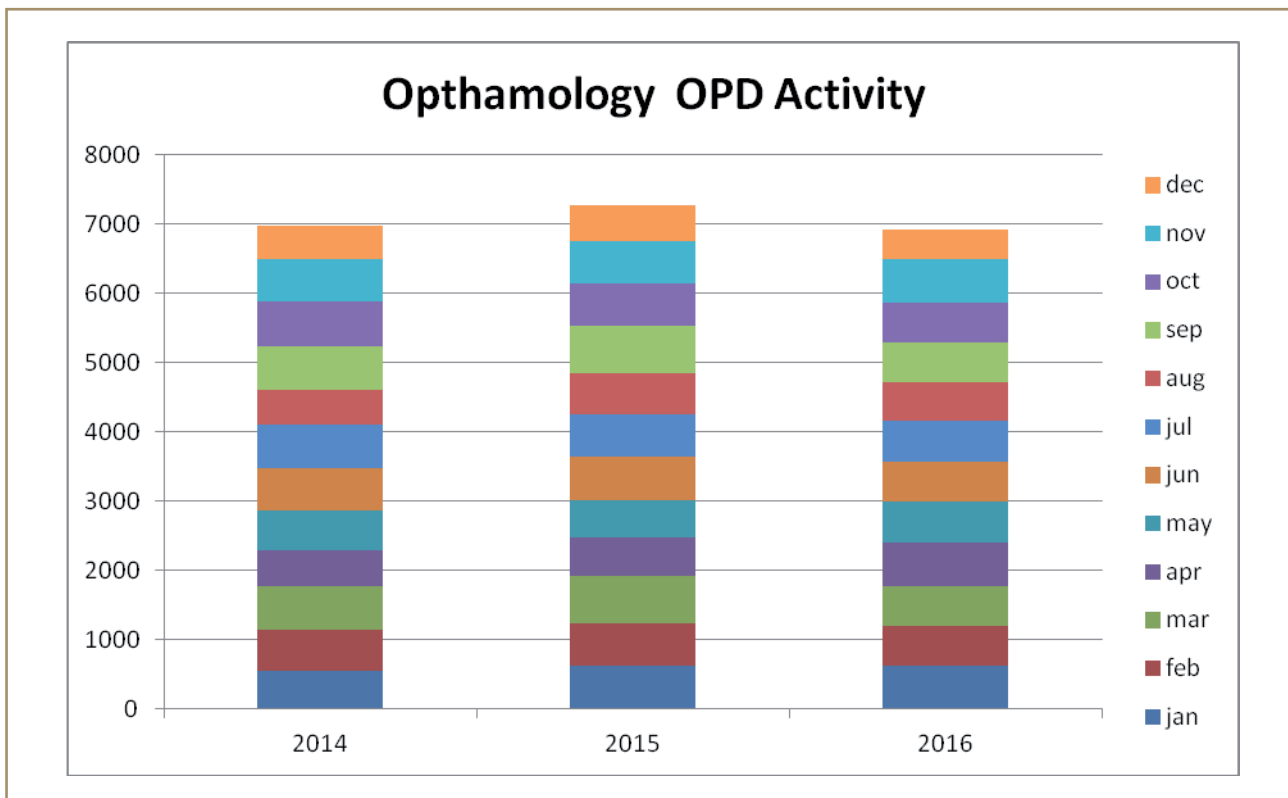
A new Humphrey Visual Field analyser was purchased during the year. This is used to assess and monitor patients with glaucoma as well as screening patients taking certain ocular toxic drugs.

With no intra-ocular surgery being performed at present in Beaumont, intra-ocular and major lid surgery continues to be transferred to the Mater Hospital under Ms. Logan or Mr. Fulcher.

Table 83

Ophthalmology	Day Cases
2014	558
2015	327
2016	495

Table 84



Department of Clinical Neurophysiology Annual Report 2016

The Clinical Neurophysiology Department has evolved significantly over the past ten years with the expansion of the long term video EEG monitoring national unit, introduction of the intraoperative monitoring (IOM) service, specialised EMG clinics including botulinum toxin clinics for neurological conditions and the development of rapid access clinics for both EEGs and neuropathy screening. The Clinical Neurophysiology Department comprises three consultant clinical neurophysiologists (with contractual commitments to Connolly Memorial and Mater Hospitals), eight clinical measurement scientists, a technician assistant, a clinical nurse manager and two administrative staff. Currently, junior doctors are not assigned to the Department and a training programme is not available in Ireland at this time.

Neurodiagnostic tests including; nerve conduction studies (NCS), electromyography (EMG), electroencephalography (EEG), evoked potentials (EPs), intra-operative monitoring (IOM), EMG guided botulinum toxin and carpal tunnel assessments conducted in the Department are concerned with measuring the function of the brain, spinal cord, nerve and muscle. Interpretation of data can diagnose or assist in the diagnosis of neurological conditions and quantify, monitor and follow progression of such conditions.

Following the recent increase in the numbers of consultant neurologist posts and the development of the RCSI Hospital Group, demands on the service are increasing. In addition, demands for the inpatient service are also increasing with requests for continuous EEG monitoring and EP studies in the ICU patient. These complex inpatient studies further assist with both diagnosis and prognosis of life threatening conditions.

As clinical neurophysiology provides an important service for patients across multiple disciplines in the RCSI Hospital Group, further review of the service with a view to expansion is desirable. Teaching, research and clinical audit are integral components of the Department's activity and the development of a national specialist training programme with RCPI is under discussion.

Electroencephalography (EEG)

Routine, sleep deprived, prolonged and portable EEGs are performed in our busy department with 50% of the work load being in-patients. The demand on the EEG service continues to grow. A 'Rapid Access Seizure Clinic' provides a diagnostic EEG service for patients presenting with new onset seizures or with refractory seizures. The demand for Wada tests is also increasing- this service has increased two fold in the past year. Current waiting times for routine outpatient EEGs extends to 5 months. The provision of additional lab space, clinical scientists and equipment is required in an effort to reduce this time.

Nerve Conduction Studies and Electromyography (NCS /EMG)

Dr Molloy and Dr Mullins co-direct this service. There are two EMG laboratories in the Department and consultants use both rooms simultaneously supervising a carpal tunnel clinic and peripheral neuropathy screening in one and performing more complex studies in the other room. The demand for the service is increasing and there is now a 10 month waiting list for carpal tunnel screening. Complex studies such as single fibre EMG, and screening for neurological conditions such as myopathy or motor neuronopathy are routinely performed in this Department. Further development is required to meet the demands of the service and resources such as more clinical rooms, equipment and staffing is desirable.

Botulinum Toxin Clinics for Neurological Disorders

There are weekly Botulinum Toxin Clinics for neurological disorders including dystonia and spasticity. The demands for the service are increasing as indications for the toxin are expanding. A monthly Botulinum Toxin Clinic for the treatment of patients with spasticity is now delivered by the physiotherapists and supervised by Dr Molloy. A combined clinic with Mr Lacy ENT Consultant continues to expand for treatment of patients with laryngeal dystonia.

The Epilepsy Monitoring Unit (EMU)

The 4 bed EMU at Beaumont Hospital is a state of the art facility, staffed with experienced epileptologists, clinical neurophysiology consultants, neurophysiology clinical scientists, an epilepsy fellow and trained epilepsy monitoring nurses. The EMU is an integral component of the national epilepsy and surgery programme. This is a specialized unit for diagnosing patients with seizures, epilepsy, and related disorders. Patients are admitted and investigated by continuous EEG and video monitoring to record typical events in a safe and controlled environment under medical supervision. The data gained from both video and EEG recordings has implications for further treatment options including surgery where indicated. A total number 208 patients were admitted to the unit in 2016.

Intraoperative Neurophysiology Monitoring (IOM)

Intraoperative service is directed by Dr Ronan Kilbride. IOM is gold standard in specific neurosurgical operations such as awake craniotomies for cortical lesion removals, neurosurgical spinal surgeries for lesion removal and auditory pathway monitoring for acoustic neuroma resection. Exponential growth in the Awake Craniotomy Neurosurgical service and other complex neuroscience procedures in addition to the introduction of invasive phase II pre-surgical video EEG monitoring in the Epilepsy Monitoring Unit all contribute to the rising demand for this service. As the demand for this specialised monitoring grows further resources to train and recruit staff is required.

Research and Development

Teaching, audit, research and further career development is encouraged. The Department is a teaching centre for Clinical Measurement Scientist students attending DIT. Scientists attend and present at both national and international meetings There are monthly EEG review meetings and national annual peer review audits. Consultants are actively involved in the training of neurology residents, medical students and scientists. Dr Molloy is a collaborator with the National Dystonia Research Group. The Department organises annual Botulinum Toxin workshops for neurological conditions –both national and international speakers are invited to teach. Dr Mullins has research interests in both epilepsy and Neuromuscular conditions. Dr Kilbride's research interests include; epilepsy and IOM. Kate Flynn and Kate O'Brien, senior scientists presented ongoing projects at the annual Irish Society of Clinical Neurophysiology academic meeting. Geoff Haughton, senior scientist completed the internationally recognised ABRET R. EEG T. Exam. In 2016 Kate O'Brien, commenced a Masters focusing on the specialised epilepsy monitoring unit.

Table 85

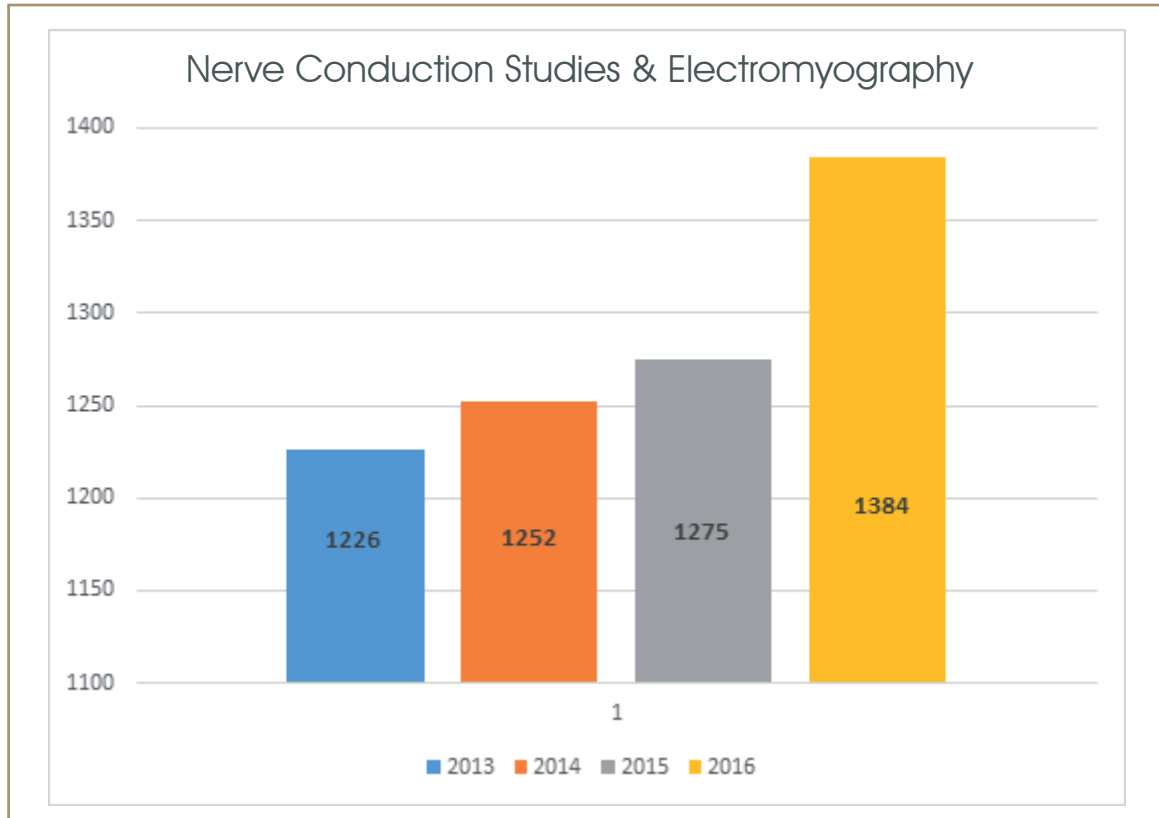


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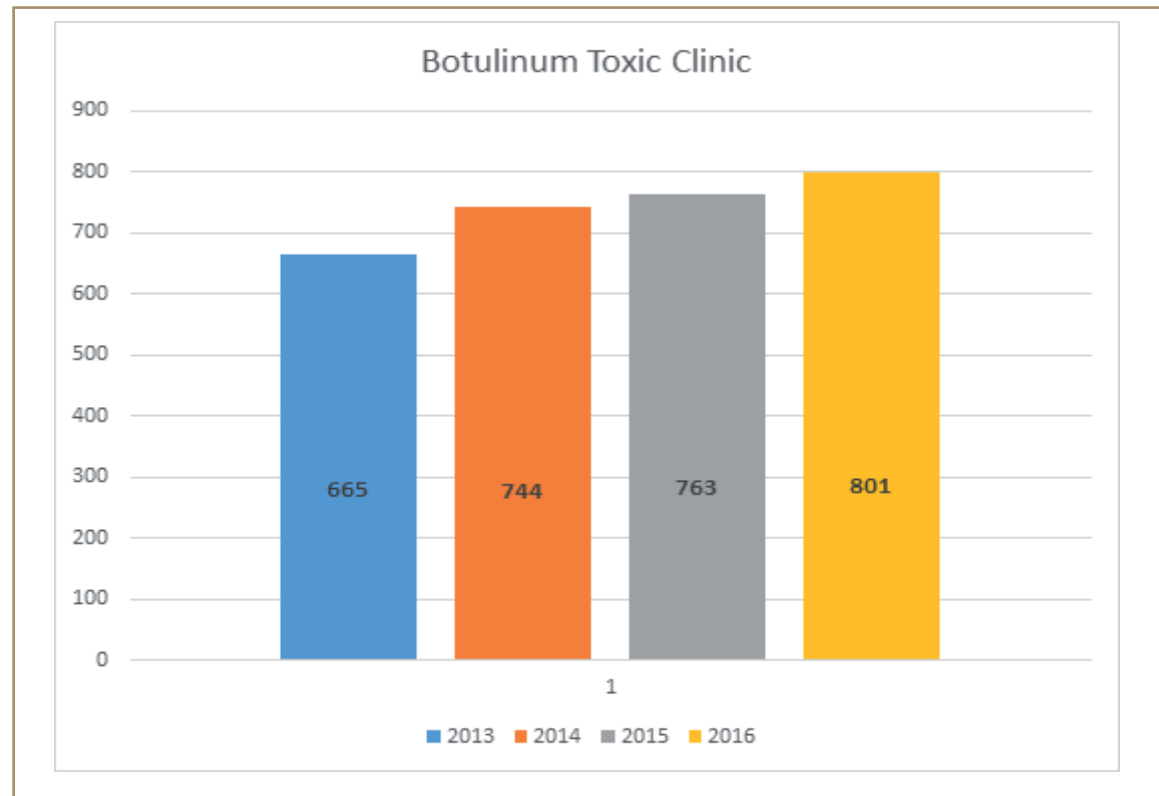


Table 87

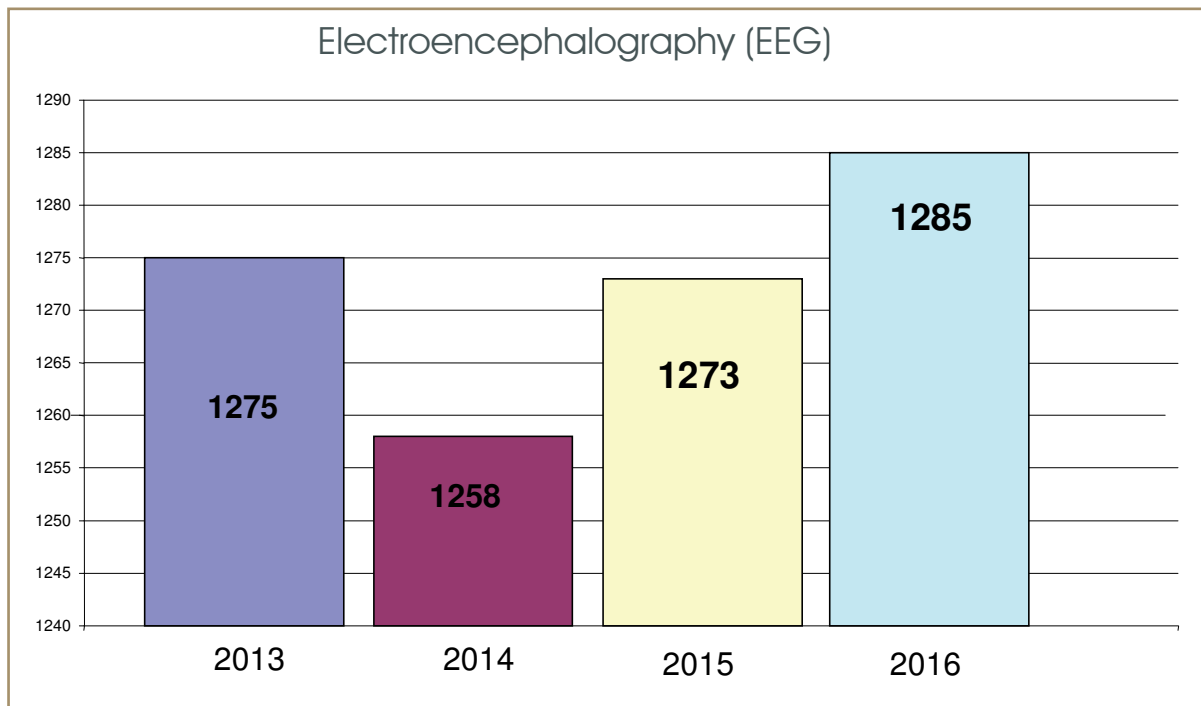
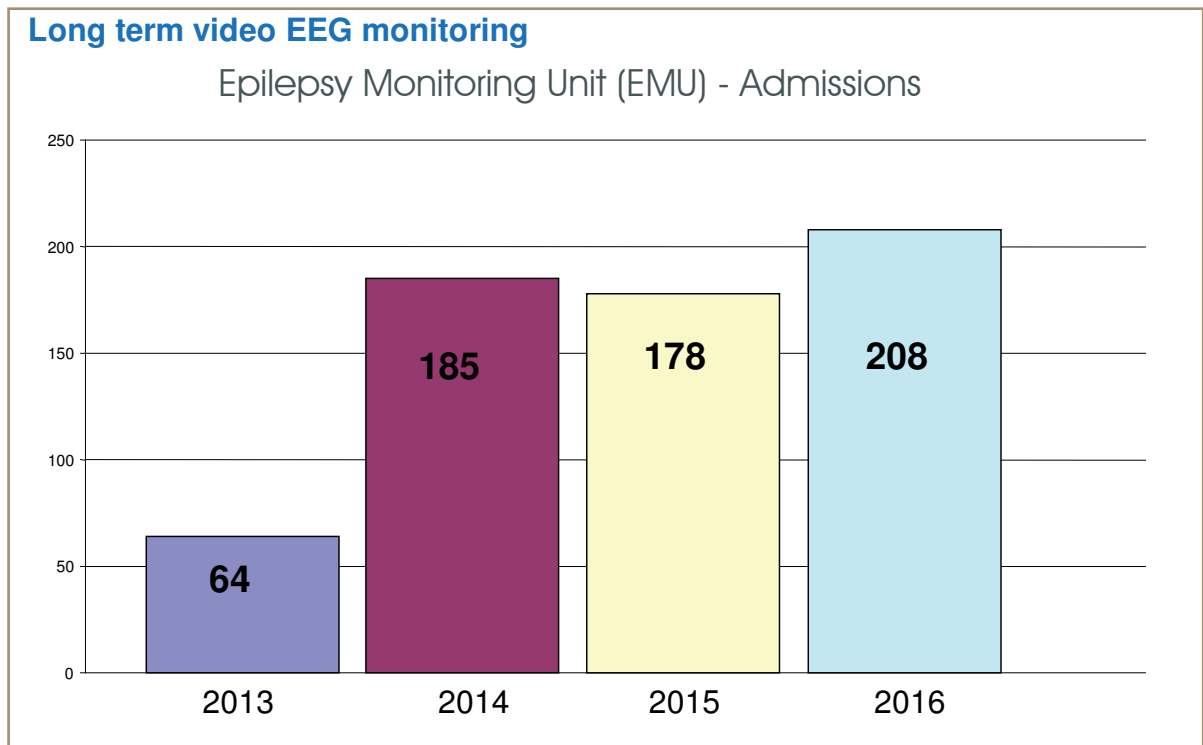


Table 88



Nursing Overview 2016

Postgraduate Diploma in Neuroscience Nursing

The Postgraduate Diploma programme commenced in September 2015 and ended August 2016. There were 9 participants in total. Three candidates undertook the Neuroscience Postgraduate Course, three undertook the Post Graduate in Nursing and a further three nurses completed the Post Graduate Certificate in Neuroscience.

The programme culminated with students presenting their nursing practice initiatives at the 4th Annual Nursing Practice Initiative Symposium. In addition, three candidates who did the Neuroscience Postgraduate Diploma completed and passed the ACLS course in October 2016. Previous graduate of the Postgraduate Neuroscience Course Kellie Hampson showcased her initiative on Early Enteral Feeding in Stroke Patients at the 34th Annual International Nursing and Midwifery Research and Education Conference in March 2016.

Conferences / Study Days

National Neuroscience Conference June 2016

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 a national level. The NeuroCent nursing group co-ordinate and host many conferences throughout the year.

The Neuro-Cent Directorate hosted the 4th National Neuroscience Conference on June 10th 2016 which focused on a variety of neurological conditions. The event as in other years proved to be hugely successful with over 200 delegates attending from all around the country. The theme of the day was around the 'Fundamentals and advances in patient care'. In addition to enhancing delegates' knowledge of the care of patients with such conditions, the conference provided the opportunity to network with other members of the interdisciplinary team from a range of clinical settings and to view the variety of interesting and informative stands and posters that were on display. The success of the conference is testament to the teamwork and commitment to excellence that is inherent within the NeuroCent Directorate.

Head, Neck and ENT Conference November 2016

The Head and Neck Interdisciplinary Conference was held in November 2016 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.



Some of the Organising Committee with Ms Karen Green, Director of Nursing and Professor James Paul O'Neill, Consultant in Otolaryngology head and neck surgery.

Critical Care Foundation Course (Richmond ICU and General ICU)

The 8th of February 2016 saw the commencement of our first Critical Care Foundation Programme, here in Beaumont. The aim of the course is to help our nurses to develop their skills and knowledge in caring for the critically ill patient in ICU. This six month course is run across two directorates, namely Critical Care and Neuroscience, in General ICU and Richmond ICU, for junior staff nurses. Throughout the course the 6 participants worked in the clinical area, in their respective units, attended monthly study days and completed their course work.



Photo below shows course facilitator Gillian O'Leary and some of the course participants.

Neuro Oncology

The Neuro-Oncology Multidisciplinary Team (MDT) has introduced a new patient passport to enhance the care of patients diagnosed with a brain tumour over the duration of their treatment. The collaborative design approach included input from a broad range of professions from Beaumont Hospital and further afield. Thanks to MSD for their contribution to this project which was one of the prize winners after it was presented at the Quality & Safety Meeting held in Beaumont on May 14th.



Photo shows Eithne Dunne, Clinical Nurse Specialist in Neuro-Oncology; Kareena Malone, Senior Neuro Physiotherapist and Karen Smith, Senior Neuro Occupational Therapist.

Nursing Service - Regional Epilepsy Centre, Dublin North East

As Regional Epilepsy Centre, the cohort of Advanced Nurse Practitioners (ANPs) and Candidate ANPs complement the current medical expertise to run the chronic disease management of epilepsy and integrate it with primary care. Their aim is to provide the best value care for all people with epilepsy in the right place at the right time, sharing the best available information. There is currently one registered ANP (Maire White) and 3.5 Candidate ANPs (Noddy Dempsey, Annette Breen, Niamh Colleran and Brenda Liggan). Yvonne Owens is currently on secondment to the Children's Hospital Group. Sinead Murphy is also an integral part of the team as Community Epilepsy Nurse Specialist. We would like to acknowledge ANP Cora Flynn's contribution and commitments to Epilepsy services here in Beaumont hospital over many years and wish her well in her future career.

Outreach

As Regional Centre, the nursing team at Beaumont hospital support Epilepsy outreach services to the Mater Hospital, and also to the intellectual disability setting with established clinics at St Mary's Drumcar and to Daughters of Charity, Clonsilla. An outreach clinic was also provided to Cavan Monaghan for part of 2016. Outreach clinics also continue in the Rotunda and National Maternity Hospital twice a month and Our Lady of Lourdes, Drogheda.

Rapid Access Seizure Clinic

This nurse led clinic occurs on a weekly basis, patients are referred here from a variety of sources, including the follow up of people seen in the Emergency Department who are not admitted, patients lost to follow up, patients referred from oncology and neurosurgery and patients requiring urgent lifestyle issues addressed including pregnancy, driving, and alcohol and drug consumption.

Home Visits

A number of people with epilepsy are seen in their own homes by the community epilepsy nurse at the request of medical and nursing staff in Beaumont or arranged through Epilepsy Ireland.

Epilepsy Electronic Patient Record (EPR)

The epilepsy service predominantly uses the epilepsy EPR to help coordinate and manage the care for people with epilepsy. There has been ongoing development work in 2016 of the EPR with input from all clinical users providing epilepsy care. Use of the Epilepsy EPR to record patient encounters has increased over the years and it is now the established way of recording all clinical encounters whether patient are seen in an OPD or are provided with advice over the phone.

Group Education Clinic

A monthly group education clinic commenced in late 2015 and has continues throughout 2016. Approximately 8-15 patients are referred to each group education clinic. In addition one to one education sessions are provided as requested.

Better Health- Better Living

Annette Breen delivered the Better health, Better living course in Autumn 2016 to a group of patients with various chronic health conditions.

Audit and Research

The epilepsy nurses have continued their participation in audit and research locally and national.

- The SENSE study - an evaluation of the role of the Epilepsy Specialist Nurse and the impact on care (TCD under Prof Agnes Higgins) has been completed and is due for launch on Feb 1st 2017. All of the epilepsy nurses participated in this over the past 2 years and Máire White was a collaborator.

- The Model of Care for Epilepsy was launched in Dec 2016, all the epilepsy nurses contributed to the development to this model of care over the past 5 years.
- EPIC (Epilepsy Partnership in Care- a participatory action research project). The epilepsy nurses have participated in this research project led by Maynooth University Hospital and RCSI and 3 nurses are participating in the work streams looking at the telephone advice service in collaboration with other healthcare professionals from regional epilepsy services
- The community epilepsy nurse Sinead Murphy published research in *"Seizure"* and presented the work via a platform presentation to the European epilepsy community in Prague.
- Sinead Murphy contributed to an article published on maternal death in epilepsy in the *"Irish Medical Journal"*.
- Annette Breen contributed to audit on results with Eslicarbazepine in collaboration with Neurology SPR from SJH.
- Annette Breen presented her poster *"Integrated Care – A Qualitative Study"* at the RCSI international nursing conference 2016.
- Annette Breen presented her poster *"Integrated Care – A Qualitative Study"* at the ILAE UK & Irish conference 2016.
- Brenda Liggan's abstract was accepted for platform presentation at Trinity College conference on *'Minding Mothers with Morbidities'* in November 2016.
- Brenda Liggan commenced an audit within the epilepsy service on anti-epileptic drug medication errors, data collection currently ongoing.
- Niamh Colleran presented poster entitled *'Drug Trials for Drug Resistant Patients with Idiopathic Generalised Epilepsy: a Meta-Analysis'* at *'The Enhancing Nursing Through Research and Innovation in Clinical Practice'* conference in December 2016 in Beaumont Hospital

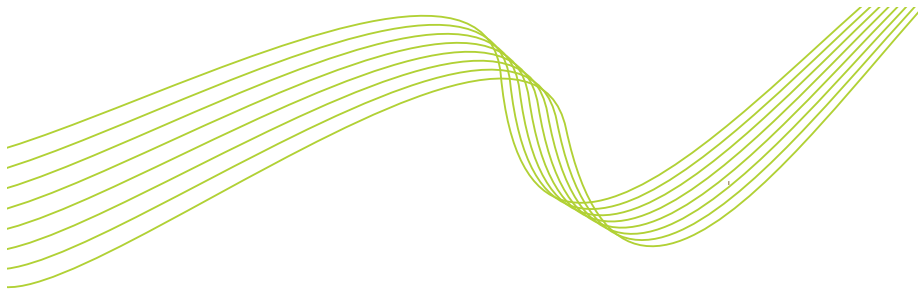
- Niamh Colleran submitted study entitled 'Drug Trials for Drug Resistant Patients with Idiopathic Generalised Epilepsy: a Meta-Analysis' for publication in Seizure journal, review in progress currently

Education

- The epilepsy nurses provided education sessions to under and post graduate nursing staff as requested and contributed to the Epilepsy Ireland National Epilepsy Ireland Conference
- The community epilepsy nurse also provides education nationally with the support of

Epilepsy Ireland to various allied health care professional s, organisations, carers and families to include St John of God's, St Josephs ID services and HSE, Monaghan.

- Buccal Midazolam training is also provided to epilepsy service providers in the community.
- Assistance given to organise the National Irish Epilepsy Nurses conference 2016.
- Webinar on epilepsy and the elderly was given to Nursing Home Ireland via RCSI in 2016.
- Annette Breen organised the Irish Epilepsy Nurse Group annual meeting as chairperson for the group in 2016.



Ms Deborah McNamara

Directorate Team

Clinical Director:

Deborah McNamara

Directorate Nurse Manager:

Marie Kelly

Business Manager:

Des. O'Toole

Surgical Directorate

The Surgical Directorate at Beaumont is delighted to welcome the appointment of a number of new consultant colleagues, namely, Mr Seamus McHugh (Consultant Vascular Surgeon), Mr John Burke (Consultant General and Colorectal Surgeon), Mr Will Robb (Consultant General and Upper GI Surgeon), Dr Hassan Rajab (Consultant Gynaecologist) and the joint appointment with Connolly Hospital of Mr David Beddy (Consultant General and Colorectal Surgeon). Mr McHugh will support our existing strong Vascular Department with his specialised endovascular skills. Mr Robb joins our well-established Upper GI surgical team that includes Mr Arumugasamy and Professor Tom Walsh (Connolly Hospital), offering expert surgical care to patients with oesophageal and gastric cancer from our region.

Mr Burke expands the range of our rectal cancer surgical services with the addition of advanced minimally invasive transanal resection and he also has a special interest in inflammatory bowel disease (IBD). Mr Beddy's appointment is a further development in our close working relationship with Connolly Hospital and ensures that colorectal cancer patients across our hospital group have access to a uniformly high level of colorectal cancer surgery. In addition to supporting the delivery of emergency surgical care, our new consultants further enhance the specialist vascular and cancer surgical services offered by Beaumont Hospital to the patients of the RCSI Hospital Group and we wish them long and happy careers. We also wish to recognise and thank a number of consultants for their many years of service to Beaumont Hospital including Dr Barry Gaughan (Consultant Gynaecologist),

Dr Paul Byrne (Consultant Gynaecologist) and Professor Austin Leahy (Consultant General

and Vascular Surgeon). We are delighted that Professor Leahy will continue his academic work with RCSI.

In addition to the specialties already mentioned, each specialty in the Surgical Directorate has actively participated in ongoing development of services within RCSI Hospital Group. Our plastic surgeons introduced an emergency service across Connolly and Beaumont, gynaecology has developed plans for a more seamless service and our orthopaedic colleagues continue to deliver the highest volume of care per surgeon of any Irish hospital.

We also acknowledge the major contribution made to the care of our patients by all staff working in the Directorate and especially our nursing colleagues at all levels, led by Ms Marie Kelly, Directorate Nurse Manager. Surgical activity remains high and all members of the Surgical Directorate are working to improve the efficiency of services provided to our patients. Modern practice including day of surgery admission has become the norm and we continue to work to improve waiting times for surgery.

Table 89

Gynaecology 2016	
In-Patients Total	131
Unscheduled In-Patients	52
Scheduled In-Patients	79
Day Cases	701
Total Discharges	832
Day of Surgery Admission	93.5%
Average Length of Stay	3.3 Days

Table 90

Orthopaedics 2016	
In-Patients Total	1,136
<i>Unscheduled In-Patients</i>	962
<i>Scheduled In-Patients</i>	174
Day Cases	1,112
Total Discharges	2,248
Day of Surgery Admission	83%
Average Length of Stay	10.0 Days

Table 91

Plastic Surgery 2016	
In-Patients Total	320
<i>Unscheduled In-Patients</i>	198
<i>Scheduled In-Patients</i>	122
Day Cases	2,993
Total Discharges	3,259
Day of Surgery Admission	60%
Average Length of Stay	6.1 Days

Table 92

Breast Surgery 2016	
In-Patients Total	146
<i>Unscheduled In-Patients</i>	33
<i>Scheduled In-Patients</i>	113
Day Cases	514
Total Discharges	660
Day of Surgery Admission	91%
Average Length of Stay	3.2 Days

Table 93

General Surgery	
In-Patients Total	1,980
<i>Unscheduled In-Patients</i>	1,720
<i>Scheduled In-Patients</i>	260
Day Cases	2,204
Total Discharges	4,184
Day of Surgery Admission	80%
Average Length of Stay	6.2 Days

Table 94

GI Surgery 2016	
In-Patients Total	1,023
<i>Unscheduled In-Patients</i>	656
<i>Scheduled In-Patients</i>	367
Day Cases	1,992
Total Discharges	3,015
Day of Surgery Admission	88%
Average Length of Stay	9.5 Days

Table 95

Vascular Surgery 2016	
In-Patients Total	342
<i>Unscheduled In-Patients</i>	225
<i>Scheduled In-Patients</i>	117
Day Cases	1,251
Total Discharges	1,593
Day of Surgery Admission	64%
Average Length of Stay	13.25 Days

Notwithstanding many challenges in the healthcare environment locally and nationally, the Surgical Directorate's strong focus on improving the quality and safety of care delivered to patients has continued during 2016. Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services.

Our interdisciplinary healthcare QI learning collaborative, commenced in April 2014 by the surgical directorate, celebrated a significant anniversary. The 'Better Beaumont' lunch and learn group held its 100th meeting supported by national and international QI experts. Several notable improvements resulting from this work include a trebling in compliance with recommended perioperative antibiotic regimens, better nutritional assessment for surgical inpatients, and elimination of wrong site surgery with no incident taking place throughout 2016. Surgical site infections have been significantly reduced by our colorectal service while our orthopaedic surgeons improved antibiotic use and contributed to the development of better

antibiotic guidelines as part of a multi-faceted QI project supported by Dr Fidelma Fitzpatrick, Consultant Microbiologist. The Surgical Directorate quality and safety dashboard acted as a template for a group-wide quality reporting system. The “*Better Beaumont*” collaborative has hosted national and international visits and published its work (Int J Health Care Qual Assur 2016; 29(5): 550-8) as well as contributing to the first annual meeting of the recently established National Patient Safety Office. Next year will see an increased focus on ensuring the timeliness of emergency surgery, including patients with hip fractures, among other areas. Our innovative randomised controlled trial, lead by Professor Hill, to evaluate the optimal management of patients presenting with acute appendicitis continues to recruit patients and will make a major contribution to care of patients with this common condition. We continue to advocate for better hospital infrastructure and higher nursing ratios for the safe care of our complex post-operative patients and have highlighted the need for a surgical high-dependency unit as a matter of priority. Since late 2015, Beaumont Hospital’s Surgical Directorate has been national pilot site for the

successful Physician Associate Programme and has welcomed 5 PAs to our service. In addition to demonstrating the benefits to the Irish Health Service of this new staff grade, we supported the evaluation process of the Department of Health and the development of the first Irish PA training programme, the Masters in Physician Associate Studies at RCSI.

The academic output of the directorate continues thanks in large part to the tireless work of our consultant staff who provide supervision, support and mentoring to surgical NCHDs and research staff. We particularly acknowledge the contribution of our Surgical Lead NCHDs Mr John Duddy (January-June 2016) and Ms Ailin Rodgers (July 2016- June 2017). Our Hospital continues to be a popular training unit for surgical trainees who greatly enhance the care of our patients and to whom we express our thanks. The Surgical Directorate continues to enhance the educational opportunities available to our NCHDs. Mr Peter Naughton has taken on a role as Surgical Educational Lead and co-ordinates a popular postgraduate surgical lecture series while Mr John Burke represents Beaumont on the RCSI general surgery sub-committee.

Breast Unit



The breast unit continued to grow its service during 2016 with over 330 cancers diagnosed and treated. This is a substantial change from 10 years ago when 100 cancers were treated in the unit each year.

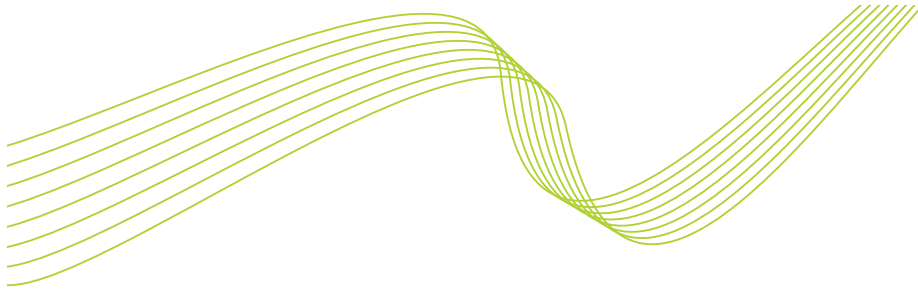
The breast unit has developed a family history clinic during the year which has been very successful. All patients must complete their assessment forms prior to attending the clinic. The service now has over 50 families who are carriers of the BRCA mutations.

A significant addition to the breast service was the development of intra-operative radiotherapy. This initiative has been led by Dr Orla McArdle, Consultant Radiation Oncologist and Mr Colm Power, Consultant Breast Surgeon. During 2016 five such cases were administered radiotherapy intra-operatively. The funding for the INTRAbeam device to administer the intraoperative radiotherapy was kindly donated by Breast Cancer Ireland. The unit continues to work closely with the Plastic Surgery Department in providing an immediate breast reconstruction service. The unit is known nationally for its very successful programme in DIEP breast reconstructions which is led by Mr Nadeem Ajmal. Over 350 such cases have been performed by the team at the Beaumont breast unit and this is the largest such service in the country.

The unit has been fortunate to benefit from Dr Patrick Morris's leadership in clinical trials. Both he and Dr Bryan Hennessy who has a national leadership role within Cancer Trials Ireland has been making clinical trials available to the patients in the Beaumont breast service, continuing the practice carried out by Prof Grogan and Dr Breathnach for many years.

The Breast service is very proud to have redeveloped its website on the Beaumont home page and it is hoped that this will enhance the service for patients and GPs.





Ms. Dilly Little

Dr. Conall O'Seaghda

Transplant, Urology and Nephrology (TUN) Directorate

Directorate Team

Co Clinical Directors:

Ms. Dilly Little MD, BSc, FRCS (Urol)

Dr. Conall O'Seaghda, MB MRCP

Directorate Nurse Manager:

Ms Melanie McDonnell

Business Manager:

Ms Catriona McDonald

Introduction

The Transplant, Urology and Nephrology Directorate incorporates these three specialities and in 2016 included the following wards at Beaumont Hospital - St Damien's ward, St Peters ward including St Peters Acute Haemodialysis Unit, Hamilton ward and St Martins, as well as Home Renal Replacement Therapies, Renal Day Care (located in Hamilton ward and then in HDU on lower ground floor) and Urodynamics. In total the Directorate employs approx 250 staff, including 6 Consultant Nephrologists, 5 Consultant Urologists / Transplant surgeons, 4 Consultant Urologists, and approx 170 wte Nursing and Healthcare Assistant Staff.

(For further information please go to <http://www.beaumont.ie/kidneycentre-home>)



2016 – TUN Directorate: Wards

The official opening of the National Kidney Transplant service ward, St Damien's, was performed by Minister F McGrath in January 2016, however, the first patients had benefited from the new ward facilities in November 2015. 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.



L to R: Mr Liam Duffy CEO Beaumont, Ms Dilly Little Consultant Transplant Surgeon, Minister Finian McGrath T.D Minister of State at Department of Health and Children.

Refurbished National Kidney Transplant ward - St Damien's ward



Other TUN Directorate in-patient and day beds in 2016 were located in the following wards –

Nephrology: St Peter's Ward including St Peter's Acute Haemodialysis Unit, St Martin's – Out patient Haemodialysis Unit
Hamilton Ward - Home Renal Replacement Therapies
Hamilton Ward - Renal Day Care
HDU – Renal Day care from Nov 2016

Urology:

St Mary's Ward – Urology Inpatient ward
Outpatients – Urodynamics Department
St Finbarr's ward – Urology Day case
St Josephs Hospital: Urology Inpatient and Day case

Transplant:

St Damien's ward – National Kidney Transplant ward
Hamilton ward / HDU - Renal Day Care

National Kidney Transplant Service (NKTS)

Since the first kidney transplant in Ireland was performed in 1964, 4843 kidneys have been transplanted, initially in Jervis Street Hospital and continuing in Beaumont in 1987 when the program moved to Beaumont. Since 2003, the kidney transplant team from Beaumont has also performed paediatric kidney transplants in Temple Street hospital and to date we have performed 117 transplants there. In recent years, we have worked to expand our living kidney donor rates in line with international trends and over the last 5 years we have evaluated 549 potential living kidney donors and performed 193 living donor kidney transplants. In 2010, we performed the first Hand Assisted Laparoscopic Donor Nephrectomy in the country and since then have been able to offer all potential living donors the benefits of minimally invasive surgery to facilitate their recovery. In 2016, 50 living kidney donor transplants were performed in Beaumont. 2016 also saw the fruits of collaboration with our renal transplant colleagues in the UK in the paired kidney exchange programme and a further 7 patients were transplanted in the UK in this programme with a living donor that was evaluated in Beaumont.

Approximately two thousand three hundred patients currently enjoy the benefits of a functioning kidney transplant and a large proportion of those patients receive their aftercare follow up here in Beaumont. The transplant team are extremely proud of our outcome data as our patient and graft survival rates compare favourably with the biggest and highest ranked transplant programmes, internationally. However, it is important to remember that every single one of the nearly five thousand transplants that we have performed has been initiated by an extra-ordinary gift of one human being reaching out to another. Whether that gift comes at a time of deepest loss and tragedy when an individual or family can see beyond their own loss and grief and agree for their loved one to be a deceased organ donor, or when an individual can overcome their own fear of ill health and undergo major surgery as a living kidney donor to hopefully restore health to another person. Every one of us working on the transplant team, wish to acknowledge the tremendous generosity of all kidney donors. In May 2016 The National Kidney Transplant service had the opportunity to take part in the HSE documentary 'Keeping Ireland Alive'.

This was a documentary of a day in the life of the HSE filmed over one 24 hour period from all aspects of care (acute hospitals, primary care etc) for patients. The NKTS at Beaumont hospital received very positive feedback from our contribution on this documentary.

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 completed their training in July 2016. We welcomed the appointment of a new consultant colleague Mr. James Forde in July 2016, who will contribute to the transplant program.

The pancreas transplant program moved to St Vincent's Hospital and is fully active since December 2016 with approximately 10 patients wait - listed for simultaneous kidney pancreas transplant - the collaboration with St Vincent's University Hospital on this project opens up new opportunities for a close working relationship that will benefit both our transplant centres and therefore our patients.

We have recently put in place a quality management system for the transplant service and following an inspection in July 2015 by the HPRA, the transplant service at Beaumont was authorised by the regulator and deemed compliant with the recent legislation governing kidney transplantation, living kidney donation and deceased donor vessel banking. A further inspection in August 2016 was performed by the HPRA and the Kidney programme was deemed to be compliant with the legislation.

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.

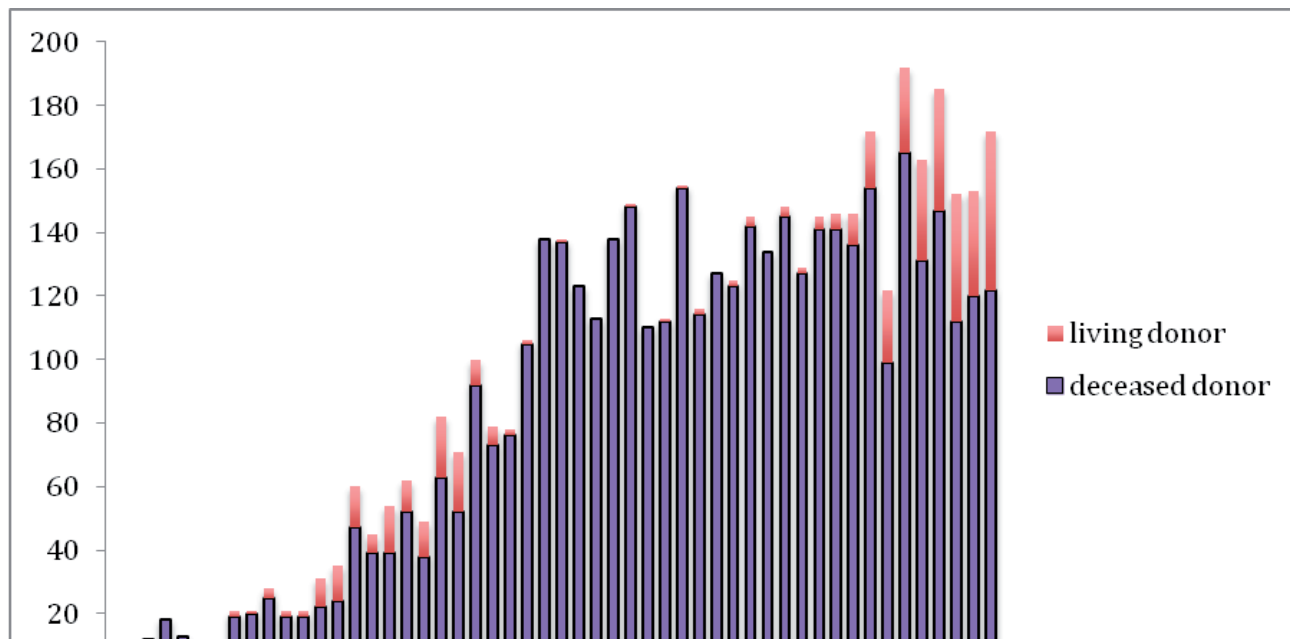
The use of minimally invasive laparoscopic techniques for donor nephrectomy and the increase in expertise by the transplant urology surgeons in these techniques meant that laparoscopic donor nephrectomy was offered to all potential living donors facilitating their post-operative recovery and reducing significantly the average length of in-hospital stay.

2016 Transplant Activity

2016 proved another busy year for the renal transplant programme with a total of 172 kidney transplants performed, including 50 living kidney direct donations in Beaumont. A further 7 patients were transplanted in the paired kidney exchange programme in the UK, with a living donor evaluated in Beaumont. A total of 269 new patients were evaluated for transplant in 2016 and 221 were activated on the transplant waiting list.

107 potential living donors were medically evaluated and a total of 252 interested potential donors underwent preliminary tissue typing.

Table 96: Number of deceased donor and living related transplants per annum 1964 – 2015



Category	Year 2011	Year 2012	Year 2013	Year 2014	Year 2015	Year 2016	Average for 6 years (rounded)
Total number of transplanted kidneys	192	163	185	152	153	172	170
Number of deceased-donor kidney transplants	158	130	135	107	120	122	154
Number of Living donor kidney transplants	27	32	38	40	33	50	44
Number of Simultaneous Pancreas/Kidney (SPK)	7	1	12	5	0	0	4
Number of Combined Kidney/Liver or Heart	0	0	0	0	0	0	0
Number of Living donor kidney paired program Transplants in UK*	1	3	1	5	8	7	5

Table 97: Summary of transplant numbers 2010 – 2016

*not included in the total number of transplants

Summary of living donor transplants 2001 - 2016

In 2016, 50 direct living kidney donor transplants were performed in Beaumont Hospital, representing a 50% increase in the number of living donors performed. 252 people came forward for initial tissue typing and 107 underwent medical and or psychological assessment and or surgical assessment. All potential donors that were deemed suitable for surgery were discussed at a multi-disciplinary team meeting. Twelve of the living donor recipients received completely matched kidneys. The majority (21) of the living kidney donors were siblings. There were 5 spousal transplants and the remainder were child to parent (5) or parent to child (n 13). Three friends donated their kidneys and there were 2 directed altruistic donors. One gentleman donated a kidney to his nephew. All but one donor underwent laparoscopic or hand assisted laparoscopic donor nephrectomy. The average length of stay in hospital for the donor was 4 days.

Table 98

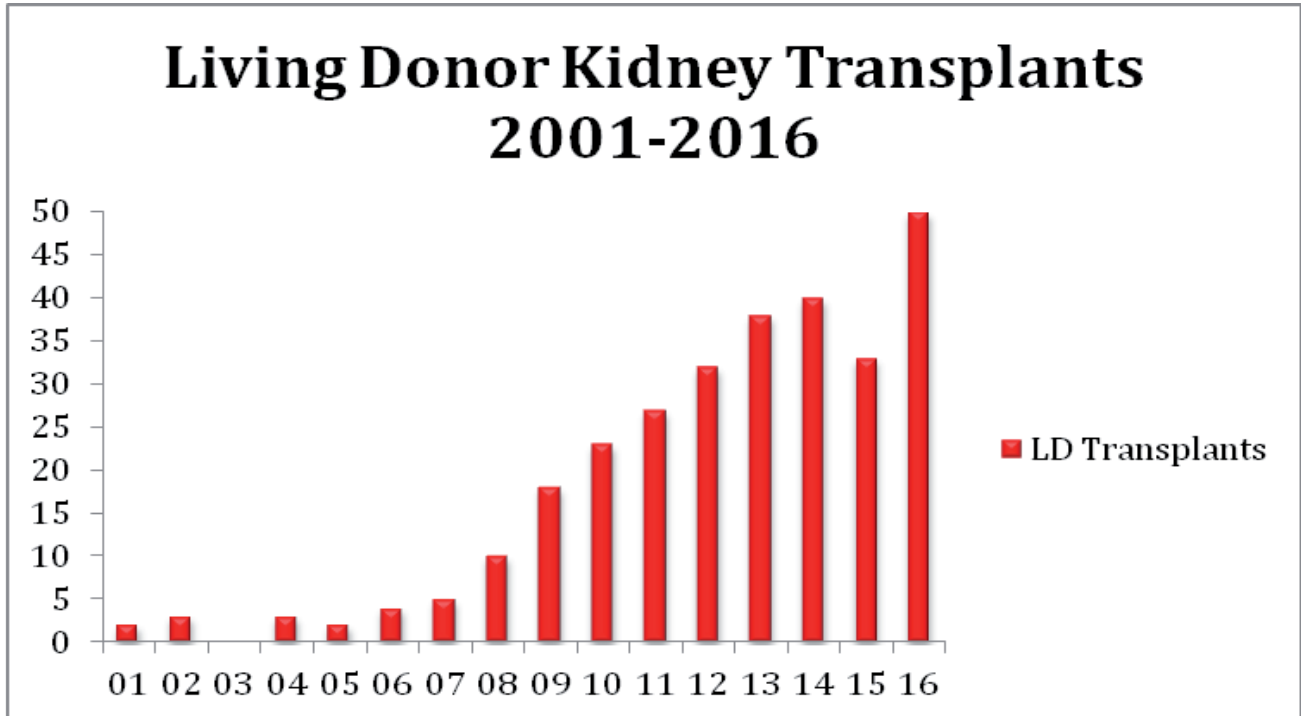


Table 99: Number of living donor transplants 2001 – 2015 (Beaumont Hospital)

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)
2016	50	7	33.1	

Table 99: Living donor (LD) transplants 2001 – 2016

Kidney Transplant Outcomes

On Friday November 25th 2016 Minister for Health Simon Harris, T.D., officially launched the 2015 Annual Report for Ireland's National Kidney Transplant Service at Beaumont Hospital.



L to R: Ms Aileen Counihan, Transplant Co-Ordinator, Minister for Health Simon Harris, T.D., Dr Conall O'Seaghda, Consultant Nephrologist, Ms Dilly Little, Consultant Transplant Surgeon



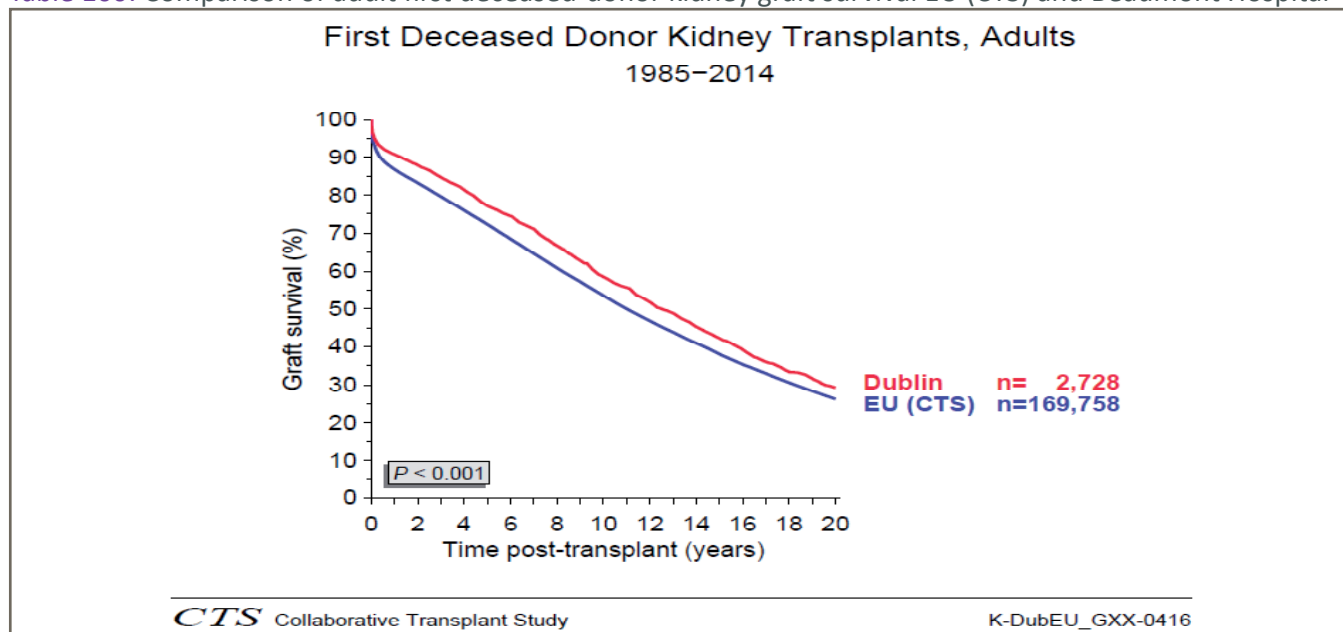
The 2015 Annual Report shows that kidney transplants performed at the National Kidney Transplant Service (NKTS) are functioning 3 years longer than their European counterparts. As part of the Collaborative European Transplant Study, based at The University of Heidelberg, data was collected from over 400 transplant centres across Europe over a 30 year period.

In the European transplant centres surveyed, 50% of all the kidneys transplanted are still functioning after 11 years.

However, in patients transplanted at Beaumont Hospital, 50% of kidneys transplanted are still functioning after 14 years.

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.

Table 100: 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.

Table 101

Second Deceased Donor Kidney Transplants, Adults

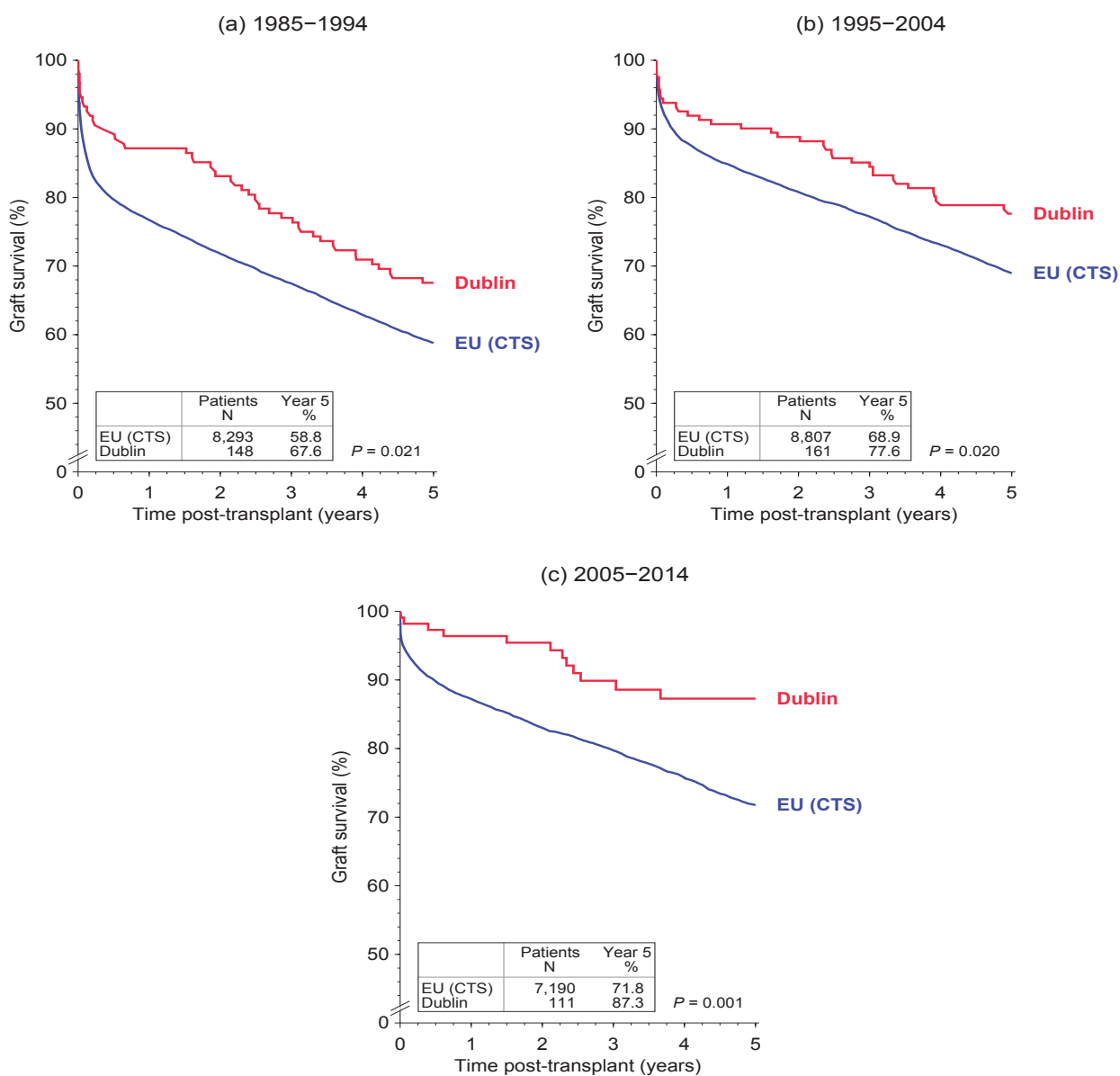
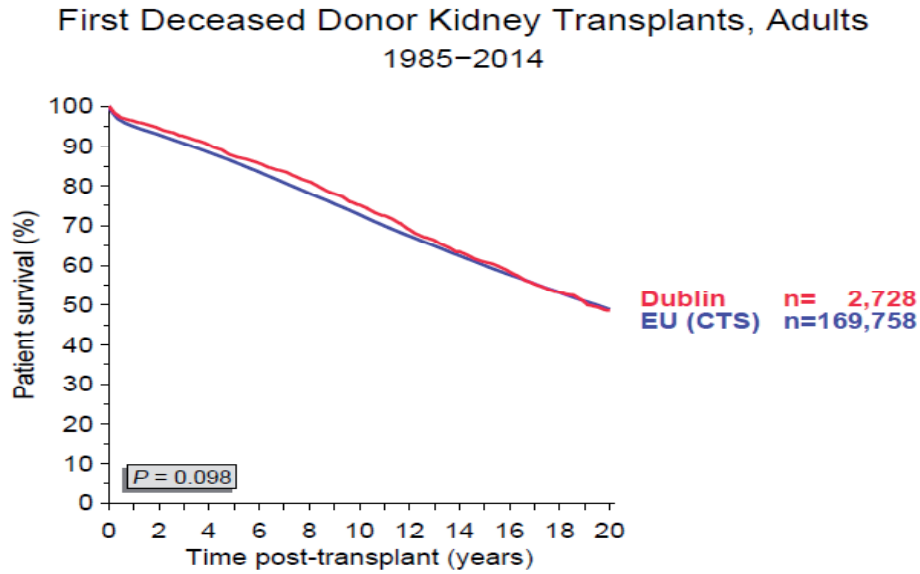


Table 102: Comparison of adult second deceased-donor kidney graft survival EU (CTS) and Beaumont Hospital 5-year graft survival over 3 time periods



CTS Collaborative Transplant Study

K-DubEU_PXX-0416

Table 103: 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 and graft outcomes

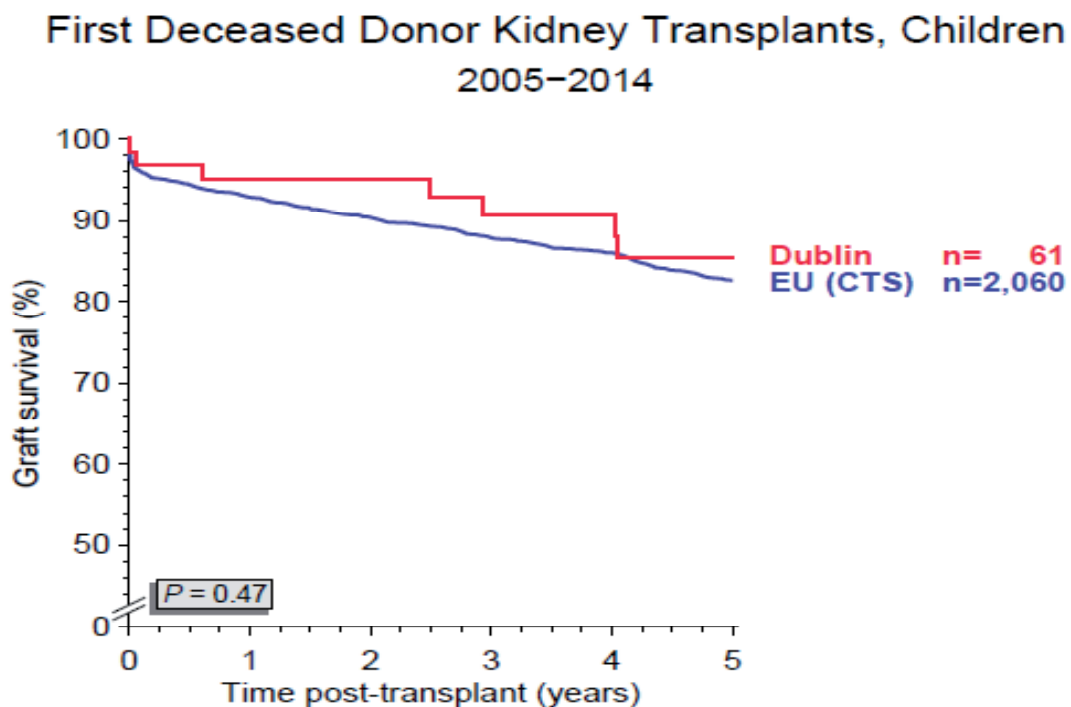


Table 104: Comparison of paediatric first deceased-donor kidney survival EU (CTS) and Beaumont Hospital graft survival outcome

Urology

The Urology Team at Beaumont Hospital continue to provide a regional urology service to patients for the RCSI 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 2016, the Department of Urology welcomed the appointment of Mr James Forde Consultant Urological Surgeon to Connolly and Beaumont Hospital—Mr Forde has a speciality interest in Female Urology and general urology. The Department also welcomed Ms Lisa McLoren Locum Consultant Urologist who has contributed to the review of

patients in the Rapid Access Prostate clinic and also has a speciality interest in endourology, stone disease and general urology. The appointment of 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. Regrettably, Mr B MaGuire has taken up position as a Consultant Urologist in St Vincent's University Hospital from January 2017 and the group will miss his expertise in Endourology and stone disease.

2016 Activity

The Urology Department in Beaumont and Connolly Hospitals receives approximately 200-250 and 80–100 new referrals, respectively per month. In 2016, the Beaumont Urology /Transplant Surgeons saw over 8500 patients in OPD clinics and in Connolly over 2000 patients were reviewed in clinics.

Table 105

Urology	2010	2011	2012	2013	2014	2015	2016
In patients							
In Pt Bed Days	8,111	8,639	8,644	8,533	8,711	7,932	7,675
In Pt Discharges	1,355	1,477	1,569	1,626	1,668	1,689	1,671
OPD attendances	8,497	9,027	9,183	9,294	9,038	8,444	8,570
Day Cases Total	3,600	3,443	4,265	4,372	4,535	4,614	4,604

Rapid Access Prostate Clinic (RAPC)

Clinical Lead: Mr R Power, Consultant Urological Surgeon, Mr G Smyth Consultant Urological Surgeon, Ms L McLoren Consultant Urological Surgeon Dr B O'Neill Consultant Radiation Oncologist.

Apart from non-melanoma skin cancer, prostate cancer is the most commonly diagnosed cancer in men in Ireland. It accounts for 29% of all cancer diagnoses. Between 2005 and 2007, on average 2462 new cases were diagnosed each year, with an average number of 524 deaths each year during the same time period. It is expected that the total number of diagnoses will rise to 3500 in 2015, 4800 in 2025 and 6500 in 2035.

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 this 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 2016 there was

- 75 Rapid Access Prostate Clinics with a Total of 802 Attendances: 301 new and 501 return visits
- 366 TRUS biopsies were performed. 325 of these were diagnostic 7 were staging biopsies and 34 of these were surveillance biopsies.
- 202 new diagnoses of Prostate Cancer. There were an additional 5 patients diagnosed externally but attended here for treatment or treatment review.
- 48 Prostatectomy's in 2016 in Beaumont (22 Open radical prostatectomy's and 26 Laparoscopic prostatectomies). There were an additional 33 robot surgeries performed in Mater Private.

Uro-oncology

The urology department had another busy year in 2016 providing a comprehensive uro-oncology service. 27 patients underwent radical nephrectomy. In line with international trends 18 patients had their surgery delivered by Laparoscopic techniques. 7 patients had a partial nephrectomy 14 Patients with invasive bladder cancer were treated in the Department by Radical Cystectomy in 2016. The department also resected 80 Bladder tumours cystoscopically and at the end of 2016 providing surveillance for approx 350 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. 4 patients underwent salvage retroperitoneal node dissection, post chemotherapy.

In line with best practice guidelines, all newly diagnosed uro-oncology cases are discussed at a multi-disciplinary team conference.

Andrology Clinics

Clinical Lead: Mr P Mohan

The Andrology service provides surgical treatment for Erectile Dysfunction (including patients post pelvic oncology surgery or radiation) and offers the range 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.

Table 106

2016 Urodynamic Activity	
Activity	Presentations
Cystometry	351
Uroflows /Scans	1004
Rectal manometry	143
Continence Clinic	837
Total	2335

Renal Stones. With the new appointment of a subspecialist in surgical management of stones and our proposal to develop a 'hub and spoke' model, we are in the early phases of moving elective stone surgery to Connolly Hospital, thereby alleviating pressure on Beaumont. The operating theatre in Connolly is now fully equipped to deal with complex stone cases as day or overnight surgery and is already taking many referrals out of Beaumont. Higher risk procedures such as Percutaneous Nephrolithotomy are performed in Beaumont Hospital which has all interventional radiology support. In 2017 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 2017 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.

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’Seaghdha. In addition, Dr Mark Little is appointed on a shared appointment between AMNCH and Beaumont hospitals. There are 4 nephrology registrars and 4 Nephrology Specialist Registrars, including the Transplant Fellow. The complement of junior doctors includes three senior house officers 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 2016 ground was broken in the development of the new Haemodialysis unit on the first floor of the Acute Psychiatric Unit, Ashlin Centre at Beaumont Hospital. Construction of the first floor, a walk-way from the Ashlin centre to

the main hospital building and a new water treatment plant began in January 2016, and the projected opening date is quarter one of 2017.

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 as a support for other regions within Ireland as the need arises. In 2016 the total number of haemodialysis treatments carried out in all areas was 25,928. There was an overall decrease of 1229 treatments on the previous year of 2015.

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.

Table 107

Total Haemodialysis Treatments at Beaumont Hospital

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Total	34,665	31,248	31,182	31,002	29,573	31,000	29,181	28,522	28,859	27,157	25928

Haemodialysis Patient numbers

At the end of the year there were 168 out patients in both St Martins' and St Peters' 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 Peters Ward. The patients attending are mainly from the Dublin north city and county and also the greater North East region that includes counties Louth, Meath and Monaghan. There are also a number of patients from outside the Beaumont 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

In addition to the patients attending for outpatient dialysis in Beaumont Hospital a large number of patients have their dialysis treatments in our contracted units at Northern Cross and Drogheda. At the end of the year there were 50 Beaumont patients attending the Beacon unit at Drogheda. There were 53 pts attending the Fresenius facility at Northern Cross.

Nephrology Activity

2016 has been a very busy year of renal activity in the Department of Nephrology at Beaumont Hospital. Below is a summary of this activity

Table 108

Nephrology	2010	2011	2012	2013	2014	2015	2016
In Patients							
In Pt Bed Days	12,185	11,814	10,613	10,505	11,525	11,442	11,633
In Pt Discharges	1,413	1,427	1,223	1,194	1,250	1,353	1,426
OPD attendances	6,961	7,759	8,877	9,729	9,187	9,319	9,166
Day Cases	602	685	791	944	913	1,053	1,013

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 continued 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, allows 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 2016, 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 coordinator. 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 de Freitas 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 Frances Dawson and Eadaoin Clogher. 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 2016 a total of 10 clinics took place. We had 8 new patients transitioning across – 1 female and 7 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 Peters and St Martins' units. A total of 30 new patients were treated in 2016 across 3 different specialties with 208 treatments carried out in total.

Table 109

Total New Patients	Neuro Patients	Renal Patients	Haematology Patients	Total Treatments
30	32	21	4	208

E Med - National Renal IT system

The Emed Renal IT system was successfully rolled out to the Drogheda and Northern Cross dialysis units in 2016. This finalised IT integration for renal services in the Beaumont Hospital Group. We acknowledge 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.

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.

Table 110

Clinic	Activity
Connolly Hospital	680
Our Lady of Lourdes	471
Rotunda Hospital	996

Satellite Hospital Consult Ward Rounds

The additional satellite out-patient activity has allowed us to undertake in-patient ward rounds at Connolly, Rotunda and Our Lady of Lourdes Hospitals. These are new and growing services, again aimed at improving renal care delivered locally, reducing the incidence of acute kidney injury (up to 50% in-hospital mortality) and either preventing the need for transfer to Beaumont or facilitating that transfer.

Education

The renal nurse education 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.

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.

9 nurses completed the Post Graduate programme in Renal Nursing in 2016.

5 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 courses 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.

Other activities include directorate support to include ward teaching, clinical support and participation in various groups such as Quality & Safety, Symposium Planning committee, Wellness Planning and Metrics auditing.

Transplant Urology and Nephrology Conference, 2016

The Beaumont Hospital 5th Annual Transplant, Nephrology and Urology Conference was held in the Hilton Hotel Dublin airport on Friday 25th November.

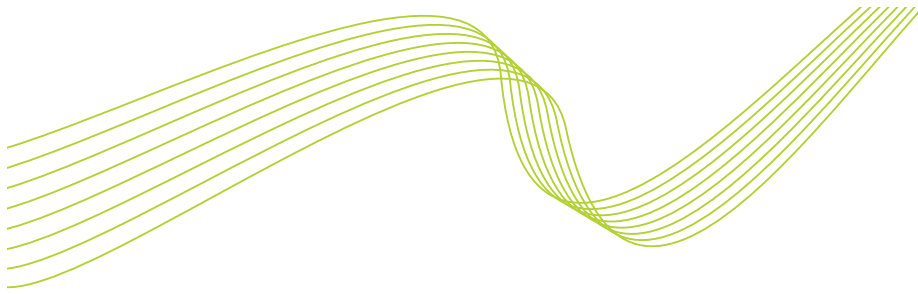
This multidisciplinary conference grows in strength year on year. The conference is aimed at all nephrology nurses, health professionals, medical scientists and NCHD's providing education and updates on a wide variety of topics.

The theme of this year's conference was Integrated Care – A Model for Excellence. The goal was to showcase how all disciplines have a role to play in the care and treatment of nephrology patients.

We were delighted to welcome speakers from Beaumont and further afield such as Wolverhampton UK and Liverpool UK.

The day was well attended with over 100 delegates from all over Ireland.





Ms. Fiona Keogan
Head of Clinical Services &
Business Planning

Clinical Services

Speech & Language Therapy Department

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.

Staff Complement

Including the SLT Manager, the Department comprises a total of 21.4 WTE SLTs and 1 WTE SLT Assistant who provide a service across five different locations:

- Beaumont Hospital: 10.6 WTE (excluding the manager)
- St. Joseph's Campus (Day Hospital, Rehab Unit and Community Nursing Unit): 2.8 WTE
- St. Lukes Radiation Oncology Unit (SLRON-Beaumont Centre): 1 WTE
- Cochlear Implant: 6 WTE

During 2016 the complement increased by 0.5 WTE SLTs due to the development of a 5-day Day hospital service.

The SLT department was under considerable staffing pressure in 2016 due to a significant increase in absenteeism rates and vacant posts.

Absenteeism rates for 2016

Unfortunately, 2016 was an exceptional year for sick leave for the SLT department. On top of the

usual absenteeism that would be expected for any department throughout a year, 3 staff members suffered fractured bones which led to 111 days (approximately 5.5 month) of sick leave for these 3 staff members alone. All 3 of these staff members returned on light duties for an additional 60 days (approx). This reduced staffing available to see patients on the wards by at least 1 WTE for the equivalent of 8.5 months.

Vacancy Rates for 2016

Within all departments there is movement of staff. In 2016, a number of staff grade permanent posts were released by the HSE. This led to difficulty retaining staff who were working on part time and temporary nature contracts within the service. In addition, the impact of maternity leaves must be considered for a department which is predominantly female. Maternity leave vacancies are standardly only covered at a rate of 0.5 WTE for each 1 WTE. In 2016, 2 WTE staff were on maternity leave at one time, leading to an automatic reduction of 1 WTE in the staffing available. 2016 saw high turnover of staff with 8 new staff started and 5 of those leaving after a number of months. Training and increased supervision time is required for new staff members therefore there was a significant increase in non clinical time required to meet these needs in 2016. When adding vacancies due to maternity leave and those due to delays in recruitment, the department held a vacancy rate (which ranged from 0.3 WTE to 1.7 WTE) for 10 of the 12 months of 2016.

Clinical Activity

As the cochlear implant service works independently of the rest of the SLT hospital

service, the data below will be presented in 2 parts: General Hospital data and Cochlear implant data. The demand for SLT was consistently high throughout 2016. The table below compares data for 2015 and 2016.

Table 111

General	2015	2016	% Increase/Decrease
Number of patients seen	2491	3095	24% increase
Duration (time spent with patient)	42 minutes per intervention	36 minutes per intervention	14% decrease
Number of interventions per patient	6.2	6	3% decrease
Discharged before seen	78	82	5% increase

As can be seen, there was a 24% increase in the number of patients seen. As there was only a 0.5 WTE increase in staffing for the general hospital service (3.5% increase), this increase in number of patients seen was achieved by seeing patients for less time and offering less interventions to each patient. Each year a number of patients are discharged before they can be seen. This is due to a number of factors such as delays in sending referrals to a reduced staffing compliment. As can be seen, while more patients were seen, more were also discharged before they could be seen.

The highest activity areas continue to be the following:

Table 112

	2015	2016	% Increase/Decrease
Care of the Elderly	384	559	45% ↑
Accident and Emergency	74	463	525% ↑
Neurosurgery	400	423	6% ↑
Neurology	296	298	Similar level
Stroke	231	285	23% ↑
ENT	319	282	11% ↓
Radiation Oncology	234	242	3% ↑

The above areas are all areas that have dedicated SLT senior staff allocated to the area. The significant increase in activity in the area of Care of the Elderly reflects the development of the Day Hospital service and the additional specialist geriatric ward development on Hardwick ward in the last quarter of 2015. An additional staffing resource provided in 2015 also allowed for allocation of SLT resource to the Emergency Department and the Frailty Intervention Therapy Team (FITT). The SLT service covers the whole ED department and not only those over 75 years of age. As a result of this change to service provision, patients are seen on their day of admission and the risk of aspiration pneumonia is reduced by this 'front door' intervention, therefore facilitating a reduction in the patient's length of stay.

Cochlear Implant Service

Within the Cochlear Implant programme, 2016 continued to be busy. Activity was consistent with a similar number of referrals in 2016

when compared to 2015. Due to the change in international guidelines for cochlear implantation, children with asymmetrical hearing losses and children with more complex needs are now referred for SLT assessment. Many of these went on to benefit from cochlear implantation.

General initiatives and developments

- In addition to maintaining the patient service, there were also a number of initiatives and developments within the SLT service. These are summarised below.
- 'What Matters to me' day was co-ordinated in conjunction with the Social Work Department. This day aimed to increase patient centered care within the hospital. It involved inviting patients on 4 wards to have conversations with staff about what mattered to them, this information then contributes to their overall care and goal setting.
- An oral hygiene group was set up by both SLT and nursing. This group is working to ensure

a high standard of oral hygiene is maintained for patients in the Hospital.

- Each year, the SLT department receives a number of referral for voice therapy from our ENT consultant colleagues. Due to the increasing demands from the inpatient service and a reduced staffing resource, the waiting times for these patients to access the SLT voice therapy service they required was increasing. Therefore we have worked closely with our SLT colleagues in Primary Care services to increase their competencies and skills in the area of voice therapy. As a result, through careful triage of referrals, the majority of referrals for voice therapy can now be transferred to our community SLT colleagues.
- The day hospital SLT service was introduced in 2015 with the allocation of a 0.5 WTE post. In 2016, an additional 0.5 WTE was allocated to the service. Patients attending consultant clinics now benefit from timely SLT assessment which improves the quality of the service they receive and their overall outcomes
- The SLT department has strong links with our SLT colleagues in the local HSE primary care services. These links were strengthened in 2016 as the SLT services in day hospital and ED continue to develop in consultation with our community colleagues. This collaboration with community services reflects the fact that a patient's stay in Beaumont is only one part of their journey through healthcare and will result in improved outcomes for patients.
- The Frailty Intervention Therapy Team (FITT) was developed in the Emergency Department in 2015 and the service continued to develop in 2016. The SLT connected to this team presented in a number of forums throughout the year on behalf of the team.

The department has a history of developing services through quality improvement and this continued in 2016. A number of projects were completed and commenced and were both unidisciplinary and multidisciplinary in nature. Some of the improvements introduced were:

- standardisation of therapy treatment offered to patients,
- the development of a recipe book for people on thickened fluids,

- reviewing the 'Free Water Protocol' and its use within the hospital
- an audit of the use of the Beaumont Hospital Swallow Screening tool with patients post CVA.
- development of a new Cochlear Implant Paediatric team brochure for children with additional needs.
- In collaboration with a selection of Primary Care Paediatric therapist, the cochlear implant SLTs have begun to develop care pathway standards for working with children with cochlear implants. This will improve the service children receive when they attend primary care services.
- The Cochlear Implant SLTs took part in a collaborative forum on Progressing Children's Disability Services along with the HSE and DeafHear to form a steering group to develop a national framework for specialist input for children who are deaf/hard of hearing
- A number of staff served on national working groups which were developing national guidelines for the profession, thus contributing to best practice for patients.
- The Cochlear Implant SLTs joined a working group to update the IASLT (Irish Association of Speech and Language Therapists) Guidelines for Working with Deaf Children.
- Jen Maloney sat on the working group looking at national swallow screening guidelines
- Anne Healy sits on the IASLTs Professional Development and Ethics Committee.

Specific studies or projects that members of the SLT are involved in include:

Message Banking: This project commenced in 2013 and is now close to completion. The Department was successful in securing funding from RMN (Research Motor Neurone) to release the senior SLT in Neurology for one day a week to develop this project. This is a collaborative study with the 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.

Within Cochlear Implant, all paediatric SLTs began research projects this year:

- Family, Communication and other Factors and their Effect on Language Outcomes Post CI, as Measured by Success with Vocabulary Development – abstract submitted for the biennial European Symposium on Paediatric Cochlear Implantation (ESPCI) in 2017 (poster presentation).
- Does the use of sign language before and after cochlear implantation facilitate the acquisition of verbal language?
- Theory of Mind in Children with Cochlear Implants –Factors that Affect Cognitive Development in Deaf Children
- Unilateral Cochlear Implantation in an Era of Bilateral funding

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.

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. The SLTs in Cochlear Implant provide lectures to a number of courses on Cochlear Implant. 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.

Training on both communication and swallowing disorders was provided to both nursing and Healthcare assistants as part of their induction. Training was also provided to catering staff in the St Joseph's campus. Training on Cochlear Implant was provided to a number of Primary Care paediatric SLT departments throughout the year.

Publications and invited presentations

The International Association of Logopaedics and Phoniatrics held their international conference in Ireland this year. A number of staff had the opportunity to attend this conference and both Jen Moloney and Lesley Doyle presented oral presentations.

Social Work Department

Manager of Department:

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 workers work across two sites, Beaumont Hospital and St Joseph's Hospital Campus Raheny. In the latter we provide a service to inpatients receiving rehabilitation and outpatients of the Day Hospital. We offer a range of services which includes supporting patients and families in coping with acute and chronic stages of illness and planning for future care needs. We work across directorates in a range of areas/specialities, 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.

Activity levels

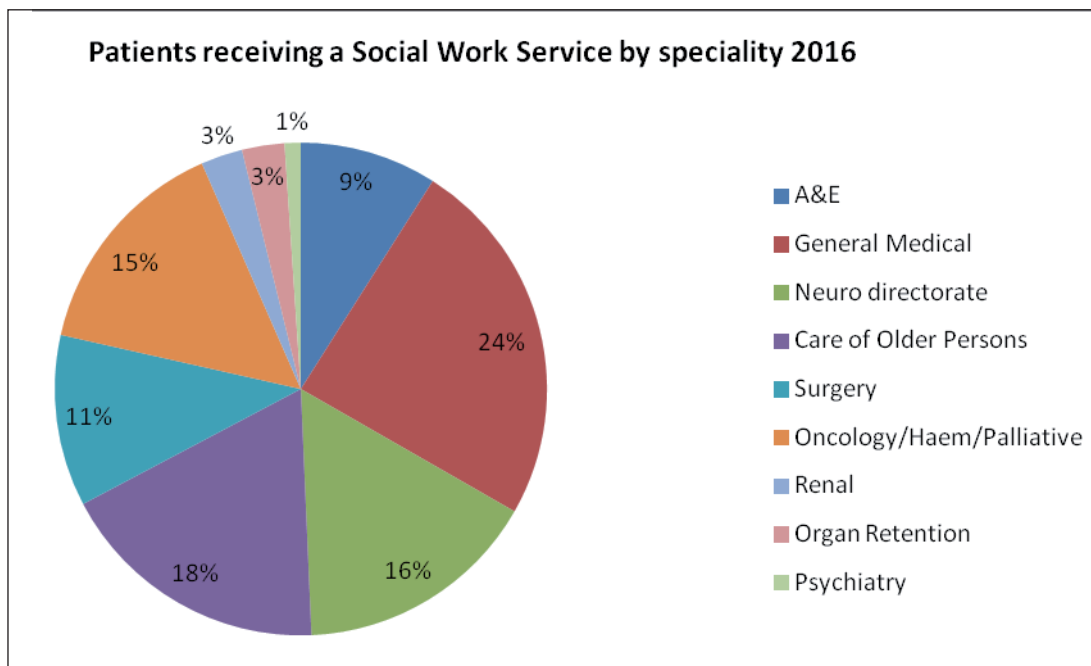
In 2016 the activity trends continued to reflect the demographic of our catchment area and the increased activity levels of the national and regional specialities in the hospital. This has led to increased workload for the social work service not just in terms of the numbers of patients receiving a service

but also the level of complexity of intervention required illustrated in increases in the number and durations of interventions undertaken. As a result the Department is continually reviewing, reorganising and reprioritising our work in order to meet these increasing demands. In 2016 the Social Work Department worked with 6408 patients. This represented an 8% increase when compared to 2015.

Table 113: Referrals in 2016: % by area of speciality

Total number of patients seen 2016	6408
% Increase from 2015	8%

Table 114



Developments and Initiatives

The Social Work Department has adopted a Service Team Structure, which mirrors the structure of the hospital directorates. There are currently 3 Service Teams; the General Medical, Neuro-oncology and the Care of the Elderly. The Care of the Elderly Team has been involved in ongoing multidisciplinary quality improvement initiatives as detailed elsewhere in this report.

The Neuro-Oncology Multidisciplinary Team introduced a new 'Patient Passport' to enhance the care of patients diagnosed with a brain tumour. Launched on May 31st 2016, it will be given to newly diagnosed brain tumour patients. Passport contains general information, space for patients to write in upcoming appointments, and space for professionals who are working with brain tumour patients to include their details.

The Senior MSW in Liaison Psychiatry developed and ran the inaugural 'Steps in Wellness'

Programme which is based on recovery concepts of Hope, Personal Responsibility, Self Advocacy, Education and Support. It aims to promote self efficacy in achieving and maintaining recovery & wellbeing through a structured 5 week future orientated group modality with a focus on action plans. This group was well received with those who attended reporting that they valued the support the group offered in conjunction with experiencing an increased sense of control over their lives and enhanced overall wellbeing. It is envisaged that in the coming year this group will be further developed and additional recovery based interventions offered to patients.

Supported by the Irish Hospice Foundation and Tusla, the Social Work Department, as part of the Irish childhood Bereavement Network, were involved in the development and publication of *the Draft Standards for Supporting Bereaved Children (Consultation Document November 2016)*.

This document builds on the Bereavement Care Pyramid developed and published in 2015 and aims to promote a common understanding and framework for the identification of bereaved children's needs along with the appropriate types of services required.

The Senior MSW in ED, Donal Gill, received a 'Healthcare Hero' award from Hidden Hearing Heroes. Donal was nominated by a patient (Aisling) who was suffering with severe depression and anxiety and had attempted suicide. Donal helped Aisling to come through her depression and to come to terms with her own sexuality. *'He listened without judgement or interruption, he was honest with me and kind. This man saved my life. Not because he had to but because he wanted to.'* (Aisling, patient).

The Social Work Department was successful in a number of funding applications to Beaumont Foundation for the following; for a supply of Therapeutic Books for supporting the children of seriously ill parents, for clothing and backpacks for patients who may require them on discharge in ED.

Service Developments & Initiatives

The Medical Social Worker works with patients, families, multidisciplinary teams and community agencies to develop care plans for patients with complex needs. There were many challenges in 2016 that impacted on the care planning process, such as fluctuations in the availability of community resources and funding. At the beginning of 2016 we were fortunate as we were able to access Intensive Home Care Packages (IHCP). These IHCP were targeted specifically at clients over the age of 65, and were able to provide a range of services and supports, such as home supports, personal care, nursing and/or allied therapy input which was to an extent not usually provided by the HCP scheme or community services. This had a positive impact on the care planning process and facilitated the discharge home of patients who may previously have had to go to residential care. There was a high take up of IHCPs in Beaumont Hospital's catchment area, 50% of the IHCP funding was allocated in the Dublin North East Region, reflecting the demographics of the local area.

Table 115: The numbers listed for home care packages and LTC in 2016 by month

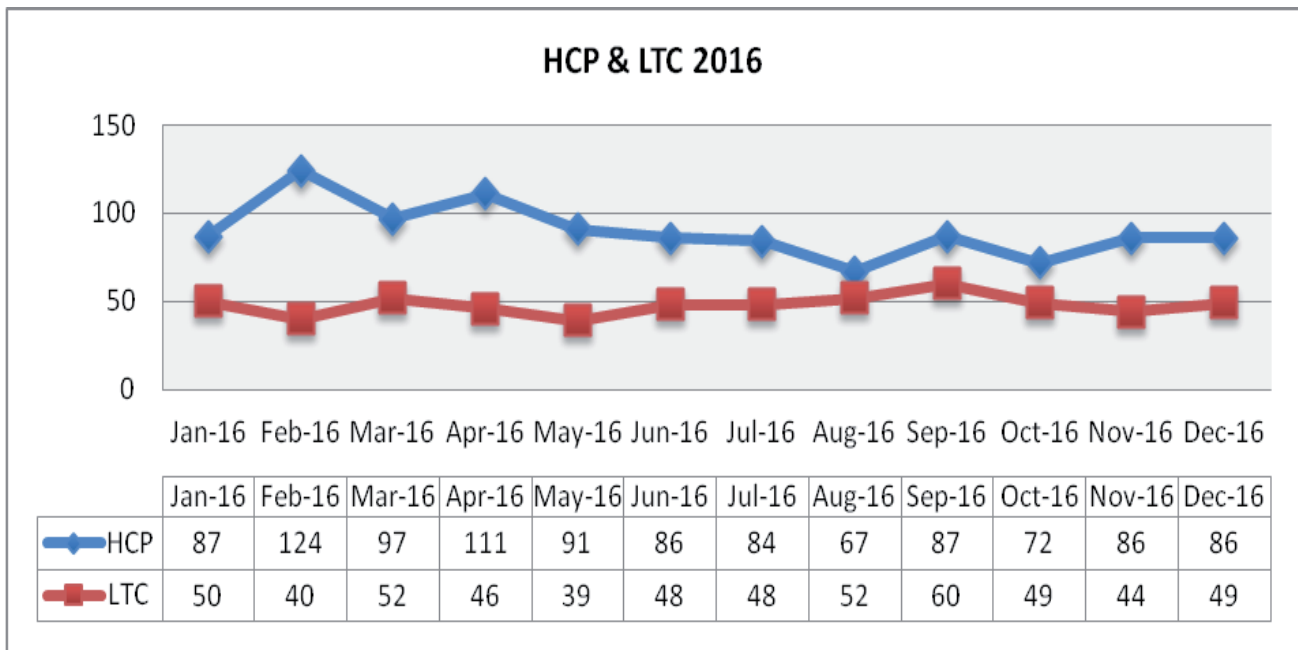
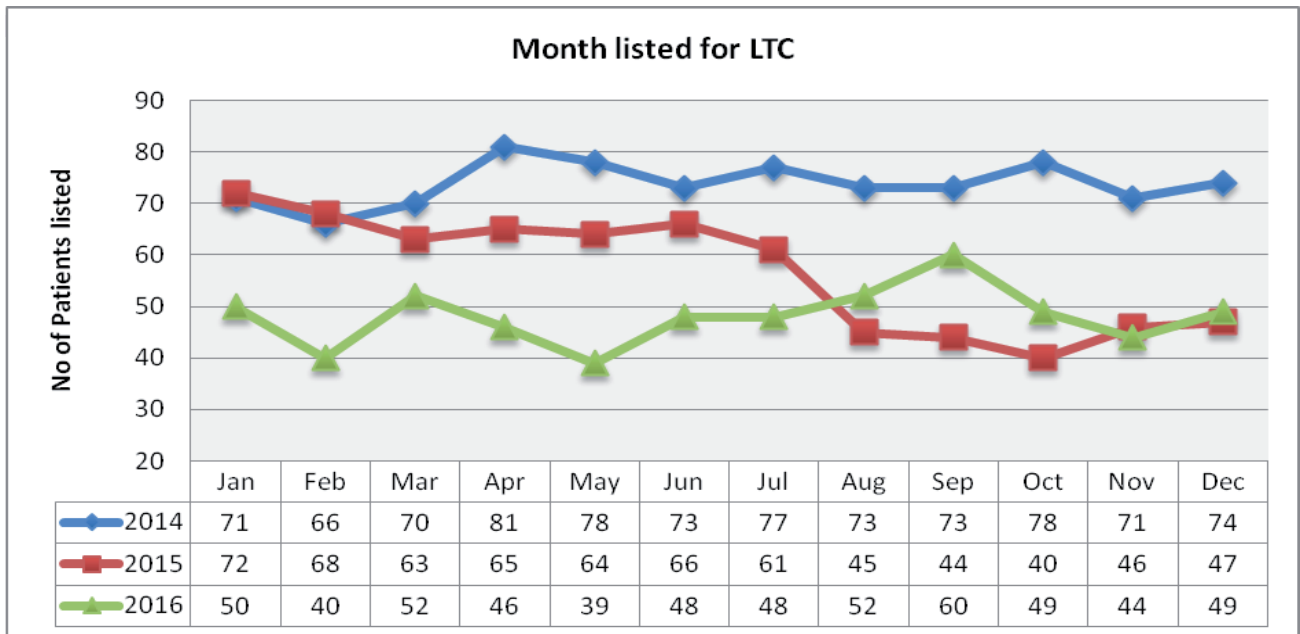


Table 116: Numbers listed for LTC by month (for 2014, 2015, 2016)



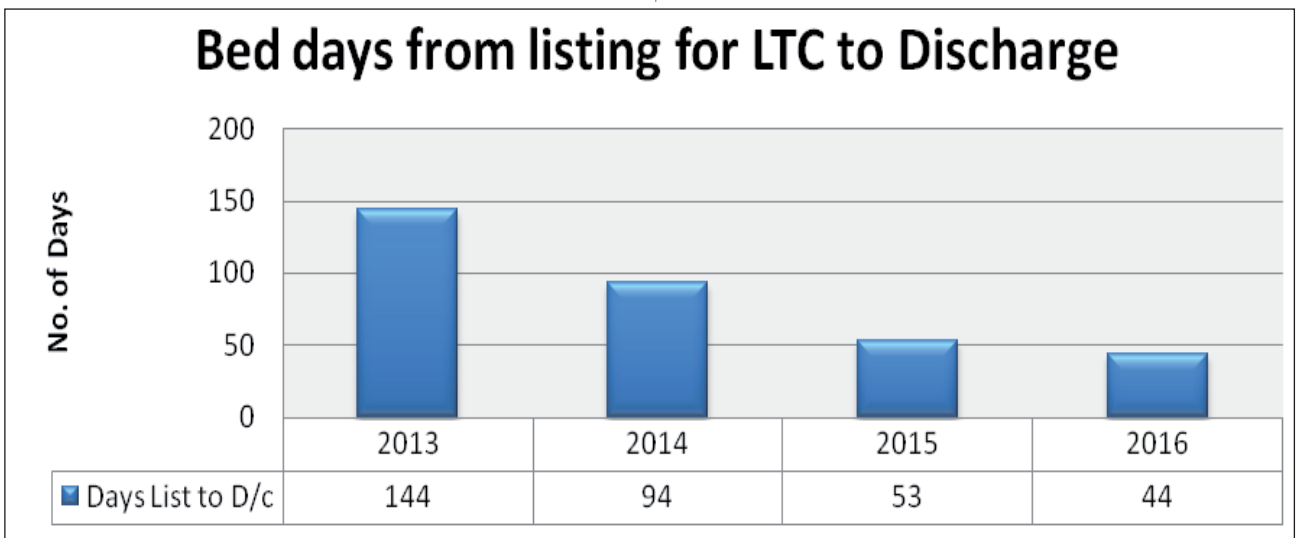
The Integrated Delayed Discharge Team was established in 2014. The team consists of representatives from Social Work, Nursing and Patient Flow. A key focus has been to improve the processes within the hospital for patients being listed for long term care (LTC).

The ongoing quality improvement initiatives undertaken by this team continue to have a significant impact on the reduction in bed days lost and reducing the length of stay for patients once

the decision has been made for LTC. The Social Work Department is also involved in ongoing quality improvement initiatives to improve the processes involved in complex discharge planning and to ensure patients are in a care planning process at the earliest possible stage, to work towards further reductions in patient's length of stay.

Table 117: Average bed days from listing for LTC to discharge

Table 117



Single Assessment Tool (SAT)

SAT is a comprehensive health and social care needs assessment tool for older persons as recommended for national implementation by the SAT Working Group (2012). The SAT will replace the current Common Summary Assessment Record (CSAR) across the community and acute sectors.

As Beaumont Hospital is one of three national SAT Pilot sites, Beaumont Hospital's Local SAT Implementation Team is working closely with the Local SAT Implementation Committee on pilot roll out plans. In these initial stages, roll out has focused on training relevant staff from the Delayed Discharge Team, Nursing and Medical Social Work (MSW) in the use of the SAT Tool. To date 2 Senior MSWs (1 is from the Delayed Discharge Team) and 2 main grade MSWs have been received SAT training. Currently all assessments for LTC in the hospital are being completed on the SAT. This has not been without its challenges not least in relation to the workload commitments amongst the staff involved and is under continual review.

Children First Act and the role of the Designated Liaison Person

The Children First Act was enacted in 2015. This new legislation will operate in tandem with the existing Children First: National Guidance for the Protection and Welfare of Children (2011). The purpose of the Act:

- 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 Acting Principal Social Worker, a Senior Social Worker, the Divisional Nurse Manager and Out of Hours Nurse Manager have received DLP training.

The role of the DLP, as outlined by the Act include:

- provide information, advice and support in relation to issues of child welfare and protection
- Ensure standard reporting procedures are followed
- Act as a liaison with TUSLA, An Garda Siochana and other agencies in relation to issues of child protection and welfare
- Maintain a log of child protection and welfare concerns reported to the Child and Family Agency and or An Garda Siochana
- Provide statistics and other activity data as requested
- Communicate and assist the organisation to implement the policy

This is an area that will be a key focus for development for the Social Work Department and the organisation in 2017.

Bereavement Service

The Social Work Department at Beaumont Hospital continues to offer a range of bereavement services. 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 for the young person who has died and is a support to the families who attend. This year the keynote speaker was Peter O' Hanlon who works in the area of bereavement.

The Annual Public Lecture took place in May 2016 and was attended by over 200 people. The Social Work Department worked in partnership with community support services to ensure attendees could have future access to local counselling and bereavement supports if required. The Bereavement Lecture was given by Mary O'Rourke former TD who shared her own experiences of loss.

The Annual Parents Support Day for bereaved parents and families was held in October 2016 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 "The Untimely Death of our Children". The keynote speaker was Michael McEnery, who is a bereaved father and who works with Anam Cara.

All of the above events are evaluated to assist in the future planning of such events and in the shaping of ongoing service delivery in the area of bereavement.

Continued Professional Training 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 were the first profession to register with CORU and their CPD scheme was launched in 2015. In advance of this the Social Work Department 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.

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 assists with ongoing continued professional development. The journal clubs also serve to develop inter-agency links with agencies outside of Beaumont Hospital.

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 MSW presented at the Palliative Care Study Day on the topic '*Talking to patients who are dying*'
- 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
- Monthly presentations to the Dementia in Acute Care study days
- 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.
- ED: Training to Emergency Department ANP students on recognising and responding to elder abuse in the ED setting

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.
- 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.

The Social Work Department is represented on a number of Regional and National Groups.

- 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.
- Local placement forum (LPF) - 2 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.

- HSE Local regional implementation group - Senior Social Work representation.
- HSE Dublin North Home Care package meeting where decisions are made regarding home care package applications and approvals
- Beaumont Hospital Social Work Department is represented on the Irish Hospice Foundations Acute Hospitals Network which supports End of Life care in the acute sector. The Department is also represented on the Hospital's End of Life Steering Committee.
- The Senior social worker in ED is on the management committee of Aoibhneas (Women's Refuge in our local catchment area)
- 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.
- 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
- Senior MSW is on the Social Workers in Adult Mental Health special interest group. This involves developing networks with other social workers nationally working in liaison psychiatry to discuss and plan regarding this specialist role, forging links with local community mental health social workers to facilitate mutual learning and enhance communication pathways.

HSCP Rehab Unit Annual Report:2016

Lead Manager: Anne Healy

Clinical Activity

241 patients attended the rehab unit for multidisciplinary rehab in 2016. The main medical diagnoses seen were Frailty (this includes those who were admitted post falls), CVA and Parkinsons disease. Unfortunately external factors such as the availability of home care package funding resulted in significant delays in the discharge of some patients. This had the impact of reducing the overall number of patients who were able to be admitted to the unit to benefit from multidisciplinary rehabilitation.

General initiatives and developments

2016 was a busy year for the team in the rehab unit with the completion of a number of quality improvement projects which included:

- A Patient satisfaction survey was completed in 2015. Information from this was disseminated via presentations to the management team and the medical team.
- An Information booklet for patients has been developed. This is in the final draft stage and will be soon printed for use with all patients who are admitted to the unit.
- The Rehab assistant supervision process was reviewed and refreshed
- The team developed a Multidisciplinary Care pathway for stroke using CReW methodology. The team are in the implementation phase of this pathway and discussions have commenced re the next steps of this process.
- The Journal club was re-established and now meets weekly.
- In 2016, a 5 day '*Rehabilitation Nursing*' course run as a pilot programme. Twelve nurses from Beaumont, SJRU, the Day hospital and RCNU completed the course. Given the success of the programme the course was approved and accredited as a level 9 module through RCSI. The programme is due to run again between March and May of 2017.

Frailty Intervention Therapy Team

Phase one of the Hospital's work to date has been in identification of frailty 'at the front door' with early assessment of needs and prioritisation as required. Development of clinical processes with a proven record in enhancing patient flow, such as early senior doctor review, early documentation of expected date of discharge (EDD) and daily communication and decision making by the multi-disciplinary team have been at the core of the improvement work to date. The presence of one or more frailty syndromes – immobility, delirium/dementia, poly-pharmacy, incontinence or end-of-life care now triggers a detailed comprehensive geriatric assessment (CGA) on presentation to ED. A dedicated multidisciplinary team works across the emergency department (ED) and acute medical unit (AMU) to assess and arrange care at home where this will avoid admission. Frail older adults who attend ED and are discharged are at risk of re-attending and re-admission in the next three months. Thus identification and follow-up of these patients through an integrated service will play 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. Collated data will help predict the demand for services, (not just for HSCPs), and reveal blockages for action in the current pathways out of ED for patients over 75 yrs.

Frailty Identification in the Emergency Department

Development work with existing Care of the Elderly teams commenced in September 2015 with a focus on:

- Identifying frail older people in the ED.
- Initiating CGA in the ED using a standardised assessment process.
- Developing an ethos of 'every hour counts' for the frail elderly in ED
- Transferring suitable patients directly to appropriate destination as soon as possible

A Health and Social Care Professionals (HSCP) team comprising of physiotherapy, occupational therapy, speech and language therapy, medical social work, nutrition and dietetics and pharmacy with medical and nursing support. A clinical specialist physiotherapist and occupational therapist screens all acute admissions aged over 75 years for frailty on arrival in ED during core hours and streams

them to other disciplines as required. Following initial pilot work utilising quality improvement methodology, we have embedded a specialist frail elderly assessment team (FITT) in the ED, working alongside the ED staff, geriatricians and other specialty physicians to provide comprehensive geriatric assessment.

High level aims of the project were to establish baseline data to inform service development, to profile the requirements of patients over 75 who attend ED, to establish of this over 75 yrs patient cohort, how many are categorised as frail. Following HSCP assessment in ED, patients are directed on the appropriate pathway.

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.

Priorities identified 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 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 identification of frailty at the 'front door' was challenging in the context of the volume of daily presentations to ED, the high volume of admitted patients in ED awaiting beds, limited space, poor environment coupled with frontline staff who had many competing demands to consider in terms of overall patient safety.

The team was developed in conjunction with a number of other improvement initiatives including revision of the medical model to ensure early senior review, increase core ward occupancy and ensure patients got the right bed as early as possible. The hospital allocated an additional Specialist Geriatric Ward (SGW) ward in August 2016 and was allocated Care of the Elderly Day Hospital staffing in November 2016. A number of multi-disciplinary work streams were formed (Acute floor, Specialist Geriatric Ward, Day Hospital) to shape the services we provide to this patient group. There is now the use of the frailty trigger on SGWs and in the day hospital ensuring a common language and ethos across the team. The screening for frailty has also enabled a prioritisation for frailty to escalate admission where patients are at significant risk.

Outcome Measures

We set out to develop a profile of presentations to ED who were greater than 75 years, to identify the percentage and volume of frail presentations, to investigate social history, pre-existing community services, baseline and current functional status as well as to identify specific needs on presentation. We also wished to identify the primary reason for ED attendance, the referral source – GP, Nursing home or self –referral in order to develop the pathways required. In terms of measuring patient outcomes, we queried whether early identification

could influence the need for admission, reduce PET in ED, particularly >24 hour breaches, reduce length of stay (LOS) and also queried whether there would be any impact on conversion to long term care or mortality.

Service Profile

A review of Emergency Department attendances for Beaumont Hospital (2015) identified that our over 65 year age group accounted for 28% (13,048) of overall ED attendances with our > 75 years cohort accounting for 15.4% (7284) of attendances. Demand for ED services in Beaumont Hospital for frail older people is highly predictable with an average of 26 presentations greater than 75 years per weekday YTD in 2016 (see table 2.1). Sixty to 65 % of these self refer with 30 to 35% being referred by their GP or D-Doc (out of hours GP service). Thirteen (49 to 50%) of these presentations require admission with nine patients requiring admission daily at weekends. There has been no change to overall admission conversion rate YTD with a mean of 49% of patients over 75 years requiring admission.

A recent detailed retrospective audit of 224 ED presentations aged 75 years who were screened for frailty demonstrated the following:

- 75% were frail
- 35% live alone

Table 118: Presentations (Mean (=/- SD))

Jan to Aug	All	75+ years	All	75+ Years
2015	137 (+/- 26)	21 (+/-6)	33.5 (+/- 8.5)	10 (+/- 4)
2016	144 (+/- 28)	23 (+/-6)	36 (+/- 8.5)	11 (+/- 4)

- 52% have no formal supports
- 17% have no formal or informal supports
- 7% are nursing home residents
- 8% of those who live with family are the sole carer of a dependant family member

This would suggest that of the 5400 admissions of patients over 75 years in 2015, almost 4200 are frail. On Physiotherapy and Occupational Therapy assessment, 75% of all presentations had immobility or had an injurious fall and 38% had acute or chronic confusion. 83% required HSCP follow-up either as inpatients or post discharge. This cohort had an average age of 84 years (range

75 to 97 years) so the paucity of services given this profile is very concerning. (Table 118)

Table 118

There has been an additional 614 patients > 75 years of age presenting to ED (11% increase) YTD 2016 Vs 2015. These > 75 years of age represent 16% of all presentations to the ED in 2016. The majority of these patients self refer (60 to 65%), 30 to 35% are referred by GPs and approximately 7% are referred by nursing homes.

Table 119

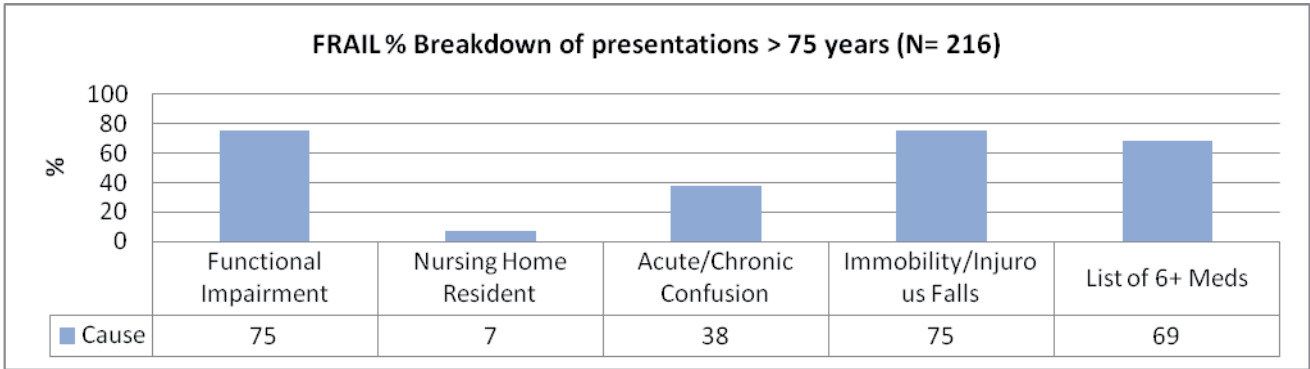
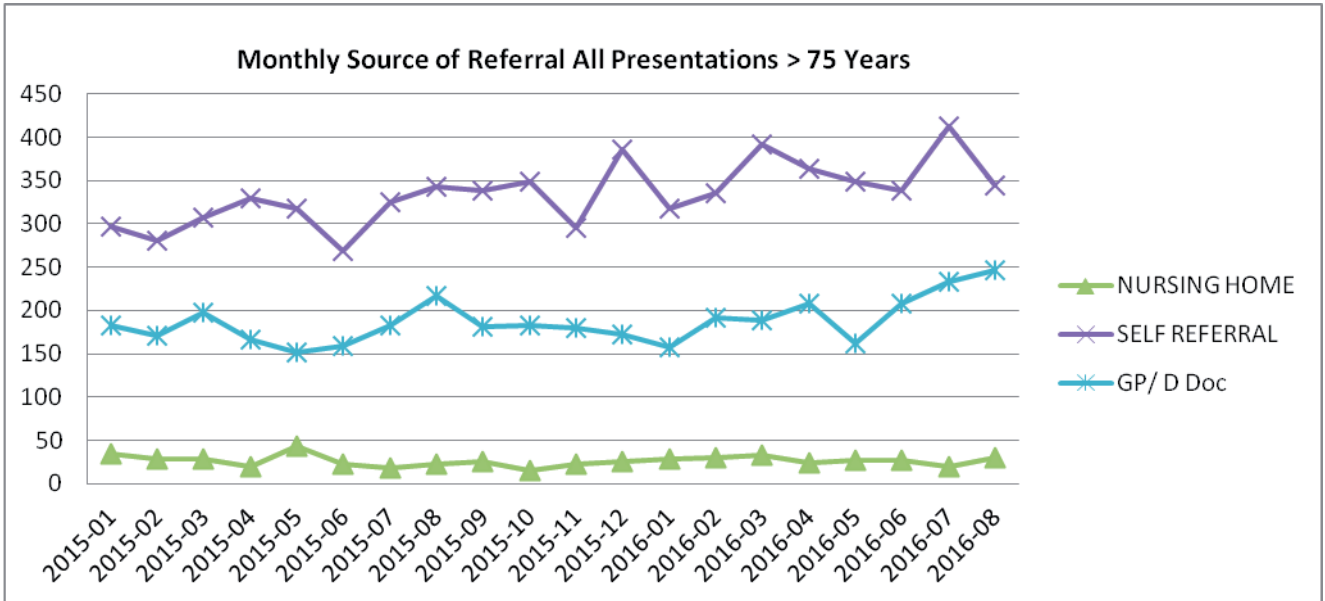


Table 120



Patient experience time (PET) has decreased for the over 75s, despite the increased volume of presentations.

Table 121 PET (Hours)

PET (Hours)	All presentations			Admissions		
	50th	80th	95th	50th	80th	95th
Jan - Aug Percentiles						
2015	11:23	32:38	53:38	28:12	45:23	62:52
2016	8:59	25:07	42:48	20:46	31:05	48:48
Difference	- 2:24	-7:31	-10:58	- 6:58	- 14:17	-14:04

- 50% discharged in < 9 hours Jan to Aug 2016 compared with 32% in 2015
- 18.3 % admitted in <9 hours Jan to Aug 2016 compared with 11% in 2015

Patient experience time has continued to decrease throughout 2016, with 85% of non- admitted patients over 75 years discharged in <9 hours and 69% discharged in <9 hours. While we continue to be challenged in terms of bed availability, the focus has been on ensuring the patients specific care needs are met whilst still in ED, including early mobilisation, pressure care, nutrition, hydration and medication. The volume of patients with a PET > 24 hours has also decreased from a monthly average of almost 200 patients to 42 patients in August 2016, ensuring a safer patient journey. Where a patient is deteriorating in ED, either in terms of physical or mental status, a system has been developed to ensure there is prioritisation for the next available bed.

Length of Stay

Whilst reducing length of stay (LOS) has been a focus from the outset, the successful discharge of frail older people following acute admission is very dependent upon effective joint working between acute and

community care providers. The current allocation of HCP funding for the region has not kept pace with the changing demographic with budgetary restrictions having a significant impact on timely implementation of supports required. This has impacted on the patient pathway in a number of ways, all of which are systemically interrelated. The development of intensive HCPs had a significant positive impact, with Beaumont Hospital utilising the highest amount of funding nationally- an indication of the demographic profile, their requirements and the readiness of the hospital to work towards discharge to home where possible. Funding for intensive HCPs enables earlier conversations with families and carers and supports discharge home where otherwise nursing home residency is the only option. Recent lack of funding and of care agencies have impacted on length of stay and have resulted in listing for long term care in at least five cases since March 2016. Despite these challenges there have been significant improvements in length of stay. The development of the additional Specialist Geriatric Ward (SGW) has enabled streaming of appropriate patients, who have their needs identified and addressed. Table 2.3 below demonstrates bed day savings of 7,525 days which is an 18% decrease on the same period 2015. This is despite an 11% increase in admissions this year.

Table 122

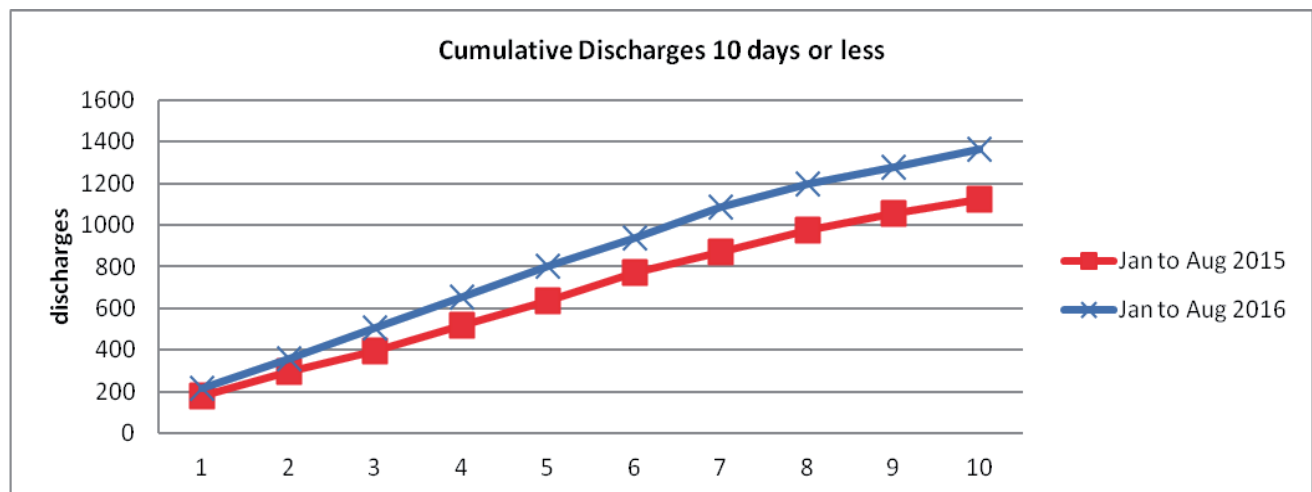
Bed days Used: All Emergency Medical Admissions JAN – AUG 2015 Vs 2016				
Age Category	2015	2016	difference	% increase
75- 84	24693	21461	-3232	-13 %
85+	16106	11813	-4293	-27 %
Total	40799	33274	-7525	-18 %

Length of stay has decreased with 25% of all admissions over 75 years being discharged by day three and 50% discharged within seven days. (See table2. 4)

Table 123

LOS Jan to Aug 2015 Vs 2016 all discharges > 75 years			
Percentile	2015	2016	Difference
25th	4	3	-1 day
50th	8	7	-1 day
80th	22	18	-4 days
95th	72	59	-13 days

Table 124



Quality of Care

While reduction of PET and LOS are indicators of quality patient care, we have also investigated impact on long term care rates and crude mortality.

- LTC listing has reduced to 30% since Jan- March 2015.
- Crude mortality rates for older patients have reduced in 2016 with the reduction evident in the aged seventy plus emergency presentations.

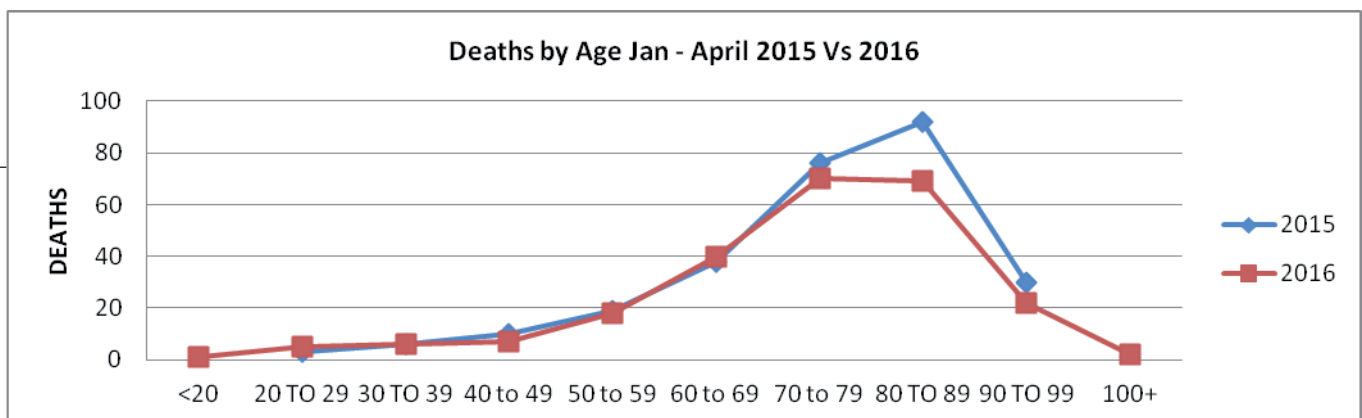
Overall there has been a 22% increase in discharges by Day 10 as demonstrated in Table 125 below.

Table 125

Volume of Discharges Jan to Aug 2015 Vs 2016 > 75 years				
Age Category	2015	2016	difference	% increase
75- 84	1389	1573	184	+ 13 %
85+	626	688	62	+ 10 %
Total	2015	2261	246	+ 12 %

It must again be stressed that these improvements are also due to broader changes in the whole system such as the community virtual ward and the availability of intensive home care packages which enables the very frail patient to remain at home to the end of their lives and increased listing and transfer of patients directly from home. These processes are hugely aided by the Day Hospital service and are moving the quality of the patient experience in the right direction.

Table 126: Crude Mortality



The next phase of improvement is focusing on good practice for management of complex discharges which will reduce bed occupancy, lessen cost and harm events and improve patient experience. A more responsive system will highlight these patients on presentation. Many of these patients are already known to services but will have different needs post acute admission and agreement could be reached to allow existing care packages to be kept open, equipment to be readily available with community services ready to 'pull' patients out of hospital.

Feedback on developments to date

Feedback from patients and staff has been overwhelmingly positive. The FIT team have integrated seamlessly into the acute environment and are valued members of the Emergency Department's MDT. The project team set about finding a 'volunteer army' of staff who believed that we could work differently and directly impact on the patient experience. Through careful planning and allocation of resources, the change in practice required from staff has been achieved. During the initial pilot phase, there were regular feedback sessions, with continual quality improvement cycles to tweak the system to perform better. Individual patient success stories, from outreach visits to rapid access to rehabilitation were shared and celebrated, thereby spreading the 'good news story' and causing others to join in the process. Strong clinical leadership and management support have been essential as has the agreement of the team members to foster a 'no blame culture' where traditional roles have been modified to meet patient needs. It must be stressed that the successful management of the frail older person is dependent on a whole system approach with responsive acute and community services, availability of urgent home care supports, funding for intensive support for complex patients and pathways which reduce barriers and consider the needs of the patient.

Conclusion

Reliably achieving safe, timely and person centred care from hospital to home is an important indicator of quality and a measure of effective and integrated care. Transforming services for older people requires a fundamental shift towards care that is co-ordinated around the full range of an individual's needs (rather than care based around single diseases) and care that truly prioritises prevention and support for maintaining independence. Achieving this will require much more integrated working to ensure that the right mix of services is available in the right place at the right time. The development of the 'FIT Team' in Beaumont Hospital team is a significant step forward in this regard.



FIT team- 2016 Winner National MDT Hospital award

Department of Nutrition & Dietetics

Dietitian Manager in Charge III - Paula O'Connor

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 Department has a complement of 25.25 WTE staff with a varied level of skill mix including In Charge III Dietitian, Clinical Specialist Dietitian, Senior Dietitians and Entry Level Dietitians.

Activity Level:

Service referral rates and clinical activity remained very high in 2016 with 25160 direct patient interventions recorded. There was a 10.6% increase in new patients being seen compared with 2015. We continued to deliver structured education programmes for patients with Diabetes

(DAFNE & DESMOND programmes) and group session education for patients attending the Cardiac Rehabilitation Programme. Our OPD service was reduced in the last quarter of 2016 due to a reduction in staffing levels.

Multidisciplinary Nutrition Related Developments & Innovations:

HIQA – Unannounced Inspection for Standards for Nutrition & Hydration, August 2016

On August 10th 2016 HIQA carried out an unannounced inspection of the hospital to assess our compliance with Nutrition and Hydration standards. This visit was a follow up to a self assessment which was completed in August 2015. In the feedback session and in their subsequent report, the HIQA inspectors highlighted a number of areas for improvement. Members of the Nutrition Steering Committee have compiled a Quality Improvement Plan in response to the findings of the original National HIQA Report issued in May 2016 and our own report issued in August 2016.

Roll out of Nutrition Care Programme across Beaumont Hospital

Following on from the 'Nourish' project success in 2015, the Departments of Dietetics & Nursing are working together to improve nutritional care.

This programme involves:

- Introduction of Nutritional Screening (MUST) on all wards
- Use of Red Mats to highlight patients that require meal time assistance or food intake monitoring
- Identifying equipment needs for all wards and addressing any gaps
- Roll out of white boards as a communication tool between catering, nursing, dietetics and SLT for patient dietary requirements to ensure the right patient gets the right meal
- Auditing of compliance with nutritional screening
- Foster an ethos of protecting mealtimes

Meal Assistance Programmes:

A volunteer meal assistance programme was re-established on Hardwicke Ward during 2016. There are approximately 15 volunteers that come in at lunch time and offer assistance and company to patients during their main meal. Cross Care continue to actively recruit volunteers for this programme.

Healthy Ireland – Calorie Posting & Vending Machine Policies:

Healthy Ireland is our national framework for action to improve the health and wellbeing of the people of Ireland. Its main focus is on prevention and keeping people healthier for longer. As part of the Healthy Ireland campaign there is a Calorie Posting Policy which outlines the need for all staff meals to have their calorie content on display. To date we have completed calorie posting for breakfast.

Launch of Calorie Posting in Beaumont Hospital Canteen, June 2016



Specific Departmental Developments & Innovations:

Introduction of ENFit Products into Beaumont Hospital:

ENFit is an ISO-led global safety initiative to ensure that there is no risk of enteral products being given via an IV line. The Department of Nutrition & Dietetics led out on the introduction of ENFit products (enteral giving sets and enteral feeding tubes) across Beaumont Hospital during 2016.

Development of an on-line education resource for patients with Renal Disease:

Bernice Moore, Senior Renal Dietitian, was actively involved in an INDI Project which resulted in the creation of a diet education website for patients with Chronic Kidney Disease. www.irishkidneydiet.ie was officially launched in December 2016.

'Right meal for all patients every time'

With evidence from HIQA and previous meal time audits indicating that patients continue to be at risk of not receiving the correct meal, it was deemed necessary to implement a project to ensure that every patient is provided with the correct meal.

As part of their project for the Organisational and Personal Skills Development Programme, Eimear Duignan & Rachel Clyne developed and implemented a pre-meal checklist for catering staff to ensure that patients are served the correct meal.

PEG Replacement Training Course

In 2016 the Department of Nutrition & Dietetics held one 'Re-Insertion of Replacement Gastrostomy Tubes' study day. A total of 30 community and hospital based nurses and dietitians attended the study day in June. In addition to this course, the Department ran a PEG Management Study Day in June 2016.

Involvement in Organisational & National Groups:

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

- 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 Irish Society for Clinical Nutrition and Metabolism (IrSPEN)
- Member of the HSE QI Nutrition and Hydration Advisory Group
- Co-ordinator of IrSPEN Home Enteral Nutrition Standards & Guidelines Development

Department Achievements 2016

Beaumont Hospital Foundation Grant Awards

- Members of the Department were awarded a number of BHF Grants in 2016:
- Carmel O'Hanlon was awarded €6,000 towards the purchase of a weighing bed for General Intensive Care Unit.
- Paula O'Connor & Melanie McDonnell (Nursing) were awarded €7,380 towards the purchase of anthropometric equipment for ward based patients.

Diploma in Leadership & Quality in Healthcare

Paula O'Connor & Kara Cullen, Senior Dietitian, qualified from the RCPI with a diploma in Leadership & Quality in Healthcare in November 2016.

National & International Conference Presentations

The Department gave oral presentations and presented posters at the following conferences/ study days in 2016:

- HSCP Conference January 2016
- Irish Nutrition & Dietetic Institute (INDI) Research Symposium Day January 2016
- National Multidisciplinary Intensive Care Study Day March 2016
- Beaumont Hospital Clinical Audit and Patient Safety Day May 2016
- Irish Gerontology Society Meeting September 2016
- ESPEN – European Nutrition Conference September 2016
- Irish Association for Emergency Medicine October 2016
- IrSPEN / RCPI Lifelong Learning Course for SPRs November 2016
- TUN Directorate Conference November 2016
- BAPEN – UK Nutrition Conference November 2016
- Abbott Webinar Series – Introduction to CKD November 2016
- All Ireland joint INDI & BDA Renal Nutrition Study Day December 2016

Introduction

The service is currently provided across five sites; Beaumont Hospital, St. Joseph's Hospital, Raheny Community Nursing Unit, Community (Integrated Care) and Psychiatry of Old Age Services. Within the team, there is a high level of skill mix ranging from clinical specialists and senior therapists to staff grade occupational therapists (OTs) and OT assistants, who together provide services to the following clinical specialities:

2016 continued to be challenging in terms of sustaining safe, quality services against a background of increasing activity levels and complexity of patient care. Notwithstanding this, the OT Department had a particularly productive year, specifically in relation to delivering quality improvements, service expansion and redesign of existing services to better respond to patient need.



Activity Levels

OT activity levels continued to rise in 2016 with approximately 2500 interventions delivered per month. This represents a 25% increase from 2015 activity. 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.

Service Developments and Innovations

The Occupational Therapy (OT) Department is committed to achieving the best possible outcome for patients and to this end, implements service improvements, in line with organisational priorities, in the following key strategic areas:



In 2016, the focus has been on strengthening work already underway, particularly relating to:

- Service integration for our patients (Integrated Services above)
- Responsiveness of services – right service, in the right place, at the right time (Clinical Excellence above)
- Continually measuring effectiveness using a quality improvement approach for sustainable change (High Performance and Clinical Excellence above)
- Staff health and well-being (High Performance Workplace above)

2016 Service Developments and Achievements

1. Service Integration

A) Introduction of Interdisciplinary Working

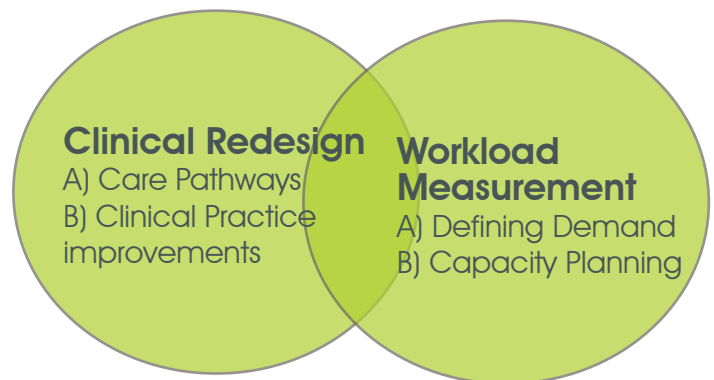
Based on a critical review of our processes and the identification of inefficiencies and duplication between services, in 2016, the OT and Physiotherapy Departments collaborated on the development of common assessment practices in certain clinical speciality areas. These practices, now well embedded in each service, are supported by interdisciplinary competencies and have led to:

- a 50% reduction in therapy time required to assess each patient referred

- less duplication of information sharing/ functional assessment from a patient perspective
- increased capacity to provide rehabilitation
- skills sharing between disciplines
- improved treatment planning and joint goal-setting
- improved MDT working and communication

B) Roll Out of the CReW Programme

The Clinical Redesign and Workload Measurement Programme (CReW), 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.



Having demonstrated its effectiveness in the multi-disciplinary setting, agreement was reached to implement this methodology with the rehabilitation team in SJH for additional patient groups during 2017. (CReW was originally tested in SJH with patients post stroke.) Standardised MDT stroke care, as promoted by the CReW Programme, is well evidenced to significantly lower risk of mortality at 7 days and rates of adverse functional outcomes.

2. Responsiveness of Services: Care of the Elderly Services

Building on the successes of 2015, geriatric OT and HSCP services continued to thrive and expand during 2016. One specific example of an OT-led development was the introduction, in Q4 2016, of a COE OT Integrated Care Service for CHO9 patients. Recognising the risks associated with avoidable hospital admission and the potential to instead, facilitate rapid discharge using a 'Home First' mode, Beaumont Hospital and Dublin North Community OT Services partnered on the implementation of an integrated service. This service is available to frail patients who A) can be discharged rapidly from ED with home rehabilitation and B) can be maintained at home

(Virtual Ward patients) if short-term, intensive treatment can be provided.

Thirty-five patients were referred in the first 10 weeks of delivering the service, 33 of whom were successfully discharged or maintained at home. Two patients required re-admission for medical reasons and their admission was coordinated by the Integrated OT team. In addition to providing this vital service, the partnership has facilitated the development of shared care pathways, strengthened integration between Beaumont Hospital and Dublin North and informed the design of the MDT Integrated Care Team due to commence in 2017.

3. Fostering Staff Well Being

Recognising that team members are the OT Department's greatest asset, an internal working group led the introduction of a range of practices to support staff health and well-being. These included:

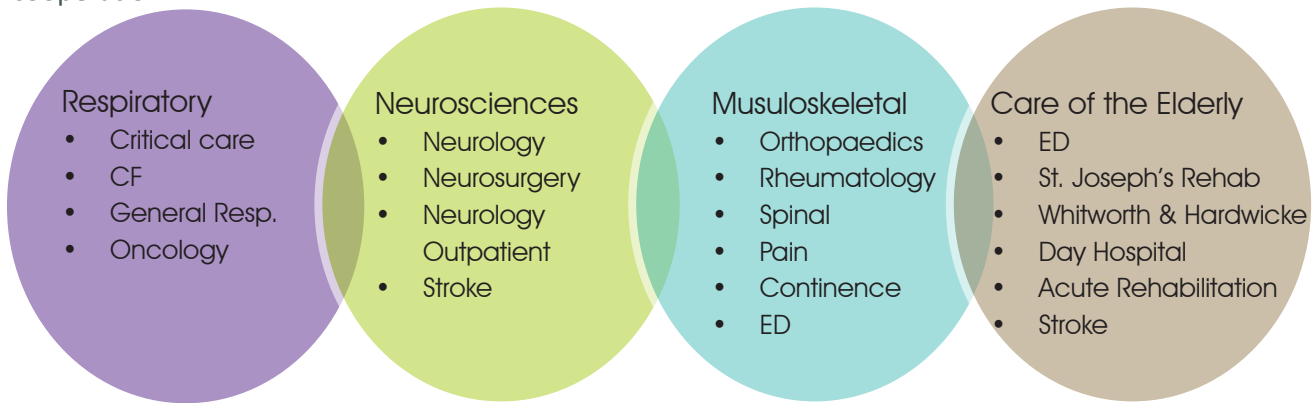
- Strengthening the department's performance management framework to include additional peer support systems
- Mindfulness sessions/activities
- Structured social group
- Social consciousness activities
- Workplace (environment) improvements

Involvement in Organisational, National and International Groups

- Alison Enright and Mary Naughton were members of the HSCP Strategic Workforce Planning Programme Resonance Group
- Paul Maloney and Maura Moran represented the OT Department on the Acute Medicine Programme's HSCP Leadership Team
- Paul Maloney represented Beaumont Hospital at a range of national and international conferences where he presented on the FITT model of care
- Alison Enright represented the OT Department on the National OTs In Management Workforce Planning Steering Group
- Mary Naughton served as Clinical Lead Representative for the AOTI, feeding into the Orthopaedic Care Programme's Steering Group
- Alex Businos was a member of the AOTI Advisory Group to the Rheumatology Care Programme
- 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

Introduction

Physiotherapy is a science-based profession and takes a ‘whole person’ approach to health and wellbeing, which includes the patient’s general lifestyle. At the core is the patient’s involvement in their own care, through education, awareness, empowerment and participation in their treatment. Four teams work together to manage the day-to-day operations as well as strategic planning in the form of Team Based Performance Management (TBPM). Vacancy levels remained challenging throughout the year and the department had to consistently reorganise, reprioritise and restructure to meet as many of the needs of the patients, both clinically and in facilitating discharge. Staff worked to ensure that all high priority referrals were dealt with within acceptable timeframes and showed exceptional levels of flexibility and cooperation.



Activity

2016 showed an increase in both inpatient and outpatient activity for physiotherapy. Table 127 below compares activity from 2015 to 2016

Table 127

	New Patients contacts		Return contacts		Total contacts	
	2015	2016	2015	2016	2015	2016
Inpatients	7528	8002	42468	43122	49996	51124
Outpatients	6808	7360	15073	15940	21881	23300

This shows an increase of 2% in inpatient activity and a 6.5% increase in outpatient activity. New to return ratio of outpatients has reduced slightly, continuing close to 1:2 showing maximum efficiencies in terms of managing our outpatient service and is in line with the national target. Inpatient visit ratio remains 1:5.5 which reflects ongoing efforts by staff to manage increasing numbers whilst maintaining efficacy and high quality standards of care.

Care of the Elderly (COE) Service

There was continued development of the service, with it expanding to include all patients 75yrs and over. A permanent location within the ED has enabled greater communication between FITT and wider teams. Interdisciplinary education sessions promote integrated practise and provision of gold standard care. Expanding on what is working well the team have been key in facilitating the testing phase of the new Integrated Care team and will continue this into 2017.

The Acute Rehabilitation service saw a 24% increase in their overall patient throughput in 2016, with an 11% increase in new referrals. The team have responded by testing new ways of managing caseload with OT colleagues and maximising use of interdisciplinary care.

Physiotherapy played an integral part in the implementation of numerous MDT clinical practice improvements on both Specialist Geriatric Wards (Hardwicke and Whitworth)

- Daily Plan for Every Patient board meetings
- Standardised processes for identification of frailty & comprehensive geriatric assessment
- Ward based group activities for patients e.g. breakfast club & cognitive stimulation group

There is ongoing ward FITT service providing proactive PT & OT input to frail patients with a predicted LOS < 1 week. There has been increased utilisation of the Whitworth gym for rehab for COTE patients with dedicated portering now in place 5 days/week.

There has been a restructuring of stroke services within the hospital. Physiotherapy service is provided by 1 WTE Senior and 1 WTE staff grade to all patients admitted to St. Brigids Stroke unit, Hamilton Step Down or under care of stroke consultants. Staff participate in daily board rounds as part of MDT care planning. A MDT rehab assistant post commenced on Hamilton ward in April 2016. Feedback from the CNM on Hamilton ward demonstrates the impact of this initiative.

"I just wanted to let you know what a huge benefit the rehab assistant is to Hamilton ward. ... As nursing staff we can see the benefit of having a rehab assistant on Hamilton ward as it is a stroke rehab ward...because of the rehab assistant the patients have benefited as nursing staff have not always had the time to mobilize patients. Patients and family have commented on the benefit of having a rehab assistant on the ward and have felt that their functioning abilities have greatly improved....we on Hamilton feel the rehab assistant is vital due to the care needs of the stroke patients."

A total of 250 patients were seen within SJRU during 2016. Restructuring allowed for the provision of early supported discharge for appropriately identified patients from both SJRU and Beaumont. It is hoped to continue to develop this model in 2017. Increased group activities were undertaken to maximise patient rehab opportunities such as upper limb rehabilitation groups and relaxation groups in conjunction with OT. Links were developed with the Day Hospital to assist in earlier discharge for patients with rehab follow up in the Day Hospital. Supervision and teaching of rehab assistants was established.

Staffing of 0.5 WTE to the 100 bedded community nursing unit on the grounds of the St. Joseph's Campus was allocated which aimed to facilitate manual handling assessments and rehabilitation for patients. The use of the SJRU gym was made available to facilitate gym based rehab for patients deemed appropriate.

2016 saw continued development of a full 5 day service in the Day Hospital. Regular service development meetings have been held to manage operational challenges and link with senior management team. A database was set up and enables detailed analysis of demand on service and activity levels. A triage form was developed and is used by all disciplines to ensure most efficient use of HSCP services. Day hospital activity has grown by >30% over the last year and is expected to continue in 2017 with a focus on ensuring Day Hospital services deliver appropriate services within a comprehensive pathway of care.

Respiratory Service

The role of acting Clinical Specialist in Respiratory was commenced in March 2016. In keeping with evidence for chronic disease management, a service for early identification of need and early treatment of patients with COPD in ED was commenced. The aim of this development is to improve the quality of care given to these patients, to reduce hospital admissions and to improve patients' education and self management. The MDT Trache ward round continues, providing comprehensive integrated care to this patient group.

Physiotherapy commenced using ICIP in February and this has resulted in improved communication across the team and enhanced patient care. In response to the on call staff rota reaching critically low numbers a new on call competency list was devised and rolled out May 2016. At end of year 90% of all available staff were competent with a more comprehensive training model in place ensuring ongoing adequate numbers and continued high quality service. The senior physiotherapist worked in conjunction with Dr James O'Rourke and the Neurosurgery Physiotherapy Service to have the first patient in Ireland with diaphragmatic pacing. This is a significant step forward in our management of a complex patient group.

Service to patients with Cystic Fibrosis continues to deliver high quality care. The team have been involved at national level in the development of guidelines on the use of nebulisers in the community in conjunction with representatives from Nursing, Pharmacy and Medicine. Lydia Cullen and Eleanor Styles continued to work on development of a guideline for nebulisers in Beaumont Hospital in conjunction with MDT colleagues. The CF team were integral in the training of physiotherapy staff achieving on call competency.

The Oncology service continues to grow steadily, and now incorporates Saint Lukes Radiation Oncology Service at Beaumont (SLRON) & Head & Neck Cancers.

A comprehensive lymphoedema service has been developed due to ongoing patient need without dedicated staffing and referrals continue to rise. There were 108 new patients referred to the lymphoedema service, compared to 75 in 2015, and 60 in 2014. A new SOP is being developed and stats and booking procedures defined.

Musculoskeletal Service

2016 saw a reconfiguring of OPD into four distinct work streams, ED, upper limb, lower limb and spinal/multisite pain. This has allowed for more efficient waiting list management and a more equitable service to all patients. A capacity management model is used to closely manage these waiting lists.

Beaumont Hospital has successfully secured a 0.5 WTE Clinical Specialist Physiotherapist post from the Rheumatology Clinical Care Programme. Attendance at two pain clinics by a clinical specialist physiotherapist commenced in 2016 and a post pain intervention service for patients undergoing nerve root blocks in St. Joseph's was developed. Data collected will help shape these services in 2017, impacting on patient waiting times and quality of service.

A joint initiative with DCU to provide exercise and rehab classes for people with persistent spinal pain is under development and will broaden the pathway of care open to this patient group optimising patient engagement in self management.

A working group from outpatients, inpatients and ED developed a patient care pathway in the management of vertebral compression fractures in osteoporotic patients.

A pathway for best management of whiplash patients to stream line efficiency of assessment and management of this patient population was completed. Links were established with social work for counselling services for whiplash patients.

€5000 in funding was secured from IBM to trial a pain management app. Matching funding to complete this project has been secured in Jan 2017 and roll out of the project to use the app will start in Q1 2017.

The skill mix to inpatient orthopaedics was changed in January 2016 providing more senior input to this patient group. This allowed for more comprehensive service developments which have been completed in 2016.

The implementation of a Saturday Orthopaedic Physiotherapy Service in July 2016 ensured safe discharge home of patients following Physio review on a Saturday. This opened up extra bed days for new patients and ensured Beaumont Hospital is complying with best practice guidelines for hip fracture patients. Data from 16/52 of service showed physiotherapy review on a Saturday reduced time from surgery to physio review from 3 days to 1 day, reduced average LOS from 12.2 days to 9.5 days and time to assistance x1 level from 5.2 days to 2.5 days

New outcome measures for all hip fracture patients to comply with Irish Hip Fracture Database guidelines were implemented and a Fracture Patient Information Leaflet was developed.

With MDT colleagues there was implementation of daily 'Red to Green' Board on Banks Ward to optimise patient management and assist with discharge planning and implementation of new MDT communication board on Banks Ward. Aoife Gallagher was involved in the Day Room refurbishment committee of Banks Ward which successfully received grant of €70,000.

Neurosciences

Spasticity Management Service – A Physiotherapy-led clinic provides assessment and administration of botulinum toxin under supervision of Dr. Fiona Molloy one afternoon per month in the Neurology Day Unit. Of significance was the effective discharge of appropriate patients allowing for reduction of the waiting list.

There is ongoing attendance at MND clinic- approx 3-4 days per month required for service. Services provided include: mobility assessment and management, respiratory management, shoulder injection service; cough assist clinic. Links are being developed with community colleagues to ensure patients can get appropriate treatment at home. There is ongoing up skilling of physiotherapists in vestibular rehab including in-house IST and attendance at relevant courses. Research into role of Physiotherapy in Cochlear implant patients commenced.

2016 in Neurosurgery saw the implementation of a brain tumour patient passport across the neuro-oncology department to assist with the management of all patients with brain tumours. A discharge summary tool for neuro-oncology patients transferring between internal and external services was developed ensuring seamless care for patients. Senior training was completed allowing for cover to BOS skull clinic and outpatient facial service.

A pathway to facilitate spinal management with neuro ITU was developed and is now in use, reducing duplication and ensuring optimal patient care. Standardised brace fitting guidelines for c/spine for interdepartmental use were completed again ensuring delivery of safe and effective care. The ACDF patient information booklet was completed and is now routinely used.

The collection of patient satisfaction data was commenced and will be completed and presented in 2017. A pilot weaning protocol was trialed in a neurosurgical case and using PDSA cycle methodology will continue to be developed in 2017.

Clinical Tutors

There are 1.5 WTE Clinical Tutor posts. Both posts have been filled in a temporary capacity since January 2016 with the 0.5 WTE post vacant since November. It is hoped that both posts will be advertised and filled in first quarter 2017.

28 placements were provided to RCSI students during 2016. This includes one student from Flinders University in Australia. Support was also provided by Alison Kearon to 4 students and the educators of those students who were based in the community. 21 placements were provided to UCD students during 2016

Teaching, Research and Publications

Physiotherapy staff remain committed to all areas of teaching and research. Staff lecture on undergraduate and post graduate courses. Many have had both oral and poster presentations at conferences, acting as champions for evidence based practise and delivery of high quality, responsive services.

Hospital/National/International Profile

Many of our physiotherapy staff are representatives on national steering groups and the clinical care programmes for both physiotherapy and the broader MDT. Staff are members of various special interest groups ensuring strong representation from Beaumont Hospital within the national arena.

Staff health and well-being remains a focus to foster staff engagement and impact positively on patient care. In 2016 we were visited by therapy dogs and Sam Maguire and engaged in team building events. We look forward as a team to continue to deliver high quality, safe and effective care to all our patients and to remain a prominent department in the development of future services within Beaumont Hospital.

Pharmacy Department

Head of Pharmacy: Nuala Doyle

Background

Beaumont Hospital Pharmacy Department is a registered licensed retail pharmacy business with the Pharmaceutical Society of Ireland (PSI) providing pharmaceutical services throughout the whole hospital organisation. The services include not only the supply of medication to every clinical setting within the hospital, but also associated aspects of medicines governance to ensure that medicines use throughout the hospital, for patients and healthcare professionals, is delivered in a safe, rational and cost-effective manner.

Dispensary Services

The Dispensary Service is responsible for the procurement and supply of medication to the hospital in its entirety.

The dispensary has two dedicated pharmacists and six dedicated technicians supplying 350,000 items, 3000 TPN bags, 5,000 active pharmaceutical lines and preventing waste of products by retrieving excess stock from wards and redistributing to other areas saving the hospital €1.4 million in 2016. Significant time is spent dealing with product shortages, sourcing alternatives for these products either from other suppliers or where necessary other countries and undertaking batch recalls when instructed to by the HPRA. All of this is achieved as seamlessly as possible to ensure the patient continues their treatment without missing doses.

There were many initiatives this year including the introduction of spreadsheets to actively capture details of high cost financially capped products, introduction of prefilled suxamethonium syringes, 1G vancomycin vials, prefilled innohep syringes to increase safety and decrease nurse manipulations. New internal procedures re the supply of metothrextae and unlicensed medicines were introduced as safety initiative as were new procedures around the supply of MDAs and blood derived medicinal products, purchasing, receipt of goods and batch recall to comply with the Pharmacy Act 2007.

Clinical Pharmacy Services

This service focuses on the review of patient Medicines, Prescription, Administration Record (MPAR) for appropriate and correct prescribing of drugs, the degree of which is determined by the complexity of the ward and the number of pharmacists available. The service ranges from a full comprehensive medicines reconciliation review to a pick-up service which reviews the list of medication, outside of agreed stock maintained on the ward, and targets high risk drugs.

This service includes St Josephs, the Day Hospital and excludes the RCNU. There are 9 pharmacists and 3 technicians dedicated to this service. The 2015 point prevalence study showed 7,300 drugs are reviewed daily amounting to 800 drug and 90 MPAR reviews per ward pharmacist daily well above the norm of 35-40 MPARs per day. The average number of drugs a patient is on is 14. This does not include the 77 clozaril patients and the associated 176 prescriptions dispensed for by the psychiatric pharmacist nor the renal transplant, ID or Hep C patients.

2016 saw the implementation of dedicated Pharmacists to undertake medicines reconciliation review targeting the frail elderly patients in ED and dedicated to the services in Hardwicke ward and the Day Hospital. The implementation has been a success resulting in the identification of 2 prescription issues 3.5 medicines reconciliation issues identified per patient with 63% identified as of moderate clinical significance and 15% being identified as averting severe harm to patients. The

acceptance of these interventions across these three areas is seen to be 89%. The success of this initiative combined with that of the allied health care professionals secured the multidisciplinary award at the HPN hospital pharmacy awards 2016.

However there are only three wards in the hospital with this level of pharmacist input. Of the remaining wards 2 received a drop in visit by a pharmacist, 3 receive a three times per week visit, 11 receive a level 1 and 10 receive a level 2 pharmacist service. All wards currently receive a technician ward stock top up service. This means the same detection of prescribing errors, formulary control and drug protocol development is far more difficult to achieve.

Aseptic Compounding Service

The Aseptic Compounding Unit (ACU) Service provides a compounding service to both Oncology and Haematology and is responsible for all oncology and haematology clinical trials with pharmacy input. There are up to 12 active clinical trials at any one time. On average, 79% of aseptically prepared items are Oncology drugs and 21% and Haematology. The complexity of care has increased from 3.85 intravenous anticancer medicines being compounded for administration in July 2013 to 4.04 by July 2014. 2016 saw 14,053 items compounded by ACU and increase of 1.2% on 2015.

2016 saw the installation of two new isolators and resulted in an increase of in-house compounded medicines to between 80-90% of all products, drastically reducing the dependency on external suppliers and making a drop of €1.5million expenditure to external suppliers per annum (see graph).

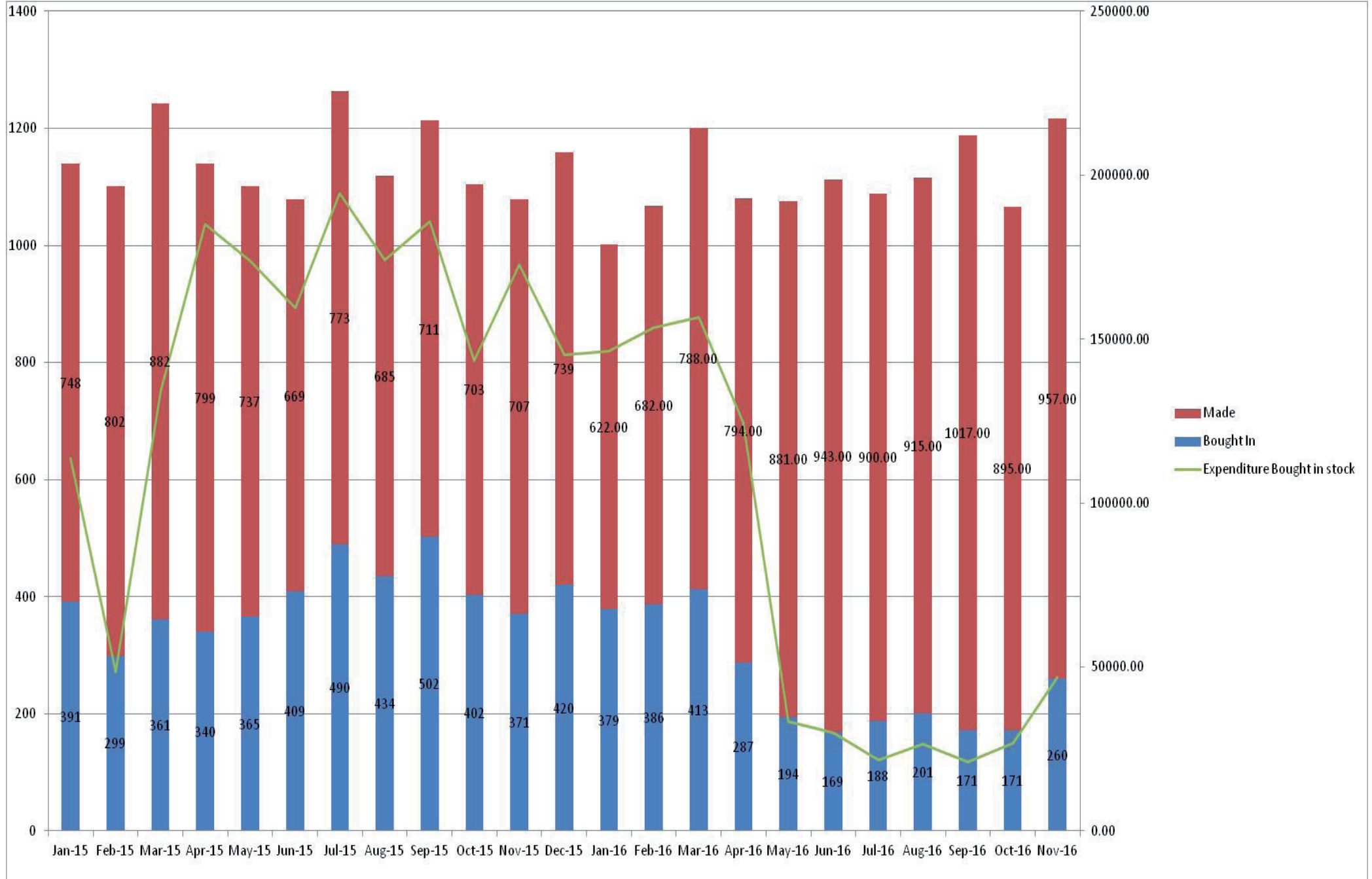
The area is lead by a Chief II Pharmacist (winner of 2016 oncology pharmacist of the year) with three pharmacists (one the recipient of oncology pharmacist of year 2015) and four technicians.

Table 128

Annual Report

165

2016



Medication Safety Service

Service Overview

The medication safety officer is a Chief II Pharmacist who has been promoting safe use of medicines across the hospital since 2010. There is ongoing promotion and education about medication safety and the medication reporting system via medical and surgical grand rounds, publication of newsletters and quarterly reports via the Drugs and Therapeutics and Clinical Governance Committees and liaising with risk management and annually to the hospital board.

Incidents are recorded and weighted in severity using the National Co-ordination Council for medication errors reporting and prevention (NCC MERP) scale. The index of scale ranges from A (capacity to cause harm) to I (event may have contributed or resulted in death).

293 reports were received during 2016

- 6 were non-Beaumont issues (detected in Beaumont),
- 21 were duplicate reports
- 40% of reports are from pharmacists
- 8% of reported Beaumont incidents reported related to patient harm (NCC MERP E or higher)

Table 129

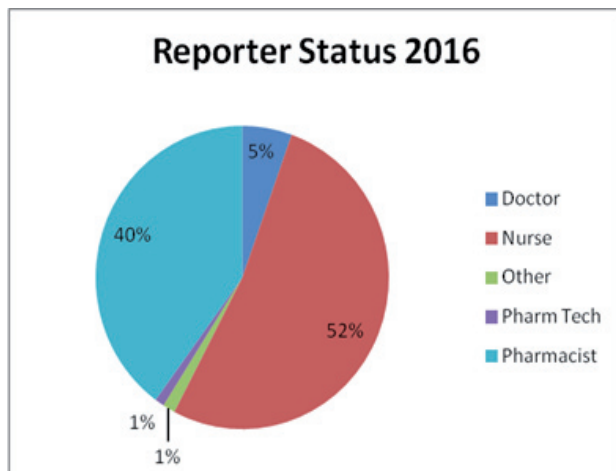


Table 130

Cases that reached patients NCC MERP index	2016
E	13
F	4
G	1
H	2
Duplicates	21
External	6
Grand Total	293

Antimicrobial Services

The Antimicrobial Pharmacist (AMP) is a highly valued member of the Pharmacy, Microbiology and Infection Prevention Control Team (IPCT), is the communication link between Microbiology & Pharmacy and produces quarterly antimicrobial consumption and expenditure reports. These are submitted to the antimicrobial stewardship, and infection, prevention and control committees and the clinical directorate quarterly surveillance reports.

The HIQA antimicrobial stewardship at the end of 2015 and the report received in Q1 2016 showed, amongst other issues, that while the hospital was performing well to antimicrobial stewardship there were large deficiencies in the pharmacy department namely a lack of clinical pharmacists to enable antimicrobial stewardship to be undertaken effectively and data capture was slow and cumbersome meaning producing antimicrobial usage data and related reports is a time intensive process for pharmacists due to inadequate pharmacy software systems.

The number of antimicrobial referrals was 296 and does not include the 119 patients seen by the consultant microbiologist and antimicrobial pharmacist on their weekly stewardship rounds. In addition they undertook nine antimicrobial audits in 2016.

Six further guidelines were added to the antimicrobial app and an abstract on the introduction of the app was submitted to the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) conference 2017.

The AMP presented many times at medical/surgical grand rounds highlighting prescribing issues as well as advanced nursing skills course, nephrologists departmental meetings, weekly clinical pharmacist meetings, national pharmacists meetings and lunch and learn.

Medicines Information

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.

Infectious Disease Services

Service Overview

The infectious diseases clinic is based on St John's ward with a clinic room converted into a counselling room.

The dispensing area was fitted with air conditioning in 2016 enabling drugs to be stored there on a weekly basis and improving the efficiency of staff that now do not have to bring all that is required through the hospital from the Pharmacy Department to the clinic and back again on the same day. It also enables the temperature to be monitored and controlled as per the Regulations 2008. The expenditure in this area is sizeable and due to the reimbursement claims of the pharmacist €7.2million was claimed back in 2016.

Hepatitis C Pharmacist and Technician

63 Hepatitis C patients were dispensed 319 medications and counselled by a senior pharmacist. The business case, initiated by the Head of Pharmacy in 2014 as a result of the release of new Hepatitis C medication, was approved by the National Hepatitis C Treatment Programme in July 2016. The complexity of these new agents with numerous drug interactions is fully acknowledged by the consultants and requires dedicated pharmacist resources to review before dispensing. Consequently a pharmacy technician and pharmacist will be added to the service in 2017 to dispense and counsel the anticipated 300 patients that have been allocated to Beaumont Hospital.

Transplant Service

This Pharmacist sees on average 154 renal transplant patients per year, however this year saw a 50% increase. The pharmacist plays a vital role in ensuring the smooth transition from transplant into the community for both renal and haematology patients spending 0.2 – 0.3 WTE of time contacting community pharmacies to ensure the patient's tablets are will be in stock on discharge, checking and faxing copies of

prescriptions to ensure a smooth transition and dispensing for patients where necessary ensuring the patient does not miss any doses.

On Call Service Activity Data 2016

All pharmacists working in the department participate in an on-call pharmacy service on a rotational basis ensuring there is access to pharmacy services 24/7. The on call service supplies on average 219 items per week (113,88 per annum) in response to requests from the hospital.

Education and Research Activity Data 2016

The pharmacy department is increasing its teaching links with the Royal College of Surgeons by taking on three interns with two of them undertaking research with the RCSI school of pharmacy and one senior pharmacist undertaking lecturing on the antimicrobial module for undergraduates. Several senior and chief pharmacists already lecture for both RCSI and TCD for masters programmes. We are also continuing to facilitate summer student placements for undergraduate pharmacy students and offer placements for final year pharmacy technician students.

Drugs & Therapeutics (D&T) Committee/ Governance

The Head of Pharmacy acts as Secretary for the Drug & Therapeutics Committee and the five other sitting pharmacists have a significant input. The committee meets bimonthly for an hour on each occasion. Full reports are submitted to the Clinical Governance Committee. In terms of Nurse Prescribing there are over 20 Registered Nurse Prescribers in the hospital, who require D&T to provide significant oversight and the Chief II medication safety officer signs off on the CPAs required.

Principal Clinical Psychologist/Head of Department Dr Niall Pender

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 2016.

The Department continues to offer specialised psychological treatments for patients of the Hospital. The Department currently consists of 11wte 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. We are also now providing neuropsychology training places for students from Leiden University, Maastricht University and Dublin City University. In 2016 we were delighted to obtain funding for a new post in the Care of the Elderly Service and this post will be filled in early 2017 and will significantly improve the psychological care of older adults.

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.

Neurosciences

In 2016 a new dedicated post for the neuropsychology of epilepsy surgery was filled. Dr Diane Gillan moved into this role as co-ordinator for the pre-surgical programme. Pre-surgical Wada tests are now undertaken weekly in collaboration with colleagues in radiology and neurophysiology. Beaumont Hospital is 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. In collaboration with Mr Javadpour and the charity, Friends of A, a half-time assistant psychologist was funded to provide routine pre and post aneurysm surgical assessment. This service will start in January 2017.

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 2016 Beaumont Hospital recruited its first patients to the ENROLL-HD international research trial. Beaumont Hospital is the only Irish site to be registered with this international observational trial of patients with Huntington's disease in the hope of developing effective treatments for this neurodegenerative disease. Our research and findings have attracted national and international interest and have been presented at conferences and published in peer reviewed journals.

In 2016, Mr Tom Burke completed his PhD in the neuropsychology of ALS. Ms Katie Lonergan obtained a distinction in her MSc into the

emotional lability in ALS. Ms Stephanie Hughes and Ms Sarah O'Connor completed their MSc degrees into the cognitive functioning in COPD and epilepsy respectively.

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.

Liaison Psychiatry

Dr Jennifer Wilson O'Raghallaigh became the Beaumont Hospital's first Principal Specialist Clinical Psychologist in 2016. 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 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;
- 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.

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 (or were active) in 2016.

- ENROLL-HD: A prospective, multi-national, multi-centre study of Huntington's disease patients at all stages, and their families, including pre-manifest gene carriers, confirmed non-HD mutation carriers and at risk individuals, and a volunteer control group. Dr Niall Pender is Co-Investigator and Irish site lead for this multi-centre study in collaboration with European HD Network sponsored by the CHDI foundation funded as a clinical trial.
- Professor O. Hardiman, Professor A. Bokde, Dr N. Pender, Dr E. Lalor (2013). *Novel biomarkers of ALS subphenotypes using advanced imaging and spectral EEG technology*. HRA-POR-2013-246 (Co-Applicant). €329,772.00.
- Elliot, N, Dohery, C, White, M, Pender, N. Et al (2013). *The collaborative development of an evidence-based educational resource for self-disclosure strategies for people with epilepsy* (2013). Co-applicant with Prof. Naoimi Elliot, MRCGP Brainwave €149,000.
- Prof. A. Stanton, Dr. E. Dolan, Prof. N. Moran, Prof. D. Williams, Dr. N. Pender, Dr. A. Fahey, Ms. K. Shortall, Ms. T. El-Sayed, RCSI & Beaumont Hospital, Dublin (RCSI). *A study of the absorption, distribution and cardiovascular benefits for hums of eating chicken-meat and eggs enriched with Omega-3 PUFAS over a 6 month period*. *Devenish Nutrition* €289,560 (2015).
- Hickey, A, N.Pender, D Williams, Bennett, K, Horgan, F. Wren M-A (2015). *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. (2016). *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.
- Alice Stanton & Niall Pender (2016). Examining the beneficial effects of Omega 3-PUFA / Vitamin B enrichment of chicken meat and eggs on cognitive functioning. Irish Research Council employment based post-graduate programme. €48,000 EBPPG/2016/351.

Presentations (platform and poster) by members of the Department in 2016:

- Sarah Clarke (2016). *Wada test: Patient Experience of Brief Hemispheric Anaesthesia*. International League Against Epilepsy (ILAE) conference in Dublin, November.
- Sarah Clarke (2016). *Emotional well-being in women with epilepsy*. Women and Epilepsy Conference, Epilepsy Ireland, December.
- Niall Pender (2016). *Cognition in ALS: Evolution, Insights and Key emerging trends*. Plenary Presentation. International ALS/MND symposium. December.
- Niall Pender (2016). *Basal Ganglia and the Mind*. Movement Disorders Masterclass. Mater Hospital, November.
- Niall Pender (2016). *Emotional Well-being in Epilepsy*. Epilepsy Ireland National Conference. October, Dublin.
- Niall Pender (2016). *Mild Traumatic Brain Injury and Concussion: Current controversies and outcomes*. Irish Association of Rehabilitation Medicine, Annual Conference. Belfast May.
- Niall Pender (2016). *Understanding your brain*. Neurological Alliance of Ireland Mind Matters Conference. March.
- Niall Pender (2016). *Neuropsychology of paediatric concussion and mild traumatic brain injury*. Paediatric Head Injury Conference, Department of Neurosurgery, Temple Street Children's Hospital. February.
- O, Donovan, F., Shortall, K., El-Sayed, T., Dolan, E., Williams, D., Moran, N., Fahey, A., Pender, N. & Stanton. (2016). *'Exploring the role of omega 3 fatty acids in cognitive performance: A double blind, randomised, controlled study'*. Oral presentation at the Psychological Society of Ireland Early Graduate Group conference, February 27th 2016, Dublin, Ireland.

- O, Donovan, F., Shortall, K., El-Sayed, T., Dolan, E., Williams, D., Moran, N., Fahey, A., Pender, N. & Stanton (2016). *'Investigating the cognitive benefits associated with the consumption of omega -3 polyunsaturated fatty acids (PUFAs) enriched foods products'*, poster presentation at the SPHeRE (Structured Population and Health-services Research) Network conference, February 29th 2016, Dublin, Ireland.
- O' Donovan, F., Shortall, K., El-Sayed, T., Dolan, E., Williams, D., Moran, N., Fahey, A., Pender, N. & Stanton, A.(2016). *'Investigating the cognitive and mood benefits of Omega 3 enriched food products'*. Oral presentation for the board of the Food Standards Agency, May 17th 2016, Belfast, Ireland.
- O, Donovan, F., Shortall, K., El-Sayed, T., Dolan, E., Williams, D., Moran, N., Fahey, A., Pender, N. & Stanton (2016). *'Investigating the cognitive benefits of Omega-3 enriched foods'*. Oral presentation at the RCSI Thesis-in-3 event, September 9th 2016, Dublin, Ireland
- Lunt, V., Lonergan, K., O' Donovan, F., Heffernan, M., Hughes, S. & Doyle, N. (2016). *'Assistant Psychologists in an Acute Hospital Setting: Balancing Competency and Experience, the Stepped Care Approach'*. Poster presentation at the Psychological Society of Ireland conference, November 10th 2016, Athlone, Ireland.
- O, Donovan, F., Shortall, K., El-Sayed, T., Dolan, E., Williams, D., Moran, N., Fahey, A., Pender, N. & Stanton (2016). *'Can Omega-3-PUFA Enriched Food Products (Other than Oily Fish) Enhance Cognitive Function? Preliminary Results from a Double Blind Randomised Control Trial'*. Oral presentation at the Psychological Society of Ireland conference, November 11th 2016, Athlone, Ireland.
- Sarah O'Connor, Sarah Clarke, Niall Pender and Norman Delanty (2016). *Time to draw the line on visual memory tests? Predicting laterality in temporal lobe epilepsy: the utility of visual memory tests and the role of executive function*. ILAE British and Irish Chapter meeting this October. Poster.
- Marta Pinto-Grau, Tom Burke, Katie Lonergan, Caroline McHugh, Iain Mays, Caoifa Madden, Alice Vajda, Mark Heverin, Marwa Elamin,

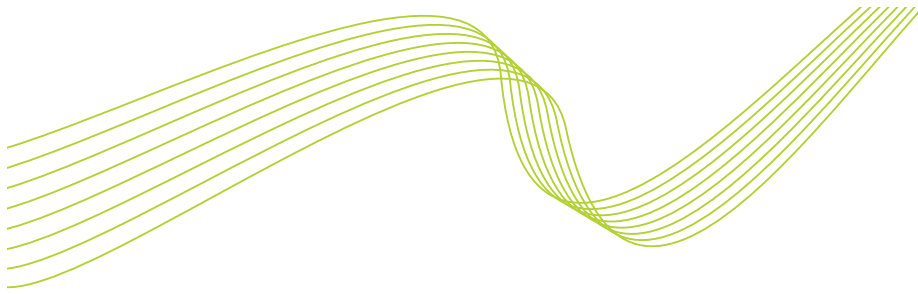
- Orla Hardiman & Niall Pender (2016). *Standardization and Validation of the ECAS using Age and Education Adjusted Norms*. Presented at ENCALS Meeting 2016, Milan.
- Marta Pinto-Grau, Tom Burke, Katie Lonergan, Lisa Murphy, Marwa Elamin, Orla Hardiman & Niall Pender (2016). *A Population-based Study of Language Changes in Amyotrophic Lateral Sclerosis (ALS): further updates*. Presented at 46th Annual Psychological Society of Ireland Conference, Athlone.
 - Marta Pinto-Grau, Tom Burke, Katie Lonergan, Lisa Murphy, Marwa Elamin, Orla Hardiman & Niall Pender (2016). *Language Changes in ALS: Preliminary Results on a Population-based Study*. Presented at 27th MND International Symposium, Dublin.
 - Burke T, Galvin M, Tobin K, Pinto-Grau M, Lonergan K, Hardiman O, Pender N. *Caregiver burden in amyotrophic lateral sclerosis: Elucidating the trajectory of psychological distress in burden*. (2016). Paper presented at the 27th International Symposium on ALS/MND. Dublin, Ireland.
 - Burke T, Galvin M, Tobin K, Pinto-Grau M, Lonergan K, Hardiman O, Pender N. *Distress, and Caregiver Burden in ALS: Dichotomising Burden to Inform Longitudinal Predictors*. (2016). Paper presented at the 52nd Irish Neurological Alliances (INA) Meeting. Limerick, Ireland.





Clinical Support Services





Head of Department:
Mr. Pat Cooney,
Chief Physicist

Medical Physics and Clinical Engineering Department

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.

Service Developments

The department manages the hospital's Medical Equipment Replacement Programme. Beaumont Hospital's allocation for 2016 was €2 million. The allocation was lower than previous year; nevertheless it allowed the hospital to replace key items of medical equipment in our laboratories, theatres and radiology.

The department was instrumental in managing the successful installation and clinical commissioning of new patient monitoring in the Theatre Recovery area and the Emergency Department, with both areas equipped with new Philips monitoring systems. The hospital has now standardised its entire high-end patient monitoring to Philips systems, allowing seamless transfer / transport of critical patients across the hospital.

Additional facilities were also provided into the Central Sterile Stores Department with the replacement of all four autoclaves with the most up to date technology and with a modern RO water treatment system. The value of the project was in excess of €600,000 and the new facilities allow for additional contingency / redundancy, with one electrically heated autoclave and three steam heated units.

Table 131: gives details of the replacement and new medical equipment projects managed by MPCE Dept., in 2016.

Table 131 - Major Medical Equipment Replacement Projects 2016		
1	Replacement of second pharmaceutical isolator	Commissioned - Q1, 2016
2	Neuro surgical navigation system EM upgrade (BrainLab)	Commissioned - Q4, 2016
3	Neurosurgical navigation/ microscope systems integration	Commissioned - Q4 2016
4	New autoclaves systems (x4) and RO water treatment plant	Commissioned - Q3 2016
5	New Theatre Recovery patient monitoring	Commissioned - Q4 2016
6	New anaesthetic workstations (x2) in St. Joseph's Theatres	Commissioned - Q4 2016
7	Neurosurgical patient headrest systems replacement	Commissioned - Q3 2016
8	Humphrey Field Analyser – Eye Clinic	Commissioned - Q4 2016
9	New General Digital X-ray Imaging System	Commissioned - Q4 2016
10	New high-end networked patient monitoring – Emergency Department	Commissioned - Q4, 2016
11	New replacement Plastics Microscope for Theatre	Tender evaluation completed Q4 2016

Clinical Engineering and Medical Equipment Management

Clinical Engineering and administration grades within the department were restructured during 2016, with the appointment of Mr. Paul Lowe to the post of Chief Clinical Engineering Technician and Ms. Deirdre O'Malley to Grade V Officer. The department advanced its work on the development of a Medical Equipment Management Policy for the hospital and established the Medical Device Equipment Management Committee in 2016 to oversee the development and implementation of the policy. This policy is developed in line with relevant components of the standards published in Safer Better Healthcare, HIQA 2012. One of the key principals of the policy is the establishment of a multi disciplinary team approach to the procurement of new medical equipment and devices, with a view to standardising on medical technology groupings within different areas of the hospital. This has been implemented in a number of areas in 2016, such as high-end critical care patient monitoring systems, clinical information systems, infusion devices, imaging systems, etc.

Imaging and Radiation Physics

The diagnostic imaging physics section of the MPCE Department provide services to the hospital across a number of significant areas such as statutory radiation protection and compliance (in terms of radiation protection advisory services, local rules, X-ray QA, radiation incident management, administrative management and coordination of the hospital's statutory radiation safety committee, etc.) as well as to medical LASERs, phototherapy,

voluntary donor renal transplant, nuclear medicine, ultrasound etc. A brief outline of the activities and developments for the Imaging/Ionising Radiation Physics group for 2016 is given below: The commissioning of the two new dedicated digital (DR) Chest X-ray units was completed in February 2016. These replaced the 16 year old DR chest units that were in Room 2 in main Radiology, where over 100 patients per day are X-rayed. The commissioning of the state of the art DR general X-ray equipment in room 1 in Radiology was completed in Nov 2016. This replaced the older, non-digital, X-ray unit in one of the busiest X-ray rooms in the hospital. The opening of the new Nuclear Medicine facility in 2015 prompted a thorough review of processes and procedures in the radiopharmacy, which is a brand new clean facility for making up radioactive drugs for the diagnosis and treatment of patients. The radiopharmacy service completed the installation and configuration of the radiopharmacy management software in 2016. This software automates much of the record keeping in the radiopharmacy reducing reliance on paper records and facilitating compliance with radiation safety regulations. The physics staff in Radiology were instrumental in the introduction of a new nuclear medicine technique, Technegas®, for the evaluation of lung function in patients with suspected pulmonary embolism. This involved the implementation of a full procurement process for the technology under a managed equipment service, for the specialist equipment's acceptance and commissioning and for the roll out of the clinical service in conjunction with the Nuclear Medicine Department in Radiology.

Following extensive collaboration between a multidisciplinary team comprising of over 35 staff from Saint Lukes Radiation Oncology Network and Beaumont Hospital, physicists were instrumental in launching the first intraoperative radiotherapy service in Ireland for the treatment of Breast Cancer in 2016. Physics staff were centrally involved in the setting up the new Phototherapy service in 2016, using narrowband UVB (TL01) for the treatment of various skin diseases. Physics input is vital for establishing the patient dose response using minimal erythema (MED) testing and for accurately calibrating the phototherapy machines in advance of each patient treatment.

Neurophysics

The key areas of focus for the Neurophysics group are; management of electromedical equipment in clinical neuroscience, advanced neuroimaging, MR Safety, health informatics, health service research and the National Epilepsy Programme. The procurement of new neurosurgical headrests in Q3 of 2016 was developed, implemented and managed by both Gareth Enright and Deborah Jacob, resulting in the critical replacement of obsolete systems in neurotheatre. The managed equipment service procurement project ensures the comprehensive maintenance and inspection of the patient headrest systems used in neurosurgery at regular intervals, thereby optimising the life-cycle and safety in use of the equipment.

Advanced Neuro-imaging: 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. *MR Safety:* In collaboration with radiological personnel, the Neurophysics group manages 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 is developing standard operating procedures associated with the delivery of the MRI service at Beaumont.

Education & Training Activity

- Provision of Physics lectures and tutorials to the specialist registrars, for the Faculty of Radiology, Pt. 1 Fellowship exams in the 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 two x 3 month undergraduate student placements from the DCU INTRA (INtegrated TRaining) Programme; one for engineering and one for physics students.
- 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.

Presentations / Conference Participation

- Physics staff in Radiology had two posters accepted for presentation at a national medical physics scientific meeting. These were titled:
- *"2 Years Experience of using Patient Dose Tracking Software and NIMIS Codes in 2 busy Cardiac Catheterisation Laboratories"* - Thomas Heary, Ronan Faulkner
- *"Radiation Protection Issues for the Introduction of Intraoperative Radiotherapy (IORT), using Intrabeam®, into surgical theatres"* - Thomas Heary, Donal Cummins, Lynn Gaynor, Jill Williams". This presentation won first prize in the radiotherapy session at this national conference
- Mr. Paul Lowe presented *"Reinventing the Wheel: Home Haemodialysis Therapy"* at the Biomedical Engineering Association of Ireland's 21st Annual Biomedical & Clinical Engineering Scientific Conference, September 2016, Dublin

Healthcare Records

Introduction:

The Healthcare Records Steering Group (HCRSG) is a multidisciplinary team with the purpose of ensuring that all patients treated in the hospital have a healthcare record, which provides comprehensive clinical information for safe and effective treatment.

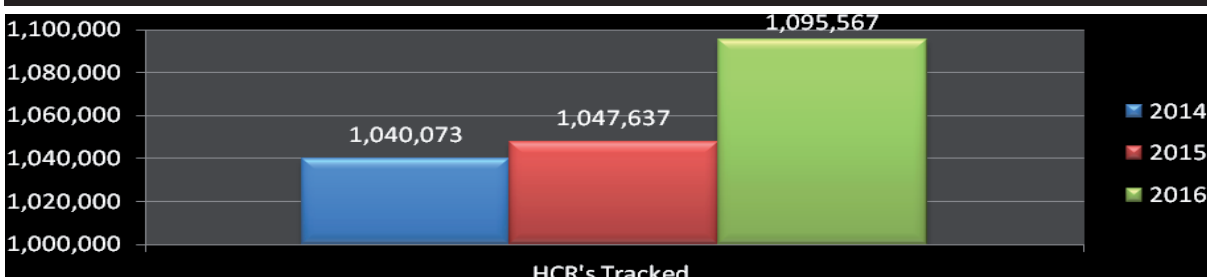
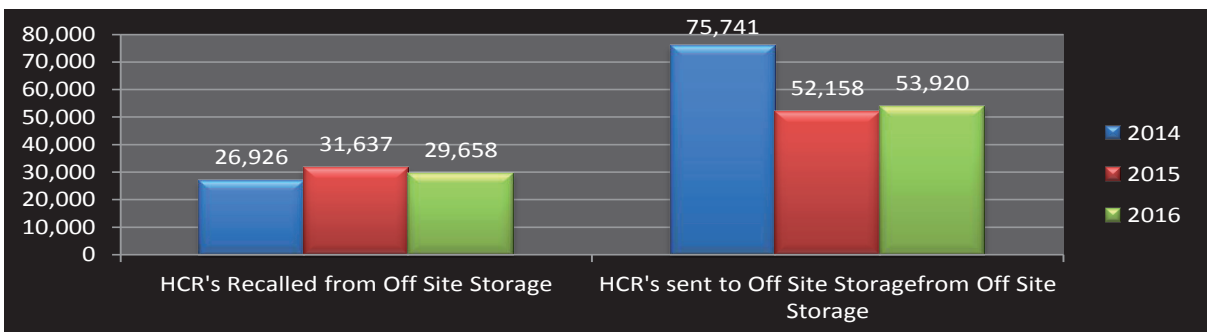
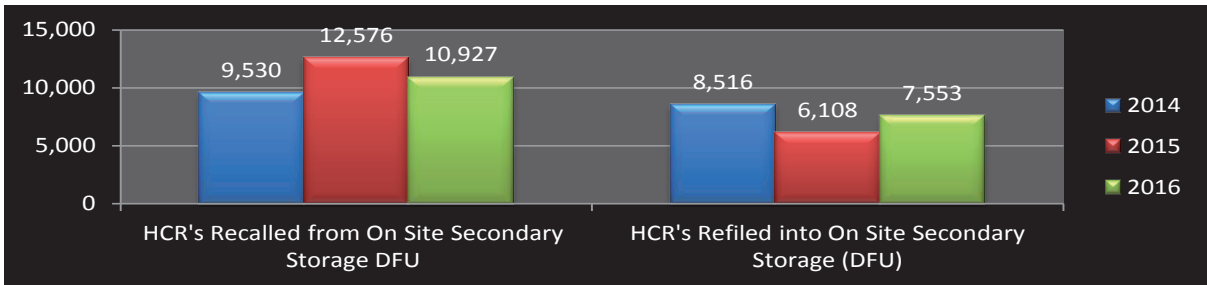
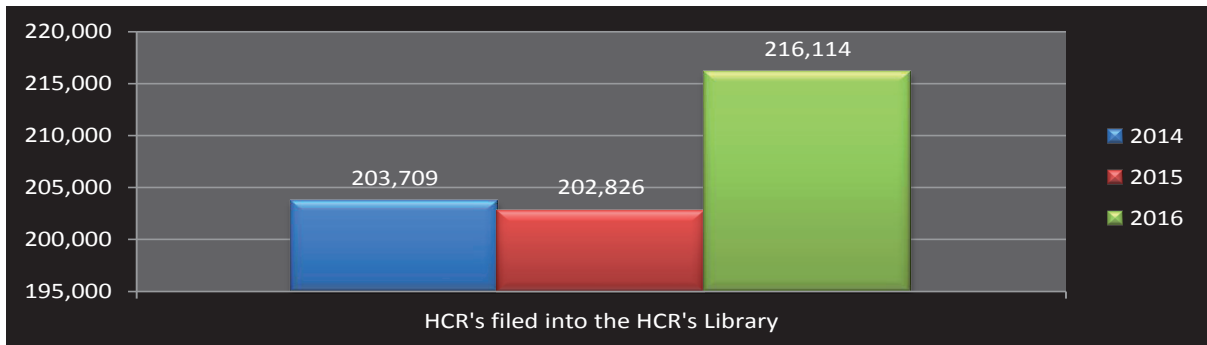
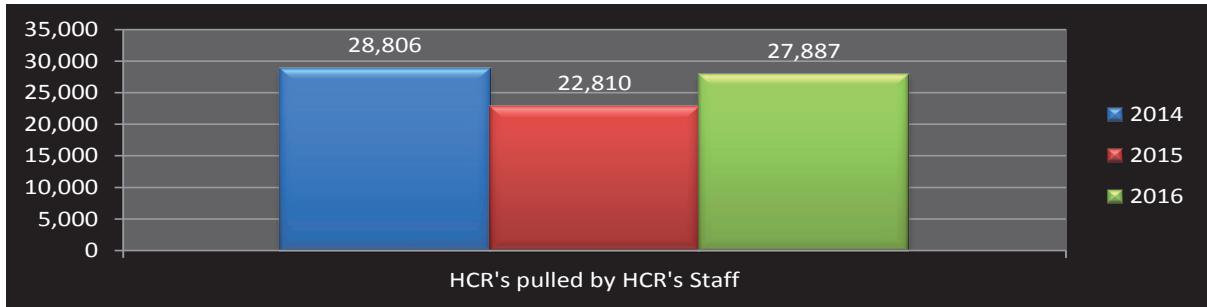
Standards

The standards relevant to the Group are the HSE Standards and Recommended Practices for Healthcare Records Management 2011.

Activity Reports

The Healthcare Records Department is the central library for patient healthcare records. Activity in 2016 compared to 2015 and 2014 is shown in Table 132-136

Table 132-136



Audit Programme (Healthcare Record Clinical Content)

A healthcare record (clinical content) audit programme took place in October 2016 by members of the HCRSG. Continuous Awareness on Good Record Keeping Work continued on awareness around good record keeping with the Healthcare Records Department inserting themed bookmarks into active/live healthcare records. The awareness theme for 2016 was ensuring allergies are documented in the patient's healthcare record.

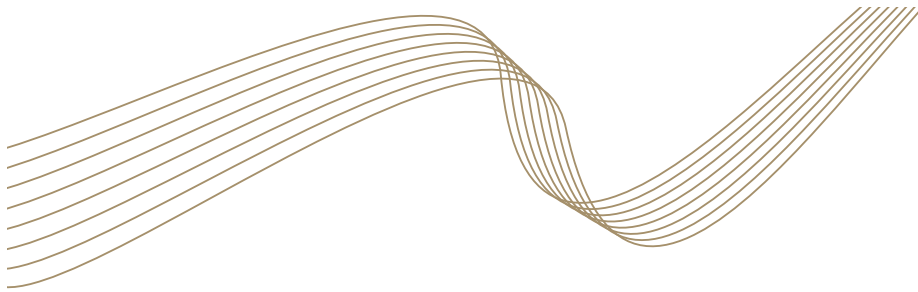
Tracking Policy

The Hospital's Healthcare Records Tracking Policy was updated in 2016 and is available on Q Pulse. Table 136 outlines the volume of records tracked for 2016 compared to 2014 and 2015 and activity increased in 2016.



Facilities Management





*Head of Facilities
Management and
Campus Development:*
Mr. Brian Fitzpatrick

Facilities Management

Catering Department

Manager: Simon Wembridge

We have a requirement to provide catering services to patients and staff at Beaumont and St Joseph's Hospitals.

On average every day we serve 2550 meals to patients, including additional snacks in the evening times. We also look after the staff at both campus 7 days a week, serving breakfast, lunch and a supper service to ensure that the staff are looked after as well.

The catering department has continued to provide a full catering service to the patients and staff throughout 2016 and to meet all the statutory requirements under which the department must operate.

Catering management has been very active in 2016 in the development of the importance of nutrition and the heightened awareness of allergens in food. The catering department along with the nutrition department have ensured in 2016 national best practice nutrition levels are achieved for Beaumont and St Josephs' Hospital in-patients.

The hospital was audited in 2016 by HIQA in terms of Nutrition and Hydration standards for patients and also launched the Healthy Ireland initiative in the hospital for the staff as well. As part of this initiative, the catering department along with the nutrition department at Beaumont, commenced calorie posting and will commence calorie posting throughout 2017 in terms of all food produced in the hospital.

2016 has also seen a significant increase in both patient and staff focuses in the catering department and the annual survey was also carried out for patients to gather user feedback.

Catering Strategy 2017

"Maintaining and developing a catering service that is fit for the present and the future."

Chaplaincy

Manager: Dorothy Costello

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 when 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 2016 the service was conducted by Rev. Donal Neary SJ.

On the 1st of April 2016 we had an interdenominational service of blessing of the hands in the Hospital Chapel for our newly qualified nurses. They received their certificates of nursing qualification after the service.

On the May 17th 2016, 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 Anne McNeely Deputy CEO.

General Services

Manager: Dorothy Costello

Introduction

The General Services Department incorporates Hygiene and General Services as well as Portering Services, Security, Chaplaincy, Healthcare Records, Patient Registration/Reception and Printing. The key role of all departments within the 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 coordination 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 patients services such as the hairdresser and barber. It also provides administrative support to the Emergency Planning Co-Ordinator. 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.

Hygiene Services Task Group (includes cleaning, laundry and waste management)

Introduction

The Hygiene Services Task Group (HSTG) is a multidisciplinary team with representation from each Directorate across the hospital as well as key services such as Infection Prevention and Control, Cleaning, Catering, Technical Services and Procurement. 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. The group meet on a monthly basis and report to the Infection, Prevention and Control Committee (IPCC), the Executive Management Team and ultimately through these forums to the Governance & Risk Management Committee of Beaumont Hospital Board. The group is supported by the General Services Department and chaired by the Hygiene & General Services Manager.

There is a quality improvement plan (QIP) 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. A standardised QIP was

devised for each element. 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 2016.

Terms of Reference / Operational Plan 2016
We are pleased to report that in line with the Group's Terms of Reference, the Hygiene Services Task Group Operational Plan for 2016 was achieved. The Terms of Reference were based on the 8 themes of the National Standards for Safer Better Healthcare.

Audits

As part of the HSTG Operational Plan an audit programme was 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 were conducted on a weekly basis by a multidisciplinary team to include representatives from Nursing, Infection Prevention and Control, General Services and the Executive Management Team. This audit programme assisted with measuring our performance in compliance with the standards and focused on areas for improvement.

The elements examined during hygiene audits are the physical environment, sharps, linen, waste, patient equipment and cleaning along with hand hygiene observation championing. Audits of ward pantries are conducted separately by the Catering Department. A risk management occurrence form is completed in the event of a risk identified on an audit.

Scores for each element are combined to give an overall score. A pass score is 86 % for each element. When an element fails the result is reported back to the local ward manager/ department head and a re-audit is undertaken within a week. In most cases a pass score of 86 % and greater is achieved on re-audit.

Audit Tool

The audit tool used as part of the audits was regularly reviewed, evaluated and updated by the group in 2016 to ensure we are capturing all key aspects of hygiene and infection control prevention.

Audit Comparison Results for 2016
A breakdown of the audit scores for 2016 compared to 2015 and 2014 is outlined in detail in

Tables 137-138. A total of 89 hygiene audits were carried out in this period compared to 80 in 2015 with an average audit score of 90 % achieved. A pass score is 86 %. The average score of 90 % in 2016 is up from 89 % in 2015 and was the same as 2014. The average score for the environment was 91 %, sharps management was 90 %, linen was 94 %, waste was 90 % and patient equipment was 86 %. Included in Table 141 are quarterly comparison reports for 2016.

Local Managers and Department Managers/ Directorate Management teams as appropriate are made aware of hygiene audit results in their areas throughout the year. Each Directorate received a summary breakdown of their audit scores for their areas on a quarterly and yearly basis.

14 risk management occurrence forms were completed mainly relating to blood splash exposure on sharps bins in 2016 compared to 18 forms completed in 2015.

Evaluation of Audit Results and Quality Improvement Plans

The evaluation of the audit results involves a review of the average scores for each element to ensure we were reaching a pass score of 86 %. Another measure used is a review of the number of fails overall, the fails for each element and trends in non-compliance issues. The overall failure rate for 2016 was 15 % which is down from 21 % compared to 2015, and also down from 18 % compared to 2014. There has been an improvement for all the elements compared to 2015. Table 140 refers.

The improvement in patient equipment should be noted compared to 2015. A Quality Improvement Plan has developed lead by the Nursing Executive to focus on some areas. The roll out of new patient equipment decontamination wipes was another quality improvement plan in 2016 which assisted in the improvement in patient equipment in some areas.

Following an audit in the Operating Theatre on 21st April 2016 a working group was convened to develop a Quality Improvement Plan on areas for improvement and actions required to achieve compliance with the National Standards for the Prevention and Control of Healthcare Associated Infections and this work is progressing.

In addition, a Quality Improvement Plan was developed for the Endoscopy Unit with a local working group now devised and work has progressed significantly.

Health Information Quality Authority Unannounced Inspection - 12th August 2015

The quality improvement plan (QIP) developed following the unannounced inspection by HIQA on 12th August 2015 against the National Standards for the Prevention and Control of Healthcare Associated Infections was regularly reviewed and monitored by the hospital throughout 2016 until completion. This is available on the hospital website for inspection.

HIQA Preparation Information Sessions for Staff 2016

The Health Information & Quality Authority (HIQA) continued its series of unannounced inspections against the National Standards for the Prevention & Control of Healthcare Associated Infections in hospitals across the country.

In preparation for an inspection in 2016 and another measure in ensuring compliance with the standards, the FAQ's available for staff were reviewed and updated on Q-Pulse. A number of hospital wide information sessions for staff on the National Standards for the Prevention and Control of Healthcare Associated Infections were held. In addition, local preparation information sessions were provided as well as an awareness stand outside the canteen over two days. Continuous awareness on the weekly hygiene audits is another preparation format as well as regular updates at the monthly HSTG meetings.

Cleaning Contract and Management

This contract is managed by the Hygiene/General Services Department through continuous monitoring and evaluating of the cleaning services. Noonan Services Group Limited provided the contract cleaning service to the hospital up 31st August 2016 (4th year) to include some parts of St Josephs Hospital Campus.

A robust tender specification for the provision of cleaning services to Beaumont Hospital and St Josephs Hospital Campus was devised by a working group led by General Services and included representatives from Infection Prevention & Control, Nursing, St Josephs Hospital Raheny and Procurement. This service includes window cleaning, a discharge team service and

wall washing. A new contract was awarded from 1st September 2016 to Noonan Services Group Limited and weekly mobilisation meetings took place. The main change in the services relate to a new management structure. There continued to be designated cleaning services 24/7 allocated to the Emergency Department and when access allows deep cleans are undertaken.

OCS Ireland continued to provide a feminine hygiene service to the hospital in 2016.

Decontamination by Hydrogen Peroxide

A tendering process took place during the year for the provision of Decontamination by Hydrogen Peroxide Technology to Beaumont Hospital, St. Josephs Hospital Raheny and the Community Nursing Unit Raheny. Following the tendering process Noonan Services Group Limited were successful in being awarded the contract from November 2016. The service up to November 2016 was provided by Derrycourt Cleaning Specialists.

In 2016 enhanced environment decontamination was carried out on 154 occasions due to CRE/VRE cases, post discharge of *C. diff* cases, outbreak management and MrMRSA vacated areas. This programme co-ordinated by the General Services Department involves a full deep cleaning, wall washing and curtain changes.

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 2016, the General Services Department continued to work closely with the Infection, Prevention and Control team in managing a number of outbreaks, i.e. Influenza outbreaks, *C. Diff* outbreaks, a Norovirus outbreak, a Rotavirus outbreak and VRE outbreak.

Laundry Contract and Management

We commenced year four of the current contract with Celtic Linen on 1st August 2016. Celtic Linen continued to provide the linen service to Beaumont Hospital, St. Josephs Hospital Raheny and the Community Nursing Unit. The contract provides for the provision of both a managed and non managed laundry services for general laundry, laundry bags, curtain and shower curtain exchange programme, a scrub suits exchange system and fire evacuation sheets. The provision of a dust mat service changed from Celtic Linen who ceased the provision of the service to CWS Boco at the

beginning of 2016. The Hygiene/General Services Department manage this contract through ongoing monitoring and evaluating of the laundry service to include contract meetings.

Waste Management

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.

Beaumont Hospital continued to have a proactive approach to waste management throughout 2016. The recycling rate for 2016 averaged 66 % which was on par with 2015 of 65 %. In 2016, a number designated de-clutter days was organised in July and August to assist departments in the disposal of items from their departments.

In 2016 Beaumont Hospital was successful in the Dublin City Council Neighbourhood Awards for Waste Management. This was our third year to participate in these awards. This year we achieved second 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.

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. A new SOP was developed on the maintenance of Bed Pan Washers. In 2016 the following Standard Operating Procedures (SOP's) and Policies were reviewed and updated:-

- SOP for Water Coolers and Dispensers
- SOP for Environmental Decontamination of Influenza
- Guidelines for Washing Machines
- Policy on Linen Management
- Waste Management Policy
- SOP for Environmental Decontamination for *Clostridium Difficile*,
- SOP's for the laundering of cleaning microfibre cloths and mops heads
- Policy on Dirty Utility
- SOP on Cleaning Patient Equipment
- SOP on Fire Evacuations Sheets
- SOP for the authorised use of scrub suits
- SOP's for cleaning a bed space following patient discharges
- SOP for dealing with water leaks
- SOP on the cleaning of Patient Food Trolleys
- SOP for Environmental Decontamination for Norovirus, MRSA and VRE
- SOP on the Purchasing of Equipment under €5,000

Hand Care Products Tender

Following a tender specification for hand care products to include alcohol hand gel, soap, alcohol based surgical hand preparation and hand moisturiser in 2016, a hospital wide change of products and dispensers was undertaken lead by the Hygiene/General Services Department. This was complimented by a hand hygiene practice education and awareness programme by the service provider.

Table 137: - Audit Scores 2016 compared to 2015 and 2014

Hygiene audit report 2016 v 2015 v 2014

	Overall Score	Environment	Sharps	Linen	Waste	Patient Equipment
Average Score 2016	90%	91%	90%	94%	90%	86%
Average Score 2015	89%	90%	88%	92%	90%	85%
Average Score 2014	90%	91%	89%	91%	91%	87%

Table 138

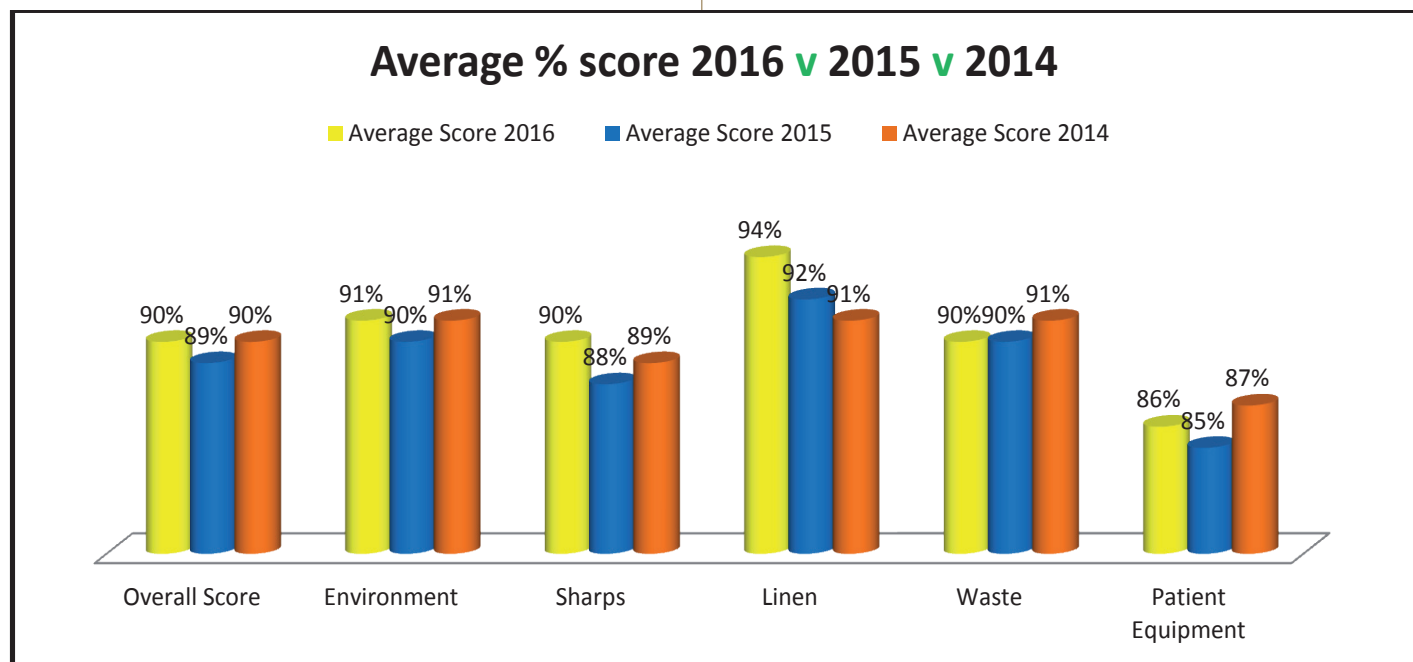


Table 139: - Failure Report compared to 2015 and 2014

Fail % Audit Report						
	Overall Score	Environment	Sharps	Linen	Waste	Patient Equipment
Fail % 2016	15%	10%	20%	11%	8%	38%
Fail % 2015	21%	11%	32%	14%	9%	50%
Fail % 2014	18%	11%	24%	24%	7%	36%

Table 140

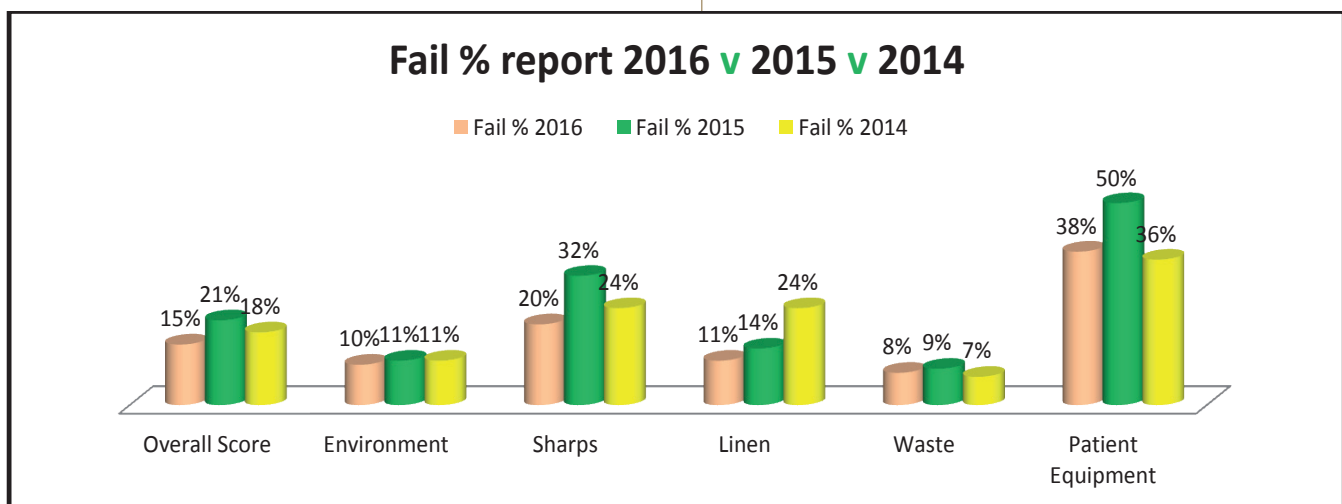
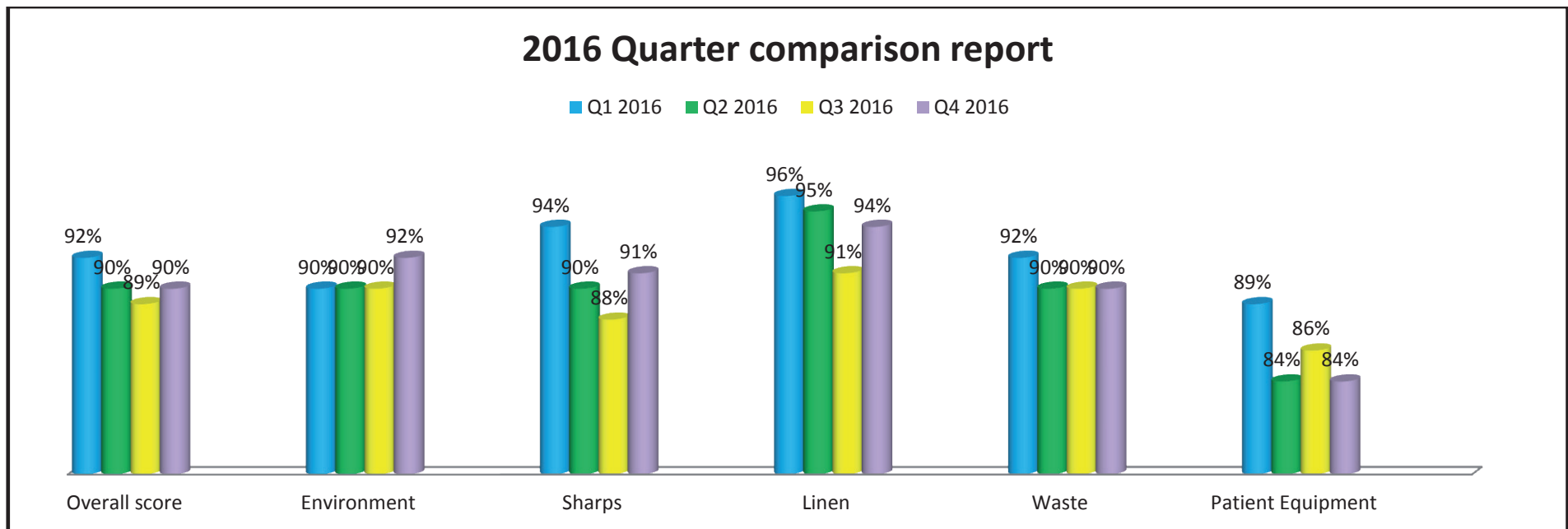


Table 141 - Average Quarterly Reports for 2016

	Overall score	Environment	Sharps	Linen	Waste	Patient Equipment
Q1 2016	92%	90%	94%	96%	92%	89%
Q2 2016	90%	90%	90%	95%	90%	84%
Q3 2016	89%	90%	88%	91%	90%	86%
Q4 2016	90%	92%	91%	94%	90%	84%



Water Safety Committee

Prevention/Control Measures

In 2016, work continued in the management and control of Legionella. The Legionella prevention measures are 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, review of the alarm system for chlorine dioxide plant, removal of dead end pipes when access allows, balancing of valves in certain block areas, routine monthly sampling and testing continued to include a flushing programme, daily cleaning of showers, clinical and non clinical sinks with running water and infrequently used water outlets are regularly flushed as per hospital policy.

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. A decision was made to replace the chlorine dioxide on-line dosing system with copper silver ionisation. The copper silver ionisation system for the prevention and control of Legionella was activated in Blocks 7 and 8 following close out on clarification the effects of this system on dialysis water. To maximise the efficiency of the system, a full sterilisation of the water system to remove biofilm prior to activation took place. The system was activated in June 2016 and the July and August results demonstrated an improvement in the results post activation of the system.

The overall trend showed a decrease in positives from 51 % in January 2016 to 23 % in November 2016 with an increase in December 2016. Positive results greater than 100 also decreased from 16 positives in January to 5 in November and 8 in December.

CSSD

Regular water testing undertaken and no issues identified.

Communication / Education

An e-learning programme for the management of Legionella is available. Learning and Development work with nursing to ensure training is rolled out appropriately. The Hospital policy requires this training to be updated every two years.

Portering Services

Manager: Mervyn Borwick

2016 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. The Department supported the development of the Transit Care Unit with a new opening time of 7 am along with the growing patient service demands to Radiology, Endoscopy, Day Oncology, Coleman Kay Byrne Unit, Cath Lab. We welcomed the introduction of new posts in the Emergency Department and the Operating Theatre due to increase in patient services.

Printing Services

Manager: Colm Kavanagh

Further expansion of hospital services in 2016 resulted in increased workloads again in the Print Room which continues to produce most of the hospital's documentation. This was managed without the need for additional staff through the digital printing system. The department provides a graphic design service for the hospital campus and St. Joseph's hospital. The Print Room designs and produces promotional work for hospital wide events throughout the year such as, Recruitment Awareness Event, Hygiene Awareness, Patient Information, Infection Prevention & Control promotions, RCSI Hospitals Group 'Healthy Ireland Implementation Plan 2016 – 2019, Health Promotion, Poster campaigns, Information stands, Newsletters, Screen Savers, Animations, Presentations, Hospital signage etc. This work forms a large part of the Department's workload and has proven very beneficial in promoting patient information on an ongoing basis. Promotional work and documentation are also provided by the department in digital format for use in E-learning and the Hospital Intranet Site and the Web site.

Security Services

Manager: Mairead Kirwin

The Security Department continued their endeavours to provide a safe and secure environment for all patients, relatives and staff who attend Beaumont Hospital. Following a recruitment process, the Security Department welcomed four new members of staff who have successfully integrated into the Department and the Hospital in general. In 2016 the HSE undertook a nationwide security review of the Emergency Departments to include

Beaumont Hospital and met with hospital key stakeholders. Following receipt of the report from this review a Quality Improvement Plan was devised. Training continued to be one of our main focuses in 2016. Four members of the Security Team are Prevention and Safe Management of Aggression and Violence (PASMAV) Trainers and in conjunction with the Learning and Development Department in the continuing roll out of this training programme across the Hospital to multidisciplinary groups of staff incorporating St Josephs Hospital, Raheny. Security staff participated in the first response fire training as well as the dementia awareness training which has given security staff a great insight while assisting nursing staff.

Transport / Mobility Management / Liaison Support

Manager: Maura Herrity

Mobility Management Plan - this plan was actively reviewed in 2016 **National Transport Authority Smarter Travel Workplace** – Beaumont Hospital continued 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 European cycle challenge in May and a Beaumont team member came 3rd overall in Dublin.

Patient transport policy – work on a new patient transport policy took place in 2016.

Patient transport vehicle – a minibus service was introduced in October 2016 in line with the winter initiative, early discharge and reduction of transport costs. This pilot has been reviewed by our peers in other hospitals **Beaumont Hospital Neighbourhood Partnership.** Beaumont Hospital continued to meet with the BHP on an ongoing basis throughout 2016.

Technical Services Department

Manager: Declan O'Reilly

2016 was a busy year for TSD with over a million euro expended across more than thirty major projects. Of note within that delivery was the following:

Emergency Department:

- Phase 2 of the emergency department lighting upgrade was completed.

Operating Theatre:

- Flooring replacement was again the focus of a number of projects within the Operating Theatre

department in 2016 with no less than the main access corridor, reception and recovery areas all receiving new flooring and in addition upgraded wall protection installations. A smart new product was used so as to ensure that the installation occurred in the shortest amount of time possible but still delivered the high standard of flooring specification required for such a location.

- The installation of a replacement chiller unit which cools all of the air provided in the Operating Theatres. This €0.5mil project brought about the installation of two large items of equipment that future proofs the infrastructure of this element for 10 – 15 years.

Cath Lab:

- Extending the 7bar air provision to the cath labs so that their service can expand to provide cardiac ablation procedures.

Critical Care:

- With the assistance of the Hospice Friendly Hospitals Grant Scheme, TSD were able to bring about the delivery of the ITU Family Room Refurbishment. This worthy project provides a suitable environment for family and friends of our patients receiving critical care. We have been lucky to receive more funding from HFH to fund another great project this year in Banks Ward.

Clinical Sterile Supplies Department:

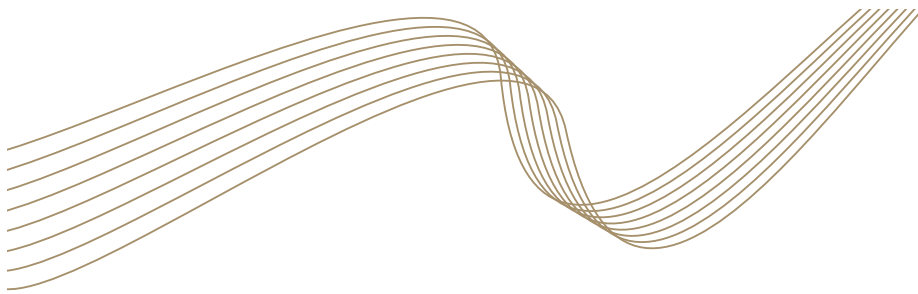
- TSD worked with HSE Estates to bring about the replacement of the autoclave washing equipment in the Clinical Sterile Supplies Department to ensure their continued delivery of the highest quality of service.
- TSD worked with CSSD and their suppliers to bring about the installation of industry leading compressor units into both the Theatre and Endoscopy scope dryer units.

Doctor's Residence:

- TSD commenced the first phase of refurbishment upgrades to the Doctor's Residence in late 2016. The project is ongoing but has already made a huge contribution to the development of the facility we provide to the doctors working in the hospital. The next phases see focus move away from the bedrooms and onto the communal corridor and wash room facilities.

Radiology:

- Delivery of the Radiology Room 12 refurbishment subsequent to 2015's Room 1 completion. The works were delivered without loss of service and ensured business continuity for the duration of its delivery.



Publications

LABORATORY DIRECTORATE

Complex considerations when tendering for HbA1c analysers. **Tormey WP, Byrne B, Russell C, Collier G,** Sreenan S. Clin Chem Lab Med. 2016 Nov 29.

Suspected factitious hypoglycemia. Brett F, Beausang A, **Tormey W,** Curtis M. Clin Neuropathol. 2016 Nov/Dec;35(6):393-395.

The contribution of undiagnosed adrenal insufficiency to euvolaemic hyponatraemia: results of a large prospective single-centre study. Cuesta M, Garrahy A, Slattery D, Gupta S, Hannon AM, Forde H, McGurran K, Sherlock M, **Tormey W,** Thompson CJ. Clin Endocrinol (Oxf). 2016 Dec;85(6):836-844.

Low-dose hydrocortisone replacement is associated with improved arterial stiffness index and blood pressure dynamics in severely adrenocorticotrophin-deficient hypopituitary male patients. Behan LA, Carmody D, Rogers B, Hannon MJ, Davenport C, **Tormey W,** Smith D, Thompson CJ, Stanton A, Agha A. Eur J Endocrinol. 2016 Jun;174(6):791-9.

American Diabetes Association recommendations on haemoglobin A1c use in diabetes diagnosis: time to include point-of-care devices? Sreenan S, **Tormey W.** Ann Clin Biochem. 2016 Sep;53(Pt 5):620.

Symptoms of gonadal dysfunction are more predictive of hypopituitarism than nonspecific symptoms in screening for pituitary dysfunction following moderate or severe traumatic brain injury. Cuesta M, Hannon MJ, Crowley RK, Behan LA, **Tormey W,** Rawluk D, Delargy M, Agha A, Thompson CJ. Clin Endocrinol (Oxf). 2016 Jan;84(1):92-8.

Physiological and health characteristics of ex-jockeys. Cullen S, Donohoe A, McGoldrick A, McCaffrey N, Davenport C, **Byrne B, Donaghy C, Tormey W,** Smith D, Warrington G. J Sci Med Sport. 2016 Apr;19(4):283-7.

Tacrolimus trough-level variability predicts long-term allograft survival following kidney transplantation. O'Regan JA, Canney M, Connaughton DM, O'Kelly P, Williams Y, **Collier G,** deFreitas DG, O'Seaghda CM, Conlon PJ. J Nephrol. 2016 Apr;29(2):269-76.

Invasive MRSA infections in neurosurgical patients – a decade of progress. Mairead Skally, Caoimhe Finn, David O'Brien, Fidelma Fitzpatrick, Karen Burns, Elaine McFadden, Margaret Fitzpatrick, Edmond Smyth & Hilary Humphreys

Publication in Medicine: "CMV infection in Ireland: Seroprevalence, HLA class I alleles and implications". 2nd author: D O'Neill

Publication in Clinical Transplant: "The Irish living kidney donor program – why potential donors do not proceed to live kidney donation?". 2nd author: G Harmon

Publication in Tissue Antigens: "Identification of a novel HLA-B*27:144 allele in an Irish individual". 1st author: James Kelleher

Microbiology Department

Invasive MRSA infections in neurosurgical patients – a decade of progress. Mairead Skally, Caoimhe Finn, David O'Brien, Fidelma Fitzpatrick, Karen Burns, Elaine McFadden, Margaret Fitzpatrick, Edmond Smyth & Hilary Humphreys

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

Publication in Medicine: "CMV infection in Ireland: Seroprevalence, HLA class I alleles and implications". 2nd author: D O'Neill

Publication in Clinical Transplant: "The Irish living kidney donor program – why potential donors do not proceed to live kidney donation?". 2nd author: G Harmon

Publication in Tissue Antigens: "Identification of a novel HLA-B*27:144 allele in an Irish individual".
1st author: James Kelleher

Neurosurgical Department

Transient P2X7 Receptor Antagonism Produces Lasting Reductions in Spontaneous Seizures and Gliosis in Experimental Temporal Lobe Epilepsy.

Jimenez-Pacheco A, Diaz-Hernandez M, Arribas-Blázquez M, Sanz-Rodríguez A, Olivos-Oré LA, Artalejo AR, Alves M, Letavic M, Miras-Portugal MT, Conroy RM, Delanty N, Farrell MA, O'Brien DF, Bhattacharya A, Engel T, Henshall DC.

J Neurosci. 2016 Jun 1;36(22):5920-32.

.Epilepsy surgery in pediatric epileptic encephalopathy: when interictal EEG counts the most.

Shahwan A, O'Halloran PJ, Madigan C, King MD, O'Brien D.

Childs Nerv Syst. 2016 Jul;32(7):1293-8. doi: 10.1007/s00381-016-3104-4.

Spinal epidural angioliopoma.

Glynn D, Murray B, Cryan J, O'Brien D, Kavanagh E.

Spine J. 2016 Aug;16(8):e531-2.

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Psychology Department

Marwa Elamin, Marta Pinto-Grau, Tom Burke, Peter Bede, James Rooney, Meabh O'Sullivan, Katie Lonergan, Emma Kirby, Emma Quinlan, Nadia Breen, Alice Vajda, Mark Heverin, Niall Pender & Orla Hardiman (2016): Identifying behavioural changes in ALS: Validation of the Beaumont

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Degeneration, DOI: 10.1080/21678421.2016.1248976

Marta Pinto-Grau, Tom Burke, Katie Lonergan, Caroline McHugh, Iain Mays, Caoifa Madden, Alice Vajda, Mark Heverin, Marwa Elamin, Orla Hardiman & Niall Pender (2016): Screening for cognitive dysfunction in ALS: validation of the Edinburgh Cognitive and Behavioural ALS Screen (ECAS) using age and education adjusted normative data. *Amyotrophic Lateral Sclerosis and Frontotemporal*

Degeneration, DOI: 10.1080/21678421.2016.1249887

Burke, T., Pinto-Grau, M., Lonergan, K., Elamin, M., Bede, P., Costello, E., Hardiman, O., Pender, N. (2016). Measurement of Social Cognition in Amyotrophic Lateral Sclerosis: A population based study. *Plos-1 PONE-D-16-13237R1*

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